**The Foster Home and Health and Safety (including Pet)**

**Standards and Regulations**

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

* [Standard 10 - Providing a suitable physical environment for the foster child](http://www.minimumstandards.org/fost_ten.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 3 - Understand health and safety, and healthy care](https://www.fosteringhandbook.com/bradford/files/fost_care_tsd_standards_guid.pdf).

**See also:**

* [ROSPA (Royal Society for the Prevention of Accidents)](https://www.rospa.com/home-safety/advice.aspx);
* [CAPT (Child Accident Prevention Trust)](http://capt.org.uk/);
* [Foods Standards Agency](http://www.food.gov.uk/the-website-of-the-food-standards-agency);
* [Developing a Safer Caring Plan](https://www.fosteringhandbook.com/bradford/safer_plan.html).
* [Parent Tips - Keeping Babies and Children Safe Around Dogs in the Home (Institute of Health Visiting)](http://ihv.org.uk/for-health-visitors/resources-for-members/resource/ihv-tips-for-parents/managing-minor-illness-and-reducing-accidents/keeping-babies-children-safe-around-dogs-home/).
* [Section 11, Smoking and E-cigarettes](https://www.fosteringhandbook.com/bradford/home_hs.html?zoom_highlight=Pet+assessments#smoking).

**1.****Introduction**

As part of your preparation to foster, you will have been provided with training on health and safety and, as a result, should be clear on your responsibilities as a carer. This will be regularly reviewed by your supervising social worker. You will have had a Health and Safety Assessment as part of your initial approval, which will have included additional assessments if you own a pet, gun, caravan, swimming pool or holiday home.

Foster homes should provide a warm and welcoming environment where children are safe from harm or abuse as well as bullying. The home should be clean and well maintained including decor.

**2.****Equipment**

Your supervising social worker will talk to you about any safety equipment the fostering service may be able to offer.

You can request baby equipment via your supervising social worker, who will need to gain their manager’s approval before it is purchased.

If you need to purchase equipment for an older child such as a bed, wardrobe, drawers, you can either purchase these yourself after discussion with your supervising social worker or your assessing social worker about how much the fostering service will contribute towards the items or the fostering service can order these from our supplier. You must complete a claim form attaching the receipts, for reimbursement.

If you have equipment that is old or in a poor condition that needs replacing, it is your responsibility to dispose of this. Please do not return to the fostering service for disposal. You should let your supervising social worker know you have disposed of the equipment. The fostering service expects you to decorate and furnish the room(s) available for fostering before your first foster child arrives. The room(s) should be large enough to fit a bed, wardrobe and a chest of drawers.

We expect that you will have a computer / laptop / tablet in your household for your personal / fostering use and one for use by foster child/children as well.

**3.****Facts and Figures Regarding Health and Safety**

* More accidents happen at home than anywhere else;
* Every year there are approximately 6,000 deaths as the result of a home accident;
* More than 2 million children under the age of 15 experience accidents in and around the home every year, for which they are taken to Hospital Emergency Departments;
* Children under the age of 5 years and people over 65 (particularly those over 75) are most likely to have an accident at home;
* Over 76,000 children under the age of 14 are admitted to hospital for treatment of which 40% are under 5 years of age;
* Falls are the most common accidents, which can cause serious injury at any time of life. The risk increases with age;
* Collisions (with a person or an object) are the second most common accident in the home; typically these injuries happen when children run into objects, each other or are hit by a falling object;
* Burns and scalds are the third most common injury. An average of 13 children a day under the age of 4 suffer a severe injury from a burn or a scald. Hot drinks, being the most common cause; a hot drink can still scald a small child up to 15 minutes after it is made;
* Around 25,000 under-fives attend Hospital Emergency Departments each year after being accidentally poisoned – this is the fourth most common injury. These happen when parents or carers think that children have consumed medicines, household cleaners, DIY or gardening chemicals. Nine in ten suspected poisonings involve children under the age of 5. Carers need to be aware of the associations that children make between medicines and sweets as well as the tendency of children to copy or learn from adult behaviour, so carers need to consider this when taking medication themselves;
* Every year over 62 children under 14 die as a result of an accident in the home
* More accidents happen in the lounge/living room than anywhere else in the home;
* Every year more than 4,200 children are involved in falls on the stairs and 4,000 children under the age of 15 are injured falling from windows;
* Boys have more accidents than girls.

