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Family Placement Scheme Values



- We believe in the value of a service which responds:
 - Reliably - we answer phone quickly & return calls
 - Positively - we like to say YES
 - Flexibly - we have few cast-iron rules
- We believe we should provide a service to all the people of Leeds, & respond positively to the differing of user groups from all the varied communities & cultures in the city.
- We believe in valuing all people as individuals with rights & responsibilities irrespective of their age, gender, ability, race, culture, religion, sexuality or dependence.
- We believe that our service must be accessible to all by ensuring the spread of available information & advice to all sections of the community.
- We believe that positive choices should be accessible to everyone. Service users, carers & staff should be encouraged to fulfil their potential. Individuality should be celebrated.
- We believe the service should exist in an atmosphere of openness, mutual trust & accountability.
- We believe in offering a variety of positive experiences to all those involved, this includes the opportunity to continue to learning, to build relationships & to have fun!

FAMILY PLACEMENT SCHEME AREAS COVERED AND CONTACT NUMBERS

Overall Scheme co-ordinator: *Kay Beach* 0113 247 8940

Short Breaks Children's Schemes:

- *Tony Bedford* 0113 247 8411
Covers - Allerton Bywater, Kippax, Garforth, Crossgates, Seacroft, Cross Green, Gipton, Richmond Hill, Burmantofts, Aberford, Thorner, Bramham, Boston Spa, Collingham and Wetherby.
- *Jane Danks* 0113 247 8655
Covers - Chapeltown Harehills, Roundhay, Moortown, Alwoodley, Oakwood, Chapel Allerton, Harewood and Eccup.
- *Lesley Haldane* 0113 247 8655
Covers - Otley, Yeadon, Guiseley, Headingley, Burley, Woodhouse, Little London, Cookridge, Bramhope, Menston and Rawdon.
- *Diane Butterworth* 0113 247 8656
Covers - Drighlington, Morley, Middleton, Belle Isle, Hunslet, Beeston, Holbeck, West Ardsley, Woodlesford, Oulton, Rothwell, Armley and Lofthouse.
- *Rachel Broadbent* (Admin Support) 0113 247 8934 (voice and minicom)
Please call to give placement bookings and for any payment queries for Short Breaks.

Children's Long Term/Professional Scheme (City-wide):

- *Paula Chennells* 0113 224 3504
- *Bev Hudson* 0113 224 3399
- *Alison Barnard* 0113 247 8939
- *Margaret Orchard* 0113 247 8939
- Admin Support 0113 247 5095
Please call Admin Support for any Long Term/Professional Scheme payment queries.

Children's Sitting & Homebased Schemes:

- *Chris Myers & Melody Brewer* 0113 247 8589 (and answer phone)
- *Pauline O'Hagan* (Admin Support) 0113 247 8940
Please call Pauline for any Sitting/Homebased payment queries and send all time sheets to her.

Asian Development Worker:

- *Denise Farooq* 0113 224 3503 (and Urdu answer phone)
City-wide targeting of ethnic minority groups, in particular Asian communities.

SECTION 1 - INTRODUCTION AND WELCOME

You have now been approved as a foster carer for the Family Placement Scheme for Disabled children.

There are 2 main categories of approval.

1. Foster Carers are approved to offer *Short Breaks* (sometimes called respite) to disabled children.
2. Or they are approved to offer *Shared Care or extended placements* as Professional Foster Carers.
3. Or they are approved as carers on the *Professional Short Breaks Fostering Scheme*, to provide care to a larger number of children, on a more full time basis but still offering short breaks.

This handbook has been compiled for all 3 groups, and has been made in a loose leaf format for ease of relevant access, and so it can be updated. We hope you find it a useful resource.

We would like to welcome you to Family Placement, and hope that you and your household will enjoy being foster carers for the schemes, as well as working with us to provide a valuable service for children and their families in Leeds.

- **Legislative Background**

The Children Act 1989 sets out the legal framework for all services provided for children. It is accompanied by a series of regulations and 'guidance notes' designed to clarify the legal language and set out expectations for good practice.

The National Foster Care Association has produced a summary of the regulations which apply to Short Breaks Family Based Care and Long Term Professional Care as well as mainstream fostering. A short summary is included in this pack.

- **Brief history of the Schemes**

Leeds Family Placement is part of Leeds Social Services Department and within it there are 3 main schemes. (Short Breaks including Day Care; the Professional and Long Term Scheme; the Sitting and Homebased Scheme) These provide a range of short breaks, extended care and sitting services for children with disabilities. We also have schemes for Adults with disabilities and Older People.

- **The Short Breaks Scheme**

This scheme began in 1976 and was the first of the family based respite care schemes to be established in the country. It is still one of the largest. Children, the majority of whom live with their birth families, stay for a weekend or a few days in school holidays.

You are one of more than 100 carers who offer Short Breaks, and we hope that when you attend the follow up training sessions and social events, you will meet other carers living in your area.

- **The Professional Fostering Scheme for Looked After Children**

The origins of this scheme lay in a decision made in the 1970's that it was inappropriate for children to stay in a 'long stay hospital'. Leeds pioneered a specialist fostering scheme for children with severe and profound disabilities, where the emphasis was on a partnership between parents, foster carers, the Health Authority and Social Services. This has continued to grow to a scheme where approximately there are 42 foster carers who provide Long Term and extended placements, which often involve an assessment component. All professional and long term carers have also been involved in the Short Breaks scheme, and many continue to be active in both schemes.

- **Day Care**

Originally a small scheme was established in 1993 to provide day placements once a week to babies with multiple disabilities and health needs who need lots of extra care. The majority of the children are tube fed, and are under 2 years of age at referral. Increasingly, day care has been recognised as being more appropriate for some older children, so we have widened the availability of this service to include a wide range of children.

- **The Special Needs Sitting and Homebased Scheme**

The Sitting Scheme was set up in 1993 and provides a service for children with special needs in their own home enabling their parents to have a break, an evening out, go shopping, or to spend time with their other children. More recently this service has been extended following a successful pilot project, to include a Homebased service where a carer is available to spend longer periods of time in the child's home.

- **Staff**

There are currently 24 members of staff - including the Adults Schemes - based at Merrion House, including 6 clerical staff. In addition, there is a designated part time worker with special responsibility for developments with Asian Carers and Service Users across all Schemes.

There will be a team member on Duty in the office from 8.30am - 5.00pm Monday to Thursday, and 8.30am - 4.30pm on Friday. If an emergency occurs outside of these hours please contact:

Social Services Emergency Duty Service

Tel: 0113 240 9536

If you wish to speak to the Director of Social Services about a fostering issue, there is a direct line 0113 244 1679. The Director will respond to your call within 48hours.

SECTION 2 - HOW THE SCHEMES WORK



- The role of the Family Placement Scheme Social Workers

The Family Placement Social Worker is there to support you as a carer.

PLEASE DO NOT BE AFRAID TO ASK FOR HELP!

All approved carers have the right to support from the scheme workers and are allocated a Supervisory Social Worker, or link worker. It is your link worker's job to ensure you have practical help, and emotional support. They will visit and telephone you regularly. If the link worker is not available there is always a Social Worker on duty during normal office hours and an emergency service is operational out of those office hours.

The link worker is also responsible for recruitment, training and assessing new carers. They match service-users with carers. They develop and advertise the scheme, making sure its standards are high, liaising with other Social Workers and monitoring its effectiveness. They ensure the smooth running of the scheme by:

1. Carefully assessing potential foster carers before approval.
 2. Regular contact with carers when problems can be discussed and support offered with a view to maintaining standards of care.
 3. Reviewing carers regularly.
 4. Visiting all children and their families who are referred to the scheme to give them basic information about how the scheme works.
 5. Communicating with referring Social Workers, as well as workers within Health and Education to make plans to meet children's needs.
 6. Arranging training sessions and meetings for carers so that people can develop their skills and expertise, and benefit from knowledge which can be shared amongst local and regional groups.
 7. Working with our colleagues in Occupational Therapy to discuss Moving and Handling issues, and the ways these can be dealt with by the provision of appropriate aids and adaptations.
 8. Investigating all complaints. All concerns and complaints are taken seriously. Anyone unhappy with the service has a right to make a complaint.
- The role of the Child's Social Worker

The Child's Social Worker is usually based in an area team or may be a Specialist Social Worker from the Children's Disability Team, or a hospital.

The child/family Social Worker assesses which service will meet the needs of the child and their family for support. It may well be Family Placement such as the Sitting Service, or it could be use of Broom Court, the residential unit. All these services are accessed via completing and assessment called the 'Integrated Needs Assessment'. It is co-ordinated, usually by the Social Worker but includes information from anyone involved with the child such as Medical professionals and school staff.

The Social Worker knows the child using the scheme and has knowledge of their background and home circumstances. They arrange are present during the 'pre-placement visit' facilitating the meeting of parents, child and potential carer. They are responsible for making transport arrangements, signing finance forms, contributing to the foster carers review and organising the regular child care reviews, which are required under The Children Act 1989.

The Social Worker is the Worker for the child and their family. No child can use the scheme without a named social Worker. Although parents and carers make arrangements between themselves for placements dates, it is the responsibility of the parent to inform the child's Social Worker of the arrangements. In the early stages of a placement, the Social Worker will probably have substantial contact either personally or via the telephone to ensure that things are going well.

