SAFE CARE PLAN

Guidelines for foster carers

Every foster family should have a safe care plan to protect children and family members from harm, misunderstandings or allegations. These guidelines will help you to formulate a plan that is suitable for your family.

The safe care plan forms part of the foster carers’ assessment. It should be kept by foster carers and a copy should be held on the agency foster carer file, to be reconsidered at each annual review.

There should be a recognised routine and rules within family life, which all family members are familiar with. These should be considered and then the safe care plan should be based on them.

The following may be used as a guide and adapted for your particular circumstances:
PART 1 - Family Routine

Make notes under each of the following headings so that you can then use them to formulate your safe care plan.

Getting up in the mornings
- Who calls whom?
- How? (knock on door, shaking, calling)
- When are beds made?
- Who makes them?
- Do people get dressed before coming down/eating breakfast?

Bathroom
- Who goes first?
- Do you use the bathroom individually?
- Do you lock the door?
- Do you use bathrobes?
- Do you get dressed in the bathroom?
- Are people given privacy when using the toilet?
Medication

• Is it locked away? Is the giving of medication recorded on the foster carer record of medication sheet? (see medication policy)

• Does the child need any nursing interventions, and if so has training been given by a qualified nurse and the CHILDREN’S NURSING INTERVENTIONS Identification of Procedure and Consent form been completed.

Smoking

• Do you smoke?
• If so, in the house?
• Around children?
• Expectations of family & friends who smoke?

Drinking of alcohol

• Do you drink?
• Storage?
• Awareness of effects on children?
• Expectations of family & friends who drink?

Visitors/friends

• How do you greet/say goodbye to family/friends
• How often do they visit /you visit them?
• What things do you do together?
Telephone
- Who answers?
- How important is it for contact with family/friends?
- Are calls taken privately?
- Are mobile phones allowed? How is this supervised?

Internet
- Do you have access to the internet?
- How is this controlled/monitored?
- Do you limit time spent using it?

Car
- Who drives?
- Does each driver hold a current full driving licence and adequate insurance?
- Is the vehicle regularly serviced and adequately maintained?
- Does the driver travel alone with a fostered child/ren?
- Do children sit on rear seats at all times?
- Do children use properly fitted car seats appropriate to age? (as per 2006 regulations)
- Are seat belts always used?
Going off to school
- Who sees children off/takes children?
- How do you get there?
- How do you say goodbye?

Coming home from school
- Who will collect younger children?
- Who will be there when older children arrive home?
- What arrangements are made in the event of unforeseen delays/emergencies.

Bedtime routines
- How do you say goodnight?
- When and where do you undress?
- Is nightwear worn?
- Do you have bedtime drinks and stories and if so who provides these?
- Are lights left on?
- Are bedroom doors left open?
Sex
Couples:
- How do you show affection towards each other in the company of others?
- How do you ensure your privacy?

Single people:
- If currently/in the future you are in a relationship then consider the above.
- If a partner is likely to stay overnight or have contact with fostered children you will need to think about how this will be explained to foster children.
- They will also need to be CRB checked.

Some of the above will differ for families at the weekends. Where appropriate you need to recognise and note this (e.g. getting up in the morning, breakfast routines etc.)
PART 2 - RULES

Consider the following and write down whether you consider these rules to be negotiable or non-negotiable and why.

Use these together with your notes on routine to formulate your safe care plan.

1. Parental bedroom/bed should be out of bounds for all children/young people.

2. Male carers should avoid being alone in either a bedroom or the bathroom with a foster child/young person.

3. Bed time story reading should be undertaken down stairs, not in the child's/young person’s bedroom.

4. At all times, adults and children/young people should be appropriately clothed.
5. Tickling and wrestling can be a form of abuse and should not occur.

6. A child/young person who has been sexually abused should not share a bedroom with another.

7. Every child/young person should know the house rules of the family.

8. No playing behind closed doors.

9. Foster carers should continue to develop their skills and knowledge through training.
10. No child/young person enters the bedroom of another without the permission of an adult.

11. It is preferable for the female carer to bath and dress foster children/young people.

12. Male foster carers should not be alone in a car with a foster child/young person.

13. No one touches another person’s body without permission.

14. Underwear, such as knickers should be worn at all times.
15. Keeping a log/diary record is essential for promoting the safety of the foster child/young person and the family.