Young children are not able to assess risk themselves. They also have poor co-ordination and balance and need to touch and explore as part of learning about the world around them. As children get older they learn new skills and begin to understand what they are able to do safely but will still need to test out their new abilities which will involve taking some risks.

Children and young people grow and learn new skills rapidly. It is important that carers know what risks each developmental stage brings and plan for this. It is not possible to fully ‘childproof’ a home but knowledge of the potential for accidents and of effective safety measures can reduce the incidence and severity of these. Carers are expected to provide age-related supervision of the children in their care.

There are a number of reasons why children in care may be at a higher risk of accidents in the foster home:

* Your own children will be aware of the potential hazards in your house as they will have grown up with them. Most foster children joining the house will wish to investigate their surroundings and the absence of good safety measures could increase the risk of injury;
* Children in care may have developmental or learning difficulties or behavioural difficulties and if these are not taken into account and assumptions are made about their abilities, they are likely to be more at risk from similar hazards than their peers;
* Some children in care may not have received appropriate guidance within their birth families and may have deficits in knowledge e.g. how to cross the road safely;
* A smaller but not insignificant number may have a tendency to self-harm and particular attention will be needed to minimise the potential risk to such children.

Where new placements are made, the Health and Safety checklist must be re-visited to ensure it meets the needs of the individual child.

**4.****Your home as a Suitable Environment**

Your home should be warm and decorated, maintained to a good standard of cleanliness and hygiene and be in good order throughout.

Your home needs to be able to comfortably accommodate all who live there including, where appropriate, any necessary aids and adaptations provided and fitted by an appropriately trained person if you care for a child with disabilities.

All children in the household should have enough space to play, undertake homework and to spend time alone in a safe space if they need to.

Windows must be safe, with locks or safety catches fitted to prevent children from falling out.

Blinds should be checked to ensure there are no dangerous hanging fittings.

When curtains and furnishings are replaced, they should be non-flammable and conform to all UK / EU standards.

Low level sockets require safety covers when young children are being cared for. Sockets should not be overloaded. Trailing flexes and leads from electrical equipment should not be a hazard and constitute a danger.

Wires, ornaments and pictures should not be left in places where they are obvious hazards.

Toys should be carefully considered in relation to health and safety. Foster children who ride bikes must use cycling helmets. Foster children who go horse riding should do so with a registered instructor and wear a safety helmet. If riding outside, a body protector should also be used. You should also ensure that the riding school has appropriate insurance.

You should guard / protect young children from heat sources, such as radiators, and fire guards are essential if you use a fire (electric / gas / coal / wood burner).

Sharp edges such as tables should have corner protectors (age appropriate).

You must ensure your home and contents insurers are informed that you are caring for foster children in your home and that the insurers have given written confirmation of this fact. You should keep a copy of the letter you send to insurers so that even if you do not receive a reply, you have proof that you have notified the company.

**5.****Fire and Carbon Monoxide Safety**

All carers are expected to purchase smoke detectors and a First Aid box (at their own expense) as part of being able to demonstrate safe care in their home. A child will not be placed until these are obtained.

West Yorkshire Fire & Rescue Service offers free Safe & Well visits to people in their homes, during which they will discuss fire safety and offer advice to eliminate the risk of fire, as well as discuss practical fire escape plans. They can sometimes also supply and fit smoke detectors for you. You can contact them via an [online form](http://www.westyorksfire.gov.uk/your-safety/home/safe-well-visits/).

The whole family should decide on a fire exit strategy which identifies which exits you might use.

The foster home should have smoke alarms, one on each floor of the house. You should make sure batteries are changed as required.

You should avoid multi-way adapters as these are a fire hazard. Extension leads must not be plugged into other extension leads.

When doors and windows are locked e.g. at night, all members of the house including the foster child should know where to find the keys in the case of an emergency.

You should store matches and flammable liquids safely out of the reach of any child.

Carers are also expected to purchase and fit carbon monoxide detectors and regularly check they are working.

Some general advice on fire safety including buying and fitting smoke and CO2 detectors can be found here: [www.fireservice.co.uk](https://www.fireservice.co.uk/safety/carbon-monoxide/).