There is a statutory responsibility of the child's Social Worker to visit the child on placement during the first visit and within six months from the start of the first placement and six monthly thereafter.

- **The Role of the Family Placement Short Breaks Foster Carer - You!**

Family Placement carers have been approved by Leeds Social Services Department as registered foster carers for a specific Short Breaks Scheme for disabled children. Once approved, foster carers are placed on the Foster Carer Register under this specific category, and for either a named child or one or two placements at any one time. Following approval by the Fostering Panel all foster carers are required to sign the Agreement Form.

Any alteration to household circumstances or request for alteration of registration has to be recorded in a written report and taken back to the Foster Panel for their agreement. This must include details of any criminal convictions of any member of the household since the original approval. All foster carers are reviewed after 6 months on the scheme, and then annually. Following a satisfactory review, the registration as a foster carer for the year is renewed.

The emphasis in the scheme is on partnership. This is seen as a partnership between the child, parents, carers and Social Workers, as well as Health and Educational Professionals. This is reflected in the statutory Child Care Review, where all those involved in the child's care are invited to participate in reviewing current and future plans to meet the child's needs. A contribution from the carer is vital and if you are unable to attend, the Consultation paper must be completed and returned before the meeting. Foster Carers are seen as valuable colleagues and as such, as sometimes party to confidential information.

All carers are encouraged to take part in the Family Placement Scheme by attending social meetings and training sessions. You are paid to attend training sessions!

Crucial to the foster care's role is the ability to form a positive and caring relationship with the child entrusted to their care. It should be supportive and help the child reach their full potential. The child should be valued and recognised as a person in their own right, and

encouraged to be as independent as possible. Family Placement is to give parents a break and the child new experiences.

The Family Placement Carer often becomes a source of considerable support to families who value both their interest in their child and the care provided.

Prior to the first overnight stay, the foster carer must also sign a Placement Agreement, sometime referred to as a CSIR 35 form. Each individual child has one of these and they are *essential* for you to have. These have to be renewed annually - they must record the fact that an invasive medical treatment is part of the care received by the child on placement, and that the carer has been shown by a medically qualified person how to perform this. They give *you* the parent's permission to seek emergency medical attention for the child in your care.

Carers need to book placements with the Family Placement office and give the dates, the child's name and whether school transport is required as soon as the placement is arranged with the parent.

Carers are reminded that at least 15 days written notice is required by Education Transport to arrange the taxis or minibus.

You can ring anyone in the office with bookings and it is a good idea to get into the habit of doing it as soon as possible.

• Foster Carer Reviews

The Foster Care regulations set out specific requirements about the process of registration and review for foster carers. They are held in the foster carer's home and should include all members of the household. All reviews of carers on the Long Term Scheme are taken by the Co-ordinator of the Scheme.

All foster carers in Leeds are reviewed after 6 months. This is an early opportunity to discuss how the placements are going, and whether or not there has been adequate support. Following this initial review, all future reviews are held annually, unless there is a specific reason to hold a review earlier. Specific reasons for additional reviews are:

1. Change of household composition
2. A new house
3. A criminal conviction of any household member
4. Following a child abuse allegation made against the foster carer
5. Change in registration details

Any review undertaken for these reasons must be taken back to the Fostering Panel for the approval for continued registration. Otherwise reviews are completed by the co-ordinator, and a copy of the final report is sent to the foster carer together with a letter outlining the agreed registration for the coming year.

The Family Placement Co-ordinator chairs and writes up the reviews for carers on the Professional Short Breaks Scheme, and on the Long Term/Shared Care schemes.

USEFUL NOTES FOR THE PRE-PLACEMENT VISIT (PPV)

- The Pre-placement visit and checklist

The PPV is your chance to meet the child you are interested in caring for, along with their family. Normally, the family's Social Worker (or Community Nurse) will bring them along to your home for the visit.

There are several purposes behind this meeting:

1. To get some idea of how two households and the child will 'get on'. It is a fact of human nature that we take to some people and not to others. So it is important that everyone in your household is present at the visit and has chance afterwards to say whether they feel they might get on with the child and with their family.
2. To find out what the child's family's expectations of a placement would be and if you could realistically offer this. Do they want occasional days or every fifth weekend for example? If they would like longer spells, time during the week or a week's holiday next year, would this be possible for you or not?
3. To give the parents and child an opportunity to see your house and garden, and to assess for themselves whether or not they think it is physically suitable for the child. It is important that the parents and child see the available bedroom.
4. To find out more about the child. Below is a checklist of the kinds of things you will need to know in order to decide whether or not it is practical to have this child on placement, if you want to go ahead and how best to look after the child.
5. It is advisable not to make a commitment to a placement at this stage until you have discussed it with your family, after the visitors have gone, and discussed it with your link worker.

Activities:

What does he/she like doing? Play, toys, games, outings etc?

Self help:

What can the child do for themselves, and what should you help with?

Child's Disability, Health and Medication:

Do you need to know more about the child's disability? Is there anything you could do to help on placement e.g. exercise, activities? What is the child's health like, and are they prone to any ailments?

What medicines is the child on and how do they take them - any tips? Any allergies e.g. Penicillin.

If the child has epilepsy, ask about their fits. E.g. does anything bring them on? What happens exactly when they have a seizure? How long do they last & what should you do?

Eating:

How does the child eat? What help or special equipment is needed? Does the child have any favourite foods, a special diet or any dislikes? If the child is tube fed, a qualified medical person must demonstrate the technique and the date of this must be recorded on the agreements before the child stays.

Communication:

How much does the child understand and how do they communicate? E.g. Signs, gestures, words. Does the child use Makaton or BSL?

Mobility:

Can the child get around? If the child is exceptionally mobile and, for example, like to climb on everything, how do the parents manage this? If the child has limited mobility, what equipment is used at home to assist with this? Is the child generally carried upstairs? How is getting in & out of the bath managed? If a child does have limited mobility, and occupation therapist will visit your home to advise about appropriate equipment to ensure that you could move the child safely.

Contenance:

Is the child continent? If not, do they have just occasional accidents or regular wetting/soiling? Nappies all day and night, or just throughout the night? Are they on a toileting programme? Are there any foods to be avoided or encouraged e.g. to help constipation?

Behaviour:

Are there any difficult or unusual behaviours you should know about and how should you deal with these? Are there any specific safety issues that you need to know about, such as running off when outside?

Bed Time:

When does a child go to bed and how do they sleep? Any special routines? Cot or a bed? And special equipment? Show the parents where the child would sleep. What time do they tend to wake, and do they stay in bed once they are awake?

Finally, anything else the family thinks you should know?

CHILD CARE REVIEWS

- Statutory Child Care Reviews

Children using Family Placement Schemes are, by law, being 'looked after' by the Local Authority.

The Children Act 1989 requires that children who are in such a situation must be reviewed at specific time intervals. For children having Short Breaks, reviews take place at 6 monthly intervals. If there is any cause for concern, additional Child Care Reviews can be called outside of these intervals.

The statutory Child Care Review can be quite a large meeting. It is often held in the foster care's home, but may also be held in the child's school or at the local Social Services Office. Prior to the review, the foster care will receive a consultation form that invites comments on various aspects of the child's development, contact with the family, and support from the Social Services Department. Others involved in the child's life e.g. school, medics, family and the Social Workers will also complete forms, the questions varying from form to form. In addition, the child will also be asked for their comments. Usually, their Social Worker helps them to complete this form which has been specifically designed for disabled children using Short Breaks. If the child is old enough, and able to contribute, they will also be invited to attend their review. Sometimes children just attend for part of the meeting.

The initial review is chaired by the Principal of the area team or specialist team carrying the case. Subsequent reviews are chaired by an Independent Reviewing Officer. Their task is to ensure all have an opportunity to contribute their views, and that the child care plan is discussed fully, resulting in a written record of recommendations for future action, which should be circulated to all participants within 28 days. The purpose of the Child Care Review is to discuss the plan for the welfare of the child. This includes, not only consideration of the appropriateness of the placement, but also such things as the arrangements made for the child's education, financial support and particularly needs arising from the child's disability. Child Care Reviews may well be supplemented by Child Protection Reviews if the child is on the Child Protection Register.

- Child Protection Reviews

Child Protection Reviews are different to the Statutory Child Care Reviews in that they are only held in respect of children whose names are on the Child Protection Register. A Child Protection Review follows the initial Child Protection Case Conference. These reviews have a different format, and are formal meetings, usually held in a Social Work Office. Foster carers are normally taken to Child Protection Reviews by their Link Worker. All people attending the meeting are asked to send a written report in advance. The meeting is chaired by one of the Child Protection Team, usually a Principal Caseworker but sometimes a Child Protection Co-ordinator. A Child Protection Review Conference has the power to remove a child's name from the Child Protection Register, and this is a conference decision in which the foster carer has a part. Copies of the detailed minutes are sent to all those who have been invited.