16. Good clear, age appropriate sex education is essential in order to protect all family members.

17. There should be open communication with the fostering agency and foster carers need access to all relevant information about the child/young person.

18. Children/young people need to know that it is okay to express feelings and needs, and that they will be listened to, respected and valued.
19. Foster families need to have clear boundaries.

20. Nurturance is very important. This should always be done in ways that are not open to misinterpretation by the child/young person or anyone else.

21. All children/young people in the foster family should have appropriate sex education, and know when and who to discuss sexual matters with within the family.

22. Foster carers’ own children should be trained, informed and supported.

23. We should consider how frightening some situations may seem to a child/young person who has been abused.

24. Conflict should be resolved in a non aggressive/threatening way.
PART 3 – formulating a Safe Care Plan for your family

Having completed parts 1 and 2, you will now be clearer about how your family operates. This should help you to consider strategies to make your home a safe place for your foster child/children and other family members.

In considering your Safe Care Plan, you should aim to reduce the risks involved in fostering children. You will need to identify any behaviour that may previously have been normal and acceptable within your family but will not be safe in a foster home.

You should consider the possible impact of a child’s past experiences and the impact your family routines and behaviour may have on the child. You will need to work out how to do things in a way that is not open to misinterpretation or likely to make the child feel threatened.

Your plans for Safe Caring need to be agreed with your Fostering Officer, recorded in your Safe Care Plan and reconsidered and reviewed at regular intervals as part of your Foster Carer Review.

This Safe Care Plan should be reviewed when a new child enters the foster home. If a placement is permanent the Safe Care Plan should be reviewed annually with the supervising fostering officer.

N.B. Restraint should be used only as a last resort. (see Policy and Guidance on the use of Discipline, Sanctions, and Restraint). If a child in placement may need physical restraint to prevent likely injury to the child or other persons this should be included in the care plan after the following has been done:

- A risk assessment involving the foster carers and professionals involved with the child.
- Carer has attended and passed the accredited Therapeutic Crisis Intervention Course, including the restraint element.
- A behaviour management plan is done with a worker from the therapeutic team.
- The agreement of the Head of Children’s Services.

N.B. Intimate Care should be given following the guidance in the Intimate Care Policy.
Name of carer/s - Safe Care Policy

We are currently temporary foster carers for 1 child. We have 1 daughter of our own aged 5 years old. We have one spare room to be used for the foster child. This policy is formulated for our specific circumstances.

Basic Safety

- All medication is kept out of reach of children.
- We are non-smokers but smoking is not allowed in the home anyway.
- Alcohol is drunk in moderation only and is kept locked away.
- Children are always supervised when playing.
- We always keep a log of incidents, injuries, occurrences etc. that may be of significance.
- We seek to communicate openly with social workers and other professionals.
- Safety on the internet is not an issue due to our age range but will be considered later if we take older children.
- We both drive and occasionally need to transport children in the car on our own. We would take any specific issues into consideration that might make this risky. Proper age appropriate safety seats are used.

Family Routine and Rules

- The fostered child is encouraged to feel a part of the family and to get to know family and friends. However, as with our own child, we are very careful who we leave a child with.
- We teach children the basic household rules from day one. Our own daughter is very helpful in this regard.
- Children do not share bedrooms in our home.
- Children only enter other people’s rooms with permission.
- Children are usually transported by social services to school/nursery/contact etc. There is always someone at home to meet them when they return.
- Due to age range we do not lock bath room doors for safety reasons but appropriate privacy is ensured.
- A is responsible for the bath time routine.
- Adults bath and shower when children are in bed.
- Children are always clothed appropriately and underwear is always worn.
- Play such as tickling and wrestling may be okay in moderation with some children but we would generally avoid this.
- We will always seek to take into account a child’s previous circumstances and experiences.

23/11/2010
Family Placement / Coordinator / Policies and Procedures / Child
• We seek to provide an atmosphere of trust so that children are able to speak to us and feel safe with us.
• The children are always in bed long before the adults are.
• Bed time story reading is always carried out by A and may or may not be in the child’s room.
• Our bedroom is not totally out of bounds for children as they are of such a young age they may seek us out for reassurance.
• Fostered children do not come into our bed.
• Being alone with a child in their bedroom may or may not pose a risk, dependant on the individual situation. We consider it important to know a child’s previous circumstances/history.
• Adults are always clothed in the presence of children.
• We will always seek to access training in order to continue to improve our knowledge and skills.

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