**6.****Kitchen Safety**

You should make sure that all appliances are safe and in good working order.

There should be no leads from kettles or irons hanging where a child could pull it.

Be especially aware of small children when you are cooking to ensure their safety at all times. For example, turn pan handles towards the back of the cooker so they cannot be pulled, and, consider using a stair gate to keep them out of the kitchen, as well as any applicable safety equipment such as a cooker guard.

Cat litter trays should not be kept in the kitchen and must be kept out of reach of children.

Toxic/hazardous substances, such as bleach, cleaning materials, medicines, glue and aerosols should be stored safely and securely out of the reach of any child.

Care should be taken to ensure that food is stored hygienically and according to the product label.

**7.****Bedroom Safety**

While there is no regulatory requirement as to the size of bedrooms for fostered children, the bedroom should have enough space for the child’s bed or cot, drawer and wardrobe space and storage for their toys and possessions.

The bedroom must have its own entrance with a door to the rest of the family home (i.e. you cannot go through one child’s bedroom to reach another bedroom). The bedroom must have an external window giving access to natural light. Bedrooms must be well decorated and feel child-friendly.

Your assessing or supervising social worker will give you advice about room size and suitability.

If same gender siblings are going to share a bedroom (according to the children’s Placement Plans), your supervising social worker will carry out a risk assessment. The children must each have their own bed or cot, drawer and wardrobe space.

Fostered children of different genders can share a bedroom at any age where it is assessed to be in their best interests and where a risk assessment has been completed. The risk and need assessments should be reviewed on a 6 monthly basis.

Children aged 0-36 months can sleep in the same bedroom as the foster carer, it is not necessary for there to be a bedroom for the child to move into unless it is a long term placement or the short term placement is likely to go beyond the child being 36 months.

**No child should ever share a bed with another child or a foster carer.**

**A foster child should not share a bedroom with a birth child (except for sleepovers).**

Bunk beds and cabin beds are not suitable for children under 8 years of age, due to the risk of injury. Children under the age of 8 shouldn’t sleep in a bedroom with bunk beds for the same reason.

If a child wishes to sleep in a bunk / cabin bed, your supervising social worker will have to do a risk assessment and it must be agreed as part of the placement planning process.

Examples of risk include falling from the top bunk due to restless sleeping patterns, playing or behaviour.

Foster carers should notify both the child’s social worker and your supervising social worker about any child sleeping in a bunk / cabin bed without a risk assessment having been completed.

The fostering service expects foster children sleep on the same level in the home as the foster carer. Where this is not the case, a risk assessment needs to be undertaken for each child covering how they are monitored and would be evacuated in case of a fire.

**8.****Outdoor Areas**

Garden areas should be checked for potentially dangerous equipment and sharp objects.

If you have a swimming pool or a pond it should be covered and fenced off or drained.

Any chemicals should be kept in a locked, safe place which children cannot access.

Any out buildings such as garages and sheds should be locked.

If you have slides and swings, they should be secure with a soft surrounding area.

A greenhouse/shed should be in good repair and any glass should be away from the play area or made of toughened glass.

Barbecues should be closely supervised and children should never be left unattended near them. Barbecues can remain hot for a long period of time after use and they should be damped down once finished with. Children should not be allowed to light barbecues. Never leave barbecues unattended.

If children play unsupervised in the garden, then gates and fences should be secure so that they cannot get out. Young children should be supervised in the garden at all times.

Any animal faeces should be removed immediately.

Some fairly common garden plants are poisonous and some are fatal. Children may eat berries and think they are okay. Poisonous plants should not be in the garden. If they already are, you should remove them.

You should know the area where you live well and be aware of the risks, such as dams, reservoirs, train tracks etc. Children and young people should be warned in an age-appropriate manner to stay away from these areas, and understand what the dangers are.

**9.****Pets**

You should not keep a dog which comes within the scope of the Dangerous Dogs Act 1991, either because it is a banned type of dog (any dog of the type known as the pit bull terrier; Japanese Tosa; Dogo Argentino; Fila Brasiliero), or a dog (of any breed/type) which is dangerously out of control, including on private premises. It would not be appropriate to place a child in a household where such a classified dog is being kept. Considerations in relation to dogs will include where/how they are kept. A recent review conducted by Public Health Wales concluded that the most important piece of advice for members of the public is ‘to never leave a baby or young child unsupervised with a dog, even for a moment, no matter how well you know that dog’.