A STEP BY STEP GUIDE TO THE ORGANISATION OF THE SCHEME

1. An Area, CDT (Children's Disability Team), or hospital Social Worker assesses the needs of the potential user of the scheme by completing an Integrated Needs Assessment Form, a copy of which is sent to the Family Placement Scheme.
2. The Children's Resources Panel meets monthly and decides on all applications to Family Placement, as well as Broom Court, the residential placement for disabled children. The Panel includes representatives from Family Placement, Broom Court, Health and the CDT.
3. At regular Family Placement matching meetings, which are held every 3 weeks, we look to see if a suitable carer can be identified, and if so, that the INA is taken to the carer for consideration.
4. If the carer is interested in offering breaks to the child, a 'pre-placement visit' is arranged between the child's family and the carer, which is usually held at the carer's home. The child's Social Worker usually organises and attends the visit.
5. If the PPV goes well, further visits are arranged at a frequency to suit everyone involved. They usually begin with short visits that do not involve an overnight stay. Time spent together, including overnight stays, only increases when both the child and carer are ready.
6. Once everyone involved decides that they would like to move to overnights, a Placement Agreement Meeting is held with carer, family, linkworker and social worker to complete the CSIR 35 (agreement/permission form). A Hazard Identification Form is also completed at this meeting, to look at any risks, and/or any need for OT assessment or equipment

NATIONAL STANDARDS IN FOSTER CARE

The Minimum Standards for Fostering Services (2001) and the Fostering Regulations (2002) list in great detail exactly how the Government wants fostering and short break schemes to operate.

Much of the information about being a Foster Carer, which is produced nationally, is aimed at mainstream carers who provide a long-term or permanent home for a child. This information is not always relevant to carers such as yourself, who offer short breaks to disabled children who, most of the time, are living at home with their parents.

- **What this means for you.**

These Standards have been introduced for Foster Carers rather than for Family Placement Carers who offer Short Breaks. Discussions are still underway to determine how these standards will apply to Short Breaks Schemes. We have included a brief summary of them here.

- Your Key Worker/Link Worker is referred to as the Supervisory Social Worker, who will be obliged to visit you and your household unannounced - a minimum of once a year.
- Supervisory Social Workers are obliged to visit children on placement.
- There is a minimum statutory visiting requirement of four times a year, one of which will be your annual foster carer review. On these visits the Social Worker has to follow a format and record the visit at the time. The foster carer has to sign to say that this is a fair record of the discussion, which has occurred. In addition to this, there must be some form of monthly contact.
- Police and medical checks have to be renewed every 3 years.
- There will be a separation between support groups and training. Some training becomes compulsory for foster carers, e.g. Child Protection.
- Supervisory Social Workers have a responsibility to make sure that foster carers demonstrate an acknowledged level competence. They also have a responsibility to ensure that foster carers learn new skills to increase and widen their practice.

USING THE SCHEME - ACCESS & ALLOCATION OF RECOURCES

The local Authority has powers and duties under the Children Act 1989, to provide services and accommodation for children in need. Disabled children are defined as children in need by the Act.

• PART ONE - Eligibility

Children are eligible for the Short Breaks Scheme if they have:

- A severe learning disability
- A moderate learning disability, plus other complex medical or social needs
- A severe physical disability
- A sensory impairment that requires specialist skills and care

NB Children who need certain nursing procedures can use the service, providing that their parents are willing to sign a form agreeing to staff / carers carrying out these procedures following training by a nurse.

Broom Court and Family Placement Carers do not provide a service for:

- Children with mental health problems
- Children with behavioural problems or Attention Deficit Disorder (ADD), who do not also fit the above criteria
- Young children who are diagnosed with non-organic failure to thrive
- Night attention required on a nightly or very regular basis
- Any nursing procedure which, if carried out wrongly, could be life threatening e.g. tracheotomy or suction

NB An Educational Statement is not a passport to the scheme, but information on the statements can be useful in helping determine if a child fits the criteria.

Once the application has been accepted by the Children's Resources Panel, as meeting the eligibility criteria for using the Short Breaks Scheme, then the application will be sent to the relevant resource for either a match to be sought or for dates for introductions and phasing in.

If a child is not accepted then alternative sources of support will be suggested.

• PART TWO - Allocation of days

From April 1999, the standard allocation of days for the Family Placement scheme is 36 days. The days currently allocated will continue to be reviewed annually, but it is not anticipated that days will be reduced unless they were initially granted for a specific reason, e.g. parents were having an extension built and extra days were allocated to cover for disruption whilst the building was undertaken.

However, all requests for an increase above the standard 36 days allocation must be considered by the Children's Resources Panel, who make the final decision. Parents will be informed of the Panel's decision via their Social Worker.

Any substantial increase in the number of days, and all requests for 60 days or more, must be requested via a Child Care Review for discussion at the Panel.

Family Placement Foster Carers are reminded that there is a distinction between the number of days allocated and who provides them i.e. children sometimes need more than one carer can provide to meet their needs, or they may receive care from both Broom Court and the Family Placement Scheme.

If parents indicate to you that they would like more days, you need to tell them to talk to their social worker about their needs. It is important that you do not agree to anything that has not come through the scheme - always discuss these issues with your link worker!

SECTION 3 - HEALTH CARE

- General:

No child should be staying with a carer without the carer having a current Placement Agreement form (CSIR35), which should be signed, by the parents. This gives delegated consent for medical treatment in an emergency, and a new one needs completing annually.

- Hygiene at Home:

Recently, issues such as food poisoning and viruses such as Hepatitis and HIV have made us all more aware of the need for good common sense hygiene practices. It is important not to 'go overboard' on the dangers of infection. All children need their physical contact as part of a warm, relaxed family atmosphere. However, good hygiene is always important in the home, especially when dealing with faeces, urine and blood.

These common sense precautions should be taken:

1. Always wash you hand after handling faeces, urine or blood, and of course before handling food.
2. Cover cuts with waterproof plasters.
3. If you do have cuts, sores or broken skin, wear plastic gloves when changing children. The Family Placement Scheme supplies disposable plastic gloves to carers. If you would like a pack to use for changing children when you have cut hands or for coping with diarrhoea, do let us know.
4. Wash soiled sheet and clothing at high temperature. The scheme can provide waterproof/protective bedding for children who habitually soil.
5. Wrap up soiled disposable nappies in polythene bags before disposing of them. Nappies and incontinence pads should be disposed of via normal household waste collections. There are no special services in Leeds for private households.
6. Children who wear pads are individually assessed and allocated a certain number of pads each week. They should bring a supply with them on placement.
7. All carers will receive specific information about HIV/AIDS and there is an expectation that all foster carers will attend an information session about HIV/AIDS and Hepatitis.
8. We have clear policies about what to do in the case of an accident or incident concerning the child who is staying with you.

- Medical Matters. (Children)

FAMILY PLACEMENT CHILDREN'S SERVICE MEDICATION POLICY

Part 1

Philosophy of the Service

- It is Family Placement's philosophy to work closely with parents and Family Placement carers to provide high quality care in a family setting for disabled children. Our services are based on a social model of disability.
- We are committed to providing safe care and the application of risk management which does not undermine a child's rights to inclusion (Dignity of Risk, 2004, Council for Disabled Children). A quote from a young disabled person in the forward.

'The saddest words are "you can't" when you know you can -
I'm like a glass vase shut up in a cupboard where nobody sees
Me because everyone thinks I might break is they got me out!'

We acknowledge that including medically vulnerable youngsters in family based care means we have to take carefully managed risks in partnership with parents and Family Placement carers.

- Family Placement Service accepts a duty of care to ensure that any risks to the health and well being of a child in placement are assessed and minimised. We work in partnership with parents who have a duty to inform Family Placement of any changes to their child's medication or health.

Part 2

When a Child is Ill on Placement

1/ Following their approval the Family Placement carer will inform their GP that they are Family Placement carers and that they will have disabled children staying with them.

2/ A parent/guardian should not send an unwell child for a Family Placement stay. If a child on placement becomes ill the Family Placement carer should immediately inform the parent/guardian of the child.

3/ Where possible and appropriate arrangements should be made for the child to return home.

4/ If the child needs immediate medical treatment this should be sought. The **Placement Agreement Form (CSIR 35)** gives consent for a Family Placement carer to seek medical treatment for a child. This should be taken to the hospital or GP.

5/ If the child cannot return home medical advice must be sought. Family Placement carers should contact NHS Direct or make an appointment to see their GP. If it is an emergency situation the Family Placement carer will take the child to the nearest accident and emergency department or phone an ambulance. If a child needs to go to a particular hospital this will be detailed on the **Placement Agreement Form (CSIR 35)**. It is not appropriate for Family Placement carers to make medical judgements in respect of short breaks children.

6/ Family Placement carers should complete a **Family Placement Accident/Incident Form** when they have needed to seek medical treatment in respect of a short breaks child in their care.

7/ In the event of a child contracting an infectious disease whilst on placement the Family Placement carer would follow procedures 1-6. They would inform the Family Placement Service who would inform the Commission for Social Care Inspection. Infectious diseases are listed in the Carer's Handbook.

Part 3

The Administration of Medication by Short Breaks Family Placement carers

1/ It is agreed that Family Placement short breaks carers are authorised to administer medication to children in their care following the agreed procedures.

2/ Family Placement carers will be given information regarding the health needs of the children to whom they are matched, and specifically their prescribed medications, initially through the Integrated Needs Assessment and the **Placement Agreement Form (CSIR 35)**.

3/ A completed **Placement Agreement Form (CSIR 35)** will be in place for each child before placements commence. This will give consent to administer medication and to seek medical treatment. It will list the medication and dosage prescribed in respect of the child. The **Placement Agreement Form (CSIR 35)** will also detail any nursing interventions required in respect of the child.

4/ Parent/guardians are responsible for ensuring that Family Placement carers have written up to date information regarding all medication that is prescribed for the child. Parent/guardians should inform Family Placement carers before each placement if the medication has changed. They should complete and sign a new **NOTIFICATION OF AND CONSENT TO A CHANGE IN MEDICATION** (Family Placement Medical Form 6) giving relevant details.

5/ If there is ambiguity between medication brought by the child, and the medication recorded on a previous **NOTIFICATION OF AND CONSENT TO A CHANGE IN MEDICATION** (Family Placement Medical Form 6) or **Placement Agreement Form (CSIR 35)** the parent or GP must be contacted. If there is a change to medication arrangements should be made for the parent/guardian to complete a **NOTIFICATION OF AND CONSENT TO A CHANGE IN MEDICATION** (Family Placement Medical Form 6) form giving relevant details.

6/ The parent/guardian will be asked to ensure that all medication which is sent to the placement is in the bottle or packaging in which it was prescribed. It should be clearly labelled by the pharmacist with the name of the child, the name of the medication, the dosage, and the times to be taken, and any other instructions. It will not be acceptable for medication to be transferred into other bottles or containers. An altered dosage will only be accepted if this is labelled by the pharmacist or accompanied by a signature from the prescribing G.P. or consultant.

If a child arrives with medication which is not packaged in this way the Family Placement carer will contact the parent/guardian. If the parent/guardian is not available the Family Placement link worker or the child's GP should be contacted. If it is out of hours for these services the Family Placement carer will contact NHS direct or an emergency doctor for advice.

7/ The Family Placement carer will be asked to keep a written record of all medication given, including dosage, and times given. This will be on the Family Placement **Record of Medication** (Family Placement Medical Form 2). The Family Placement carer will keep these records in a file confidentially with the child's papers. The link worker will check these at supervisory visits. They will be given to the link worker when the match ends.

8/ If a child has an adverse reaction to any medication whilst on placement the Family Placement carer will inform the parent/guardian and seek medical attention immediately.

Part 4

The Administration of Non Prescription Medication

1/ If a child is to be given non-prescribed medication the name of the medication, dosage and administration should be detailed on the placement agreement and signed by parents/ guardians. The Family Placement carer is not permitted to give non prescribed medication unless it is detailed on the **Placement Agreement Form (CSIR 35)**. Parents/guardians should be asked whether there are any counter indications to giving this medication in respect of the individual child.

2/ Non prescribed medicine should only be dispensed after careful consideration of the child's presenting problem.

3/ The dose of non-prescribed medication should never exceed the manufacturer's instructions

4/ Treatment using a non-prescribed medication (e.g. calpol or paracetamol) should not be extended beyond two consecutive doses without seeking medical advice through NHS Direct or the GP.

5/ The potential risk of interaction between prescribed medicines and non-prescribed medicines, including herbal and homeopathic remedies, means that it is the policy of Family Placement not to administer herbal or homeopathic remedies to children.

Part 5

When a Child/Young Person Administers their Own Medication

- 1/ When a young person is responsible for self administering medication, or undertaking a nursing procedure this should be detailed in the Integrated Needs Assessment and recorded on the **Placement Agreement Form (CSIR 35)**.
- 2/ The Family Placement carer is responsible for supervising the young person.
- 3/ The Family Placement carer should record on the **Record of Medication Self Administered** (Family Placement Medical Form 5) when the young person has taken the prescribed medication.

Part 6

Nursing Care Interventions

(Previously referred to as Invasive Medical Treatments)

- 1/ It is agreed that Family Placement short breaks carers are authorised to administer nursing care interventions to children in their care following the agreed procedures.
- 2/ Family Placement carers will be given information regarding the health needs of the children they are matched to, and specifically nursing interventions the child requires, initially through the Integrated Needs Assessment and the **Placement Agreement Form (CSIR 35)**.
- 3/ All nursing interventions will be subject to the Training Agreement and protocol agreed between the Social Services Department of Leeds City Council, East Leeds Primary Care Trust hosting Children's Services, and the Leeds Teaching Hospitals NHS Trust (see appendix).
- 4/ The following nursing care interventions required by individual children who are being cared for by a Family Placement carer may be carried out by the Family Placement carer once they have been shown to be a competent practitioner following appropriate training by a qualified nursing professional and subject to the consent of the parent/guardian of the child.

- Gastrostomy feeding and care
- Naso-gastric feeding and care
- Basic stoma care, i.e. replacement and removal
- Administration of rectal Diazepam
- Administration of Buccal Midazolam
- Administration of enemas
- Administration of oxygen

- Use of nebulisers
- Oral suction

(These are hereafter referred to as approved nursing care interventions).

5/ It is accepted that there will be some children who require nursing care interventions other than those listed in 4/ and their omission may run contrary to the Family Placement philosophy of inclusion. In such circumstances, the nursing care interventions required by the individual child will be confirmed by a case discussion. An interdisciplinary decision will be made to ensure that the Family Placement carer and all agencies involved are in agreement that the nursing care intervention can be performed by the Family Placement carer. This agreement should be subject to the following:-

- that it is based on an individual need
- based on an individual nursing care plan or a multi-disciplinary assessment care plan
- based on agreement across the relevant professionals and organisations
- based on agreement by the Family Placement carer to undertake the intervention
- that training is given as part of the care plan by qualified nursing professional
- that competency is tested by observation and/or discussion
- that it is limited to that procedure for that child

6/ A FAMILY PLACEMENT CHILDREN'S SCHEME NURSING INTERVENTIONS:

Identification of Procedure and Parental Consent (Family Placement Medical Form 1) (see appendix) will be completed in respect of each nursing intervention for each individual child. This will be completed prior to the Family Placement carer undertaking any nursing care intervention or placement in respect of the child.

The completed form will be copied to the Family Placement carer, the parent/guardian, the field social worker, and a copy will be placed on the Family Placement carer's file

7/The Family Placement Service supervisory social worker is responsible for ensuring the above form is completed.

8/ The training will be given by a qualified nursing professional.

9/ Where training is given in respect of an approved nursing care intervention the nursing professional will ensure the Family Placement carer is given the relevant training pack.

10/ The written consent of the parent/guardian will be recorded on the **FAMILY PLACEMENT CHILDREN'S SCHEME NURSING INTERVENTIONS: Identification of Procedure and Parental Consent** (Family Placement Medical Form 1). It will also be recorded on the **Placement Agreement Form (CSIR 35)** in respect of the child.

11/ No Family Placement carer will be required or compelled to undertake training or to administer nursing care procedures with which they are not completely comfortable. The Family Placement carer has the right to opt out of any procedure they do not wish to administer.

12/ The Family Placement carer will record each time they carry out a nursing intervention on the **Record of Nursing Care Interventions** (Family Placement Medical Form 3).

13/ Where there is a complex situation it may be necessary for a detailed health plan to be completed and made available for the Family Placement carer and family.

14/ Any current nursing care intervention undertaken by a Family Placement carer will be discussed at their review, and should also be discussed at the childcare review.

15/ It is the parent/guardian's responsibility to inform the Family Placement carer of any changes to the child's medical needs.

16/ When carrying out any nursing procedure, consideration should be given to privacy and maintaining the child's dignity.

17/ As long as the agreed procedure is followed a Family Placement carer will be indemnified in respect of any claim for personal injury which arises, subject to the terms and limitations of the liability insurance policy. This insurance applies where the Family Placement carer has no insurance of their own.

18/ Where a child can administer their own nursing intervention the Family Placement carer should record this on the **Record of Nursing Interventions: For a child who administers the procedure themselves** (Family Placement Medical Form 4)

Part 7

Recording of Medication and Nursing Interventions

1/ The Family Placement carer will keep a written record of all medication given, including dosage, date and times given, method of administration.

2/ This will be recorded on the Family Placement **Record of Medication** (Family Placement Medical Form 2). The **Record of Medication Self Administered** (Family Placement Medical Form 5) will be completed by the Family Placement carer when it is agreed the child/young person can administer their own medication.

3/ The Family Placement carer will record each time they carry out a nursing intervention on the **Record of Nursing Care Interventions** (Family Placement Medical Form 3). Where a child/young person administers their own nursing procedure a **Record of Nursing Interventions: For a child who administers the procedure themselves** (Family Placement Medical Form 4) will be completed by the Family Placement carer.

4/ The Family Placement carer will keep these records in a file confidentially with the child/young person's papers. The Family Placement supervisory social worker will check these at supervisory visits.

5/ The records will be given to the Family Placement supervisory social worker when the match ends and placed on the child's file.