Other animals which might be considered dangerous, for example, snakes or other reptiles need to be housed in a safe place so that children can’t be harmed by them.

As part of the annual review, consideration may also be given to the breeding of animals and/or working animals in relation to the impact of the welfare of the child/young person in your care.

Where children have allergies to pets (for example in relation to asthma or eczema) you should talk to your supervising social worker about how best to minimize the effects.

If you do have pets, you should keep their areas including the garden clean and regularly changed.

**10.****Gas Appliances and Supply**

You should make sure that any appliances are in good working order and regularly serviced by a Gas Safe engineer.

You will be asked to produce gas safety certificates at the time of your foster carer review.

If you rent your property, your landlord is responsible for this. You must have a copy of the certificate. See [GOV.UK, Gas safety advice](http://www.hse.gov.uk/gas/domestic/index.htm).

**11.****Smoking and E-cigarettes**

Not all young people will smoke and some may have a period of just trying it but they can quite quickly become hooked on cigarettes. This guidance applies to the use of tobacco as well as e-cigarettes.

Some children/young people placed with you may already have a smoking habit. You should support and encourage young people to reduce or stop smoking. You can get support from the Children in Care’s Nurse or the young person’s GP.

Remember:

* It is against the law for retailers to sell cigarettes/cigarette papers, tobacco, electronic cigarettes (e-cigarettes) or e-liquids to someone under 18;
* Rules about when, where and by who is allowed to smoke should be clear;
* To be a positive role model to children/young people;
* To raise awareness of the effects of smoking and tobacco use and how to live a healthy lifestyle.

Your role is to:

* Consider your own health, your family and fostered children. If you are offered smoking cessation support, you have a duty to consider taking up the service;
* Be mindful that your behaviour provides a role model for the children in your care and consider the effect of smoking on children;
* Never buy cigarettes or materials used for smoking for children/young people in your care and cigarettes must never be used as a reward for good behaviour;
* Put in place household rules about smoking, making these clear to young people (appropriate age) placed with you;
* It is illegal to smoke in your car when carrying someone who is under 18 (see [GOV.UK, Smoking in vehicles](https://www.gov.uk/government/news/smoking-in-vehicles#history)). This applies when people have the windows down or the sunroof open, or are sitting in the open doorway of a car;
* The rules don’t apply to e-cigarettes (vaping) or in a convertible car with the roof completely down, however as the effects of this are unknown, the fostering service views this in the same way as smoking and would recommend you do not do this with children present.

**12.****Car Safety and Transport**

Surveys have shown that a substantial proportion of parents do not use child restraints when transporting their children, and many of the child seats that are used are incorrectly fitted. ‘All children under 12 years and under 135 cm (4'5") travelling in cars must use a restraint, if a suitable one is available anywhere in the vehicle ' (RoSPA 2001). This is to supplement the fitted seat belt and ensure that the child is both comfortable and safe when travelling.

Foster carers must use the appropriate restraint for the child. Child restraints are divided into categories according to the weight of the children for which they are suitable. It is the weight of the child that is most important when deciding what sort of child restraint to use. Child restraints must conform to a British or a European standard. Please take advice on the type of restraint for the child you are caring for. However, we offer the following guidelines:

* Never place a rearward facing baby seat on the front passenger seat in cars where a passenger air bag is fitted. This could cause serious injury;
* Carrycots are no longer considered to offer sufficient protection in vehicles. Infants should be provided with a suitable car seat;
* It is the responsibility of the driver to ensure that all passengers are wearing seatbelts.

Any vehicle used for transporting a foster child must have up-to-date road tax, MOT, insurance and car safety seats and safety belts in good working order.

**It is your duty to notify your insurance company of your role and the fact that you will be transporting foster children for your car insurance to be valid.**

You must ensure that any child being driven in your car is wearing a seatbelt at all times.

There is no legislation about how long a child can remain in a car seat for, however, all car seat manufactures have written recommendations for relating to that particular car seat. There is research that suggests babies (in car seats with a 40° position) experience vibrations in a travelling vehicle that can significantly speed up heartbeats, lower oxygen saturation and increase respiratory rates.