Part 8

Storage and Disposal of Medication

- 1/ All medication must be kept in a safe place out of the reach of children. This should preferably be in a locked cupboard although Family Placement accepts this is not always possible in a family home.
- 2/ The supervisory social worker will discuss with the Family Placement carer where medications are stored as part of the supervisory process.
- 3/ Where medication needs to be kept at a particular temperature (e.g. in the fridge) the prescriber's instructions must be followed. Care should be taken to ensure that this is out of reach of children in a separate part of the refrigerator.
- 4/ No medication should be given after the use by date on the bottle/packaging.
- 5/ Medication should be sent with the child by the parent / guardian and returned with the child at the end of the stay.
- 6/ In exceptional circumstances where the Family Placement carer keeps medication for the child, this should be recorded on the **Placement Agreement Form (CSIR 35)**.
- 7/ Care should be taken to ensure that medicines are disposed of safely, and that all outdated medication is disposed of.

Part 9

The Consent of the Child/Young Person

- 1/ Where the child/young person is able to give consent this will be sought by the Family Placement carer in the application of all medications and nursing procedures.
- 2/ Issues of consent are complex. Some children's disabilities are such that they are unable to give consent. Some children may dislike procedures which are necessary for their health and well-being (e.g. taking medication or the administration of suppositories).
- 3/ Where a child/young person is clearly reluctant, refuses medication or the undertaking of a nursing procedure, the Family Placement carer will try to persuade the child to accept this.
- 4/ If a child/young person in placement refuses to take medication the Family Placement carer will contact their supervisory social worker for advice and inform the parent/guardian. A **Family Placement Accident/Incident Form** should also be

completed by the Family Placement carer. If the refusal is likely to affect the child's health and well being arrangements should be made to return the child/young person home.

5/ Where a child/young person clearly does not consent (an example is a child who refused to allow a Family Placement carer to give suppositories without which she would require hospital treatment) a risk assessment will be undertaken and a health plan made. The risk assessment will involve the child/young person, parent/guardian, health professional, Family Placement carer and Family Placement Supervisory Social Worker. The risk assessment will address whether it is safe for the placement to continue.

Part 10

Emergency Placements

1/ In exceptional circumstances (E.g. the parent/guardian has been admitted to hospital) it may not have been possible to put into place the preceding procedures.

2/ Every effort should be made by the field social worker and Family Placement Supervisory Social Worker to ensure that there is a **Placement Agreement Form(CSIR 35)** in place for emergency placements. If the parent/guardian is unable to sign this (for instance if they have been admitted to hospital and are incapable of doing so) the **Placement Agreement Form(CSIR 35)** should be signed by a Children's Services Manager as a temporary arrangement. Arrangements should be made for the parent/guardian to be involved in a Placement Agreement Meeting as soon as this is possible.

(Updated 06.07)

UNIVERSAL INFECTION CONTROL PRECAUTIONS

In general, these guidelines far exceed the Health & Safety precautions necessary to prevent the transmission of HIV. However, maintaining a consistent standard of good hygiene practice will protect everyone from unnecessary exposure to other viral and bacterial infections, such as Salmonella, cold & flu, Hepatitis B, Septicaemia, Gastro-intestinal infections, Diarrhoea etc. Unlike HIV, many of these infections can be easily transmitted through everyday contact. Controversially, they are easily preventable using the guidelines below.

As it is not practical, ethical nor possible to identify who might be carrying a certain infection, raising the standard of hygiene procedures to include ALL infections means you do not have to behave differently around infections. Also, good hygiene practice not only prevents transmission of common / serious infections from client to worker, but also from worker to client.

- UNIVERSAL PRECAUTIONS APPLY TO:

Body fluids which may contain HIV or other contamination's

- Blood
- Blood stained body fluids
- Semen
- Vaginal fluids/secretions
- Tissues
- Cerebra-spinal, amniotic, peritoneal, synovial and pleural fluids
-

Body fluids which may contain other contaminants:

- Faeces
- Urine
- Vomit
- Sputum

- UNIVERSAL PRECAUTIONS DO NOT APPLY TO:

- Tears
- Sweat
- Saliva
- Nasal secretions

- UNIVERSAL PRECAUTIONS ARE:

Hand washing - always wash your hands with soap and water:

- Before preparing food.
- Before eating.
- After using the toilet or taking children there.
- Before and after changing nappies.
- If possible, before and after giving First Aid.

Broken Skin - Ensure that any cuts or abrasions are well covered with a waterproof plaster:

- If blood splashes in you eyes or on your face, rinse well with running water.

Gloves - Disposable latex gloves should be worn whenever direct contact with blood or body fluids is anticipated:

- Soiled gloves should be double-bagged and placed in a lidded bin.

Aprons - Disposable plastic aprons should be worn whenever contact with any blood or body fluids is anticipated:

- Soiled aprons should be double-bagged and placed in a lidded bin.

Spillage - Clean up any split blood, faeces or urine with neat household bleach. For material surfaces or carpets use hot, soapy water.

Laundry - Soak any bloodstained clothing in cold water for 5 - 10 minutes to remove the stain. Then wash in a normal washing cycle using detergent:

- Soiled disposable nappies should be double-bagged and placed in a lidded bin.
- Sanitary towels and tampons should be double-bagged and placed in a lidded bin, unless there are specific arrangements e.g. incinerators.

Don't share toothbrushes.

- **GUIDELINES IN CASE OF ACCIDENTAL EXPOSURE:**

Needlestick injury - Accidental prick with an IV needle:

- The injury should be squeezed to encourage bleeding
- Wash the injury with warm, running water and soap for about 5 minutes.

Splashes of blood or body fluids in the mouth:

- The mouth should be washed out, using copious amounts of running water.

Splashes of blood or body fluids in the eye:

- The eye should be well-irrigated with either running water or salt solution 0.9%

The injured person should be seen at the Accident and Emergency Department.

SECTION 4 - SUPPORT FROM THE SCHEME



Each Family Placement Foster carer has their own Link Worker who will get to know you well and will take responsibility for you. They will visit you regularly and are available to contact via the telephone.

They will also offer other forms of support:

- 'We Care'

This is the Family Placement Newsletter and is currently published 3 times a year. It aims to keep carers up to date with what is happening in general at Family Placement, and there are articles about individual schemes. It is a useful and important source of information and ideas. Contributions are always welcome from carers and their children.

- Social Events

There are usually picnics and get-togethers in the summer holidays, and parties to celebrate various scheme anniversaries. We regularly have a Winter Party, usually in early February for carers and children.

- Further training provided in Leeds

Each year, sessions are arranged on Moving & Handling, HIV/AIDS & Hepatitis, First Aid and Child Protection. There are post approval courses and there is an expectation that carers will attend, as it is very important.

In addition, a wide range of other training courses are provided which have included sessions on Makaton, Autism and Epilepsy, Sexuality and Learning Disabilities. Payment is given for all attendance at training.

- External Training

Family Placement workers and carers are active members of both *Northern Shared Care* and the *Shared Care Network*, which are groupings of similar family-based short breaks schemes. These wider bodies organise regional and national training days and conferences on a wide variety of topics. Recent meetings have discussed risk taking, health care issues and services for ethnic minority groups. Carers are encouraged to attend any days which interest them and transport can usually be arranged.

External training events provided by agencies such as BILD (British Institute for Learning Disability), SCOPE or the National Autistic Society are sometimes of relevance to carers - small amounts of finance may be available to enable carers to attend such courses. Please contact your Link Worker for further information.

- **Information about Disabilities and Medical Conditions**

The Family Placement Scheme has a small but growing library of books, videos and leaflets that may be borrowed by carers for their own information or use with their children. We also have a copy of the CAF Directory of Specific Disorders & Rare Syndromes, which is an invaluable resource for information. It outlines specific disorders and gives a contact for further leaflets and information. Individual sheets can be photocopied.

The William Merritt Disabled Living Centre is another valuable resource for information about aids, adaptations and equipment. Appointments are necessary and can be made on 0113 279 3140. William Merritt is based at St Mary's Hospital, Greenhill Road, Armley, Leeds LS12 3QE.

- **Equipment**

Family Placement Link Workers can provide foster carers with a wide range of equipment to help you care for disabled children. However individual children must bring their own specific equipment with them on placement, such as wheelchairs or specialist seating.

We provide basic equipment such as bedding, fireguards and safety gates and a range of car seats, as well as baby and smoke alarms. Furniture other than beds is not provided. Equipment needs will be discussed prior to each placement and again in your annual review. All equipment is regarded as being on loan and must be returned when no longer needed. Occupational Therapists work with the scheme and can advise carers on the needs of individual children to ensure that they are moved properly, and have the right equipment for their personal care needs. OT's can also organise the loan of mobile hoists.

The Family Placement Scheme has a few Professional Short Breaks Foster Carers who have had major adaptations made to their homes, to enable them to care for a range of physically dependant children. Such adaptations include tracked hoisting, ramps, lifts and specialist bathrooms.

SECTION 5 - MONEY MATTERS & INSURANCE

- Short Breaks

It is important to note that the money you are paid is an allowance and not a wage. You are not an employee of Leeds City Council or Family Placement - you are a registered Foster Carer. This is an important distinction to make as it has implications for your tax liability as well as claiming other benefits.

The allowance we give you is intended to cover the basic costs of caring for the child/young person, including food, heating, washing and drying, and the use of household facilities. It should also cover the cost of any small day to day social/leisure activities. If a child needs dinner money whilst on placement, the child ought to come with it from home.

- Payment for Placements

It is your responsibility, as a carer, to book in each placement with the scheme so that we can generate the payment for that placement. If you do not do this you are not covered by the Social Services Departmental Insurance Policies and it will delay payments.

Where possible payments are made before the child visits, but the administrative system we use takes 2 weeks to process payments. This is another good reason to book well in advance if possible.

Your first payment will be made by cheque, posted to you at home. You will also receive a form to complete with your bank details so that we can pay you directly into your account. For each payment we do, you will receive an advice slip showing the total you have been paid and what the payment was for.

If a placement is cancelled you must ring us to tell us as soon as possible, and if we can we will cancel the payment due. Otherwise it will be deducted from your next booking.

- Transport Costs

If you attend the Child's Annual Review, any other meeting or hospital visit concerning the child, you can claim travel costs (bus fares or mileage). If it has been agreed with your Link Worker that you transport the child to and from your home, then costs will be reimbursed as long as the relevant form has been completed. You can get mileage forms from your Link Worker.

- **Benefits**

Many Short Break carers may be, or could be, claiming state benefits. It is important that you know your involvement with Family Placement can affect entitlement to benefits.

There are 3 different types of benefits available:

1) *Contributory Benefits*

For people who have worked and paid National Insurance contributions. These include:

- **Job seekers Allowance** (Contribution Based) paid to people who sign on at the Department of Employment and who are available for work. Based on past contributions and paid for up to 6 months. In order to claim this as a carer you need to show that you are available for work and are looking for work as well as being a carer.
- **Incapacity Benefit** paid to people who cannot work because of sickness or disability and who have paid enough contributions in the relevant years. Incapacity Benefit is paid for the first 28 weeks of illness - providing your employer is not paying you sick pay. A higher rate is paid after 28 weeks and up to 52 weeks. A long-term rate is paid after 52 weeks.

Family Placement carers who qualify for these benefits should receive them in the same way as any other claimant. Part of your assessment would look at ensuring that your incapacity does not affect your ability to be a carer.

- **Retirement Pension** can be claimed at retirement age. Entitlement to pension depends upon your National Insurance contribution record. All people who pay NI contributions are earning entitlement to the basic state retirement pension. Family Placement carers who are not in paid work should seek advice about pensions.

Remember you are not an employee of Leeds City Council so we will not pay National Insurance Contributions for you! If the allowance you receive from us is your main or only income you may decide to consider paying voluntary contributions. It is advisable to discuss your individual circumstances with a financial advisor.

2) *Means Tested Benefits*

These benefits depend on income and savings. They are not contributory and can be paid on top of other income or benefits. As a Family Placement carer you are treated in the same way as other claimants. All payments made to you by the scheme are ignored for these benefits, therefore for the purposes of the benefits, you will be considered to have no income. If you have a partner their income *will* be taken into account for these benefits.

- **Income Support** The Department of Work and Pensions (formerly the Benefits Agency) pays Income Support to people who do not have enough money to live on (according to the Government). People, and partners, who do not work or who work for less than 16 hours per week & who have less than £8,000 in savings can claim.
- **Income-based Job Seekers Allowance**. In order to claim this, people have to sign on as available for work. However some groups do not have to sign on and they will get Income support instead. This includes single parents with children under 16, pensioners and disabled people. Childminders are one of the few groups of people who are allowed to claim Income Support when working full time.

In relation to Income Support & Income Based Job Seekers Allowance, the Benefits Agency will ignore all money paid to you in association with your caring role

All Family Placement payments are ignored as income for the following: Working Families Tax Credit, Housing Benefit, Council Tax Benefit and Disabled Person's Tax Credit

3) *Non-means tested, non-contributory benefits*. These depend on a test of circumstances rather than National Insurance or income and savings. They include:

- Disability Living Allowance
- Attendance Allowance
- Invalid Care Allowance
- Child Benefit

As a carer you can claim these benefits depending on your circumstances.

- **Income Tax**

Largely the allowances paid to Family Placement carers are as a reimbursement of expenses for caring for a child. They should not affect your tax status whether you are working or not. In April 2003 it was announced that individuals who provide foster care services will be subject to a new tax relief.

This means that short break carers whose gross receipts from caring do not exceed an individual limit in a year, will be exempt from tax on their income from caring.

The individual amount is as follows:

- A fixed amount per household of £10,000 for a full year
- An additional amount per child for each week, or part week, that the individual provides foster care. For the year $\frac{3}{4}$ the amounts are £200 per week for under 11's and £250 per week for 11 or over.

On this basis, the majority of short break carers will not be liable for any tax, as they do not receive anywhere near £10,000 per year.

- **Insurance**

It is advisable to inform your insurance companies (home & car) that you have become a carer on the scheme, as failure to inform them may jeopardise any future claim. There is a copy of a letter in the 'forms' section that you can personalise and use should you wish.

Becoming a carer should not affect your premiums as you are not employed by us.

If you need to make a claim arising from your caring roles, you should first of all claim from your own insurance company. If this is unsuccessful you may be able to claim under the Leeds City Council insurance. Discuss this with your Link Worker. You will come under the Council's Public Liability Insurance should anyone make a claim against you that is related to your role as a carer.

It is a good idea to discuss any possible or potential claim with your Link Worker as we may be able to advise you.

**LEGAL EXPENSES INSURANCE: (POLICY NO. TT2/3167769)
FOSTER CARERS**

SUMMARY OF COVER

This cover has been arranged by AON Limited, P. O. Box 35, 9 South Parade, Leeds, LS1 1JW and is underwritten by DAS Legal Expenses Insurance Co. Ltd, DAS House, Quay Side, Temple Back, Bristol, BS1 6NH.

This summary merely provides an outline of the cover; if you require further details please contact your Link Fostering and Adoption Officer for a copy of the Policy.

THE COVER

Legal Costs (e.g. Solicitors and Barristers fees) and expenses (e.g. Expert Witnesses) incurred in the defence of any prosecution arising from your duties and responsibilities as a Foster Carer for Leeds City Council. Subject to a maximum of £25,000 per incident.

There is no cover for legal costs and expenses incurred prior to any actual Court Proceedings. However, duty solicitors should be available to provide representation free of charge.

IMPORTANT GENERAL EXCLUSIONS

- (i) costs and expenses incurred without the prior consent of DAS;
- (ii) fines or other penalties or damages which you are ordered to pay.

24 HOUR TELEPHONE ADVICE SERVICES

These are free services available 24 hours per day, 7 days per week.

Legal Advice service – staffed by legally qualified staff and other experts, to supply practical, informal advice on any personal legal problem (subject to UK laws). To use this service telephone 0117 934 2111 and quote Policy Number (TT2/3167769).

Counselling helpline – to use this service telephone 0117 934 2121 and quote Policy Number (TT2/3167769).

CLAIMS PROCEDURE

If you need to report a claim under the Policy, please notify the Department of Social Services of any claim, i.e. Fostering or Family Placement Sections.

LEEDS CITY COUNCIL: DEPARTMENT OF SOCIAL SERVICES

ALL RISKS AND THIRD PARTY POLICIES FOSTER CARERS AND CARE WORKERS

SUMMARY OF COVER

Carers are required to have their own buildings insurance (where appropriate), house contents insurance and car insurance (where appropriate).

1) **All Risks Policy**

Cover is provided only when the property (building and contents) is lost or damaged due to the actions (wilful or otherwise) of foster children residing with an insured foster parent.

The limit of liability in respect of all property belonging to any one carer is £100,000. It should be noted that this cover is on a "New for Old" basis.

2) **Third Party Policy**

Cover is provided for sums which the Foster Carer shall become legally liable to pay as compensation arising out of:

- accidental bodily injury or illness to the foster child being cared for;
- accidental loss of or accidental damage caused to property arising in connection with the fostering activity.

Including payment of:

- (a) costs awarded against the Foster Carer in any proceedings for the recovery of compensation;
- (b) costs and expenses incurred (with the Insurance company's written consent):
 - (i) in defending any claim for compensation;
 - (ii) for representation at any Coroner's inquest or fatal inquiry in respect of any death which may become the subject of a claim for compensation;
 - (iii) in defending any proceedings in respect of any act or omission or alleged breach of statutory regulations causing or relating to any event which may become the subject of a claim for compensation.

The All Risks and Third Party Policies apply to carers who take adult placements as well as to those who take children.

LIMITS OF INDEMNITY

ll claims arising out of one occurrence or arising out of all occurrences of a series consequent upon or attributable to one source or original cause - £5,000,000.

QUERIES

If you have any queries, please contact Frank Morrison: Principal Insurance Officer – telephone 247 4407, or Matthew Southwell: Insurance Assistant – telephone 247 4410

Dear Sir

INSURANCE POLICY NO

I am writing to inform you that I am now a carer with the Leeds City Council Family Placement Scheme. As a carer, I look after elderly/disabled people/disabled children within my home for short periods. For this I receive a small payment primarily to cover expenses but I am not an employee of the Council. I have been advised that I should inform your Company that from time to time I shall have visitors from this scheme staying in my home. I understand that this should not affect my insurance policy or premiums, should you require any further information please contact me at the above address.