You can seek further advice from the child seat manufacturers about the length of time children should spend in their seat, or speak to a medical professional such as your GP who may be able to give specific advice.

The fostering service’s advice to carers travelling in a car for more than 2 hours with an infant is that you take a break every 2 hours, which will prevent you from becoming tired behind the wheel and give you the opportunity to take the infant out of the car seat for a stretch and a time-out. If you are travelling with an older child, you should use your understanding of your foster child’s comfort and decide when you need to stop.

For further information please see [Car seat regulations – Child Car Seats website](http://www.childcarseats.org.uk/).

There is a separate section regarding this, see [Transport](https://www.fosteringhandbook.com/bradford/transport.html).

**13.****Travelling on Holiday – at home and abroad**

Decisions about school trips of up to 4 days can be made by the carer if the carer has delegated authority, as recorded in the child’s Placement Plan, to do so. In all other cases, you must obtain permission via the child’s social worker from those with parental responsibility for the child.

Further information can be found here: [Bradford Children's Services Online Procedures, Holidays and School Trips In and Outside the UK](https://bradfordchildcare.proceduresonline.com/p_hol_trips_in_out_uk.html).

Children must not be taken on holiday during term time unless there are exceptional circumstances that would be approved by the Social Worker's Manager for the child and the Head of School. Requests must be made in writing. (Note that under the Education (Pupil Registration) (England) (Amendment) Regulations 2013, the previous ability of head teachers to grant leave of absence for the purpose of a holiday during term time in 'special circumstances' of up to ten school days leave per year has been removed. The 2013 Regulations make clear that head teachers may not grant any leave of absence during term time unless there are 'exceptional circumstances').

Decisions about children’s social activities should be taken in partnership between the child, parent, carer, and those with parental responsibilities. Written consents for activities and photographic images should be progressed as quickly as possible, taking into account any safeguarding issues for each child as appropriate, so that children in care do not miss trips and are not singled out.

For any child being taken out of the country for any reason, parental permission is required. Where a child is in care under an Interim or Full Care Order this must be obtained from the child’s social worker and manager. This advice should be obtained in a planned way to ensure all information about the proposed trip is gathered and considered.

Foster carers must discuss their plans with their supervising social worker, the child’s social worker and the child’s independent reviewing officer (IRO) to gain agreement prior to booking their holiday in order to avoid disappointment. Once informed, it is the responsibility of these professionals to ensure that the discussion about agreement takes place without delay and a decision is communicated to the foster carers and the child.

With current terrorism threats to some tourist destinations, foster carers must check the advice of the Foreign Office in relation to the country they intend to visit (see [GOV.UK, Foreign travel advice](https://www.gov.uk/foreign-travel-advice)).

A risk assessment will be completed by the supervising social worker for any request to take a child on holiday.

The purpose of the risk assessment is to ensure that careful consideration has been given to the travel arrangements and location of the holiday in order that the local authority can fulfil its corporate parenting responsibilities.

Permission has to be given before holiday plans are made and bookings confirmed and all staff and foster carers need to be mindful that the request could be refused.

Holiday plans should continue to be monitored and reviewed by foster carers and professionals until the time of departure due to the changing nature of the threats worldwide. Should threat levels significantly change then a new risk assessment will need to be completed.

Bradford’s Procedures relating to foster carers taking children on holiday can be found here: [Bradford Children's Services Online Procedures, Holidays and School Trips In and Outside the UK](https://bradfordchildcare.proceduresonline.com/p_hol_trips_in_out_uk.html).

**14.****Concerns about Health and Safety**

If there are concerns about any aspects of your home, then your supervising social worker will discuss this with you and a period of time will be given to resolve the issue. If the issue remains a significant concern and is not resolved, then a report will go to the fostering panel to consider your approval.

Your supervising social worker will support and guide you to create and maintain a safe and caring environment. They will also help you with developing your Safer Care Plan (see [Developing a Safer Caring Plan](https://www.fosteringhandbook.com/bradford/safer_plan.html)).

This information will be reviewed and amended along with any changes in legislation to make sure you provide the safest possible family home.