Yours Faithfully

SECTION 6 - SAFE CARING & RISK MANAGEMENT

- Allegations against Foster Carers

It is an unfortunate fact that foster carers care for the most vulnerable and young people in our society.

We know that, every year, allegations of abuse are made against foster carers by children in their care. As a Social Services Department, Leeds has a primary responsibility to protect children from harm and the risk of harm. This means that the Department has a duty to investigate any suspicion or allegation that an adult has abused or may abuse a child or young person.

The Department also wishes to offer support and advice to foster carers in this situation. Balancing these two aspects is very difficult. How the Department does this has been, and will continue to be, the subject of much thought and discussion between the Department and its foster carers.

The Department has produced a booklet for all Leeds foster carers dealing with this issue - it is included at the end of this section. **Please read it!** The booklet looks at the effects of abuse on children, how to prevent further abuse of children and thereby protect them and yourselves. It also explains what action the Department must and will take should an allegation be made against you or a member of your family.

There is an expectation that all foster carers registered for the Family Placement Schemes will attend training sessions on Child Protection, which will have special emphasis on child protection relating to disabled children.



Do's & Don'ts - Advice intended to protect yourselves and the child you are caring for

- Do's
- In the event of an accident or illness, please follow the advice on the medical procedure handout. Seek treatment if necessary, from the child's GP - or your own GP if this is not possible. Notify the child's family and Family Placement. Do complete an Accident Form for any accident and keep a copy for yourself.
- Make sure you have a list of the medication the child is taking. Check with the child's family or social worker that the medication has not been changed.
- Be alert to the possibility of abuse. If someone comes to you with bruises or injuries notify your Link Worker or the child's Social Worker immediately! Also discuss any other concerns you have in this area.
- Inform your Link Worker of any important events including:
 - The movement into your home of any adults aged 16 and over that stay. Police checks have to be done on any adults living in a carer's home or any regular visitors with whom the child may occasionally be left.
 - Notify your Link Worker of any criminal proceedings and convictions that involve you or members of your household.
 - Where possible, personal need should be dealt with by a carer of the same gender. If two people are needed a care of the opposite sex can assist with the bathing, dressing and toileting with the consent of the family and child. Male carers should be particularly careful not to put themselves in situations where they could be at risk of accusations of inappropriate behaviour. They should not undertake routine personal care for girls.
- Keep a folder where you can store all the information you are given about the children you care for. It is important to keep this in a safe place to ensure confidentiality.
- Do remember that Leeds City Council has an Equal Opportunity Policy and does not discriminate on grounds of race, sexuality, culture, religious beliefs etc.
- Do seek help from your Link Worker if you are feeling stressed or depressed. Caring for disabled children is stressful and we expect that from time to time, our carers will need our support - which we gladly give.

- Don'ts

- Don't gossip - all information given to you about the child and its family is confidential.
- Don't borrow or accept money, even as a gift, from the family or the child you care for. Small gifts can be accepted.
- Never leave someone who has been placed in your care with another person for long periods or overnight. If this proves necessary discuss it with your Link Worker.
- Never lock a child in their bedroom or leave them locked in the house alone.
- Don't wander about the house semi-naked. Protect yourself and you family from misunderstandings. Things that are acceptable to you as a family may not always be appropriate when you have a visiting child.
- Don't take the child on placement into bed with you.
- Each child must have their own bed and should not share with your children.
- Never hit, smack or threaten the child you are caring for.

These guidelines are to help you to ensure that the child you care for has a positive experience whilst staying with you. They will also help to protect you against allegations or complaints which could, in serious cases, lead to your de-registration as a carer.

- Risk Management for Short Breaks Carers

There is a need for guidelines on the management of risk as Family Placement Carers work 'unsupervised' in their own homes with other people's children. These guidelines must ensure that the rights and safety of all parties are protected.

Risk Management is a new name for a well established practice: achieving the maximum benefit and enjoyment from life with the least likelihood of harm. People have the right to determine their own life and to have choices.

The Risk Management process considers the reasonable and acceptable level of risk for each person, based on their wishes and needs, physical health, abilities, life experience and skills.

1. Policy Statement

- It is impossible to eliminate all risk from anyone's life, children and their carers can expect the services they use to be provided in a safe manner which eliminates or minimises risk wherever possible.
- A top priority of the Family Placement Service is the development and fulfilment of each person's potential. In order to achieve this some degree of risk will enter the service user's life as risk is an unavoidable part of living and learning.
- However, if risks are identified and controlled through effective risk management, no one involved with Family Placement (service users and carers) should be exposed to high levels of risk.
- A general risk assessment will be completed before any placement takes place to identify any significant risks to service users and carers. Any control measures identified as necessary in the risk assessment should reduce the risk as far as possible without compromising the wishes and needs of the service user.
- Family Placement staff and carers will work to minimise the risk of harm, injury, abuse or loss in the lives of people while they are being cared for. However, staff and carers should not begin to restrict the lives of disabled or older people through fear of what *might* happen.
- While the needs and wishes of the service user have priority, the views of their family carers, other professionals and advocates will be actively sought if there is a conflict of opinion.
- Family Placement carers will be offered information, instruction, training and supervision in identifying and managing risk in day to day situations and in emergencies. Clear guidance will be issued by the Department in complying with this.
- There are risks faced by all of us every day which are part of living an ordinary life in the community. This includes the risk of accidental injury, losing or breaking possessions or becoming victims of crime. Some things can happen to anyone and cannot be foreseen or avoided.
- Wherever possible each service user will be helped to recognise and understand everyday risks, and be given advice on how to deal with them as far as they are able.
- In some circumstances, the service user is learning new skills or developing more independence and carers are asked to support them in these tasks.
- The Department recognises that accidents can still happen despite good risk management due to unexpected or uncontrollable events. Such events may include a service user's challenging behaviour which could be unpredictable. With

regards to managing risks, Family Placement staff and carers are only expected to do as much as is reasonably possible.

2. Risk Management Procedure

Areas of risk are identified and addressed with carers at all stages in the process of their work by Family Placement staff. The following stages have been identified;

- **Stage One - training**
During the initial training, issues of risk are addressed and carers given a general outline of the risks entailed in becoming carers and how to address them. There is also a programme of post approval training addressing some specific areas.
- **Stage Two - checks on carers**
All carers undergo a very thorough series of checks to ensure that everyone applying is suitable.
- **Stage Three - assessment of carers**
As part of their assessment, carers are visited at home and interviewed. This process identifies strengths and weaknesses so that during matching, carers are not asked to do tasks that could put them or service users at risk.
- **Stage Four - service users information**
When referrals are received, any hazardous areas re that particular individual are addressed as part of the matching process. Good matching is a very effective way of avoiding unnecessary risk. Where hazards are identified, discussions will take place with the carer to decide if the risk is manageable.
- **Stage Five - introductory period**
Once the placement starts, there may need to be a further refinement of this process as the carer and the service user get to know each other. The carers will, in consultation with the scheme staff have a role here in identifying any further risks.
- Scheme staff will assist carers in completing the Hazard Identification Form. This can be done as part of the Placement Agreement Meeting. If hazards are identified, the risk assessment form should be completed outlining the action to be taken.
- **Stage six - reviews**
Once the match is set up and placements are proceeding, everyone has a responsibility to be alert to changing circumstances and needs that may throw up potential risks. The carers will always discuss these matters with their link workers as part of the support they receive. Service users and their families also have a responsibility to bring to the carers attention anything which poses a new risk. Risk management should always be discussed at carers' annual reviews, and can also be discussed at Child Care Reviews, which are also annual

If a new risk is identified, the risk assessment form should be completed.

SECTION 7 - COMPLAINTS & COMPLIMENTS

Whilst the vast majority of placements are enjoyable and successful for everyone, occasionally things can go wrong. You may find yourself the subject of a complaint, or you may wish to make a complaint. Social Services have an official complaints procedure. (See complaints leaflet at the back of this folder.)

The elements involved in dealing with a complaint are:

1. Formally acknowledge its receipt.
2. Establishing that the department and the complainant understand and agree precisely what is the nature of the complaint.
3. Establishing and agreeing how the complaint will best be handled.
4. Attempting to resolve the complaint promptly, locally and to mutual satisfaction.
5. Advising and enabling the complainant, if not yet satisfied, on how to take the matter further. Arranging, if necessary, for the complaint to be considered by an independent person or a panel.
6. Informing all relevant parties of the progress and eventual outcome of the complaint and its consideration.

- Dealing with complaints

The complaints procedure is based on and emphasises the following stages:

1. The need to try and resolve the complaint promptly at a local level, to mutual satisfaction. This may require the early involvement of a senior officer from the Department who can help to define what the complaint is about, what options are available, what actions are required and what the outcomes should be. This stage is very much about problem solving and identifying solutions. The senior officer of the Department would be acting in the capacity of an Investigating Officer and will have the responsibility of ensuring that there is an initial response to the complaint within 2 days of it being received.
2. If a local resolution cannot be achieved, the complainant can request the appointment of an Independent Person. The Independent Person is someone who is not employed by the Department, is not a member/councillor of the Local Authority and is not a spouse of such a person. The Children Act Regulations make it clear that the Department (represented by an Investigating Officer), plus an Independent Person, must look again at the details of the complaint and prepare a formal response with recommendations for resolving the issue. The complainant must be consulted and notified. This stage of the process must be completed within 28 days of the complainant requesting that an Independent Person become involved.

3. If the complainant is still not satisfied that the complaint has been properly handled, they have the right to request a Panel Hearing. A panel will consist of an Independent Person, a Member (Councillor) from the Local Authority and a senior officer from the Department. Again, the complainant will be involved in this final hearing and informed of the outcome and recommendations.

None of this reduces nor restricts the right of complainants to approach local councillors, the Member of Parliament or the Commissioner for Local Administration (The Ombudsman) for help and advice regarding their complaint.

- **The Need for Openness**

The Department would always hope to work in partnership with foster parents and, by regular involvement and honest discussion, resolve issues before they escalate into full-blown complaints.

However, if there are major problems that cannot be resolved without recourse to one of the Departmental complaints procedures, foster parents should not know that these avenues exist and that they have a right to use them when all else fails.

If a foster parent has a complaint to make or point to put, any officer of the Department could receive it. Obviously it is more appropriate to begin the process with someone who understands the background to or circumstances of the complaint - such as your Link Worker and the Co-ordinator of the Family Placement Schemes. This establishes the level at which the matter should be properly handled.

- **Compliments & Complaints**

Since 1994 there has been a direct telephone line to open all foster carers in Leeds.
Tel: 0113 244 2679

This line is for the immediate attention of the Director of Social Service, and any issues raised will be addressed within 48 hours of it being received. The call will initially be taken by an answering machine that is in operation 24 hours a day, 7 days a week.

The Director wishes to hear your concerns about Social Services as well as any compliments or recommendations for the amendment of services.

THESE MESSAGES WILL BE TREATED CONFIDENTIALLY.



SECTION 8 - GETTING OUT AND ABOUT

- **Blue Badges**

The Blue Badge, which allows people to park in restricted waiting areas, specially nominated parking bays at supermarkets and other public places, is granted to a named person and not a vehicle. The carer can therefore use it when the child or young person is on placement with them. Just ask the parent to borrow it.

- **Toilets for disabled people**

A key, which allows people access to toilets set aside for use by people with disabilities, can be borrowed from Family Placement. These toilets are part of the RADAR scheme, and a map of where they are to be found in Leeds comes with the Key. The keys are universal and can be taken with you on a day out to the coast or further afield.

- **Access Bus**

A free service for children and adults with disabilities. The buses have wheelchair lifts, and are easy to board. They are free of charge and will take people door to door. They need to be booked in advance.

Enquiries: 01274 304 297 (also to register)

Bookings: 01274 305 824

- **Shopmobility**

Shopmobility is a service based in the Merrion Centre which provides wheelchairs and scooters for all people with a mobility difficulty to use whilst shopping. It is best to book in advance, availability is 7 days a week.

Tel/Minicom: 0113 246 0125

- **Useful Books**

'Easy Walks for the Disabled and Elderly in Yorkshire Countryside' Arthur Grenmell. Available from Tourist Information Centre or Family Placement.

- **Leeds Access Guide**

We can send copies of this excellent FREE guide to any carers wanting a copy. It is also available in Braille, large print or tape. It has information about shops, restaurants, pubs, hotels, transport, leisure activities and much more.

Parks & Places within easy reach for a day out.

- **Parks**

Parks of particular interest are Roundhay & Meanwood, Rothwell, & Middleton, Golden Acre Park and Otley Chevin.

Apart from the obvious attractions of play areas and open spaces, some of the parks have special features. For example there is the Tropical World and aviaries at Roundhay Park, Aviaries and Crazy golf at Pudsey, glass houses and aviaries at Rothwell, and Boating at Roundhay and Middleton.

Charges are made for Council rowing boats.

There are cafés at Temple Newsam, Golden Acre Park and Otley Chevin.

- **Meanwood Valley Urban Farm**

Sugarwell Road, Meanwood, Leeds LS7 2QG.

Tel: 0113 262 9759 or 3571.

The farm is open daily and has a collection of livestock, beehives and a variety of crops. Much of the produce is on sale to the public. Help and interest is encouraged from visiting parties of children as well as local children, and an area of land at one end provides an excellent space for barbecues and picnics. Facilities for people with disabilities.

- **Leeds City Museum**

Calverley Street, Leeds LS1 3AA

Open Tuesday to Saturday

Collections cover animal and plant life, archaeology and items concerned with the study of the human race. There is an aquarium that would be of interest to young children.

- **Kirkstall Abbey and Museum**

Abbey Road, Leeds LS5 3EH

Tel: 0113 275 5821

Open Tuesday to Friday 10am to 5pm, Saturday 12noon to 5pm & Sunday 10am to 4pm.

Admission to the Abbey is free, but there is a small charge for access to the museum.

Adults	£3
Concessions	£2 (Senior Citizens & Students)
Children	£1 (16 and under)
Family Ticket	£5 (2 adults and up to 3 children)

Most of the ruins of this Cistercian Abbey, founded in 1152, are now open to the public and there is plenty of open space surrounding which is bordered by the River Aire. Across the road from the Abbey is the Abbey House Museum, which was once the gatehouse. It is now a folk museum concerning the urban life and work of Yorkshire people over the last 200 years. It features 3 reconstructed streets of house, shops and workshops. The toy display, dolls house and penny slot machines will appeal to younger children.

Facilities include gift-shop, restaurant/ café, free parking and full disabled access throughout.

- **Middleton Railway**

Garnett Road, Leeds LS11 5HP

Refreshments and parking available, Weekends and Bank Holidays with special days for play-schemes are organised in the summer.

The world's oldest railway - starting in 1812 with a steam engine Salamanca, hauling 25 tonnes at 5 miles per hour. It now runs a working museum, taking passengers from Hunslet Moor to Middleton Park.

- **Temple Newsam**

Tel: 0113 264 5535

Open daily till evenings, except Monday

Refreshments and toilets available and easy parking, but no special facilities for disabled people - however there are no problems if there are assistants.

There is an admission charge for the house, but admission is free to parties of children booked in advance.

Tudor/Jacobean house standing in over 900 acres of parkland which contains a nature trail, deer and a farm. The nature trail takes about 90 minutes at a gentle stroll, and guide leaflets are available. The farm aims to concentrate on rare breeds of animals such as Gloucestershire Old Spot Pigs and Long Horn Cattle. Special activities for children are organised in the house during the holidays e.g. Practical work, quizzes and competitions.

- **Lotherton Hall**

Tel: 0113 281 3723

Open daily till evenings, except Monday

Refreshments and toilets available and easy parking, but no special facilities for disabled. There is an admission charge.

Country House set in scenic gardens and pleasant countryside. The house includes a costume gallery and oriental porcelain galleries. Within the grounds there is a large display of British and foreign exotic birds. Admission to the Bird Garden is free, but donations are always welcomed.

- **Armley Mills, The Leeds Industrial Museum**

Armley Mills, Canal Road, Leeds LS12 2QF

Tel: 0113 263 7861

The museum is between the Leeds/Liverpool canal and the River Aire, and represents the wide range of local industrial products and processes. It contains displays on canal life and a reconstructed early cinema. The Mills have a schoolroom that is used by organised school parties, and there is easy access to the museum by pushchair, with a picnic and car parking area.

- **White Rose Centre & The Owlcotes Centre**

Both these shopping centres have wheelchairs - manual & electric, disabled toilets and easy access.

- **Royal Armouries**

Tel: 0113 220 1999

Manual wheelchairs are available, with full access to all areas.

Don't forget to inform parent if you are going out and about - it is important to check with them that they are happy about your plans.

SWIMMING POOLS & LEISURE CENTRES

Pool / Centre	Address & Tel:
Scatcherd Sports Centre	Queensway Morley Leeds LS27 OND Tel: 0113 253 0001
Rothwell Sports Centre	Wakefield Road Leeds LS26 8EL Tel: 0113 282 4110
Pudsey Swimming Pool	Market Place Pudsey Leeds LS28 Tel: 0113 256 8903
Aireborough Leisure Centre	The Green Guiseley Leeds LS21 Tel: 01943 877 131
Armley Sports Centre	Carr Crofts Leeds LS12 3HB Tel: 0113 279 5858
East Leeds Leisure Centre	Neville Road Leeds LS15 Tel: 0113 264 8802
Fearnville Sports Centre	Oakwood Lane Leeds LS8 3LF Tel: 0113 240 2233
Holt Park Sports Centre	Holt Road Leeds LS16 7QD Tel: 0113 267 9033
International Pool	Westgate Leeds LS1 4PH Tel: 0113 243 8696
John Smeaton Sports Centre	Smeaton Approach Leeds LS15 8TA Tel: 0113 260 1853
Kirkstall Leisure Centre	Kirkstall Lane/Hill Leeds LS5 Tel:0113 278 6878
Middleton Park Leisure Centre	Ring Road Middleton Leeds LS10 Tel: 0113 277 0021
Scott Hall Sports Centre	Scott Hall Road Leeds LS7 3DT Tel: 0113 262 4721
South Leeds Sport Centre	Hunslet Hall Road Leeds LS11 6TP Tel: 0113 245 7549
Wetherby Swimming Pool	Boston Road Wetherby LS22 5HA Tel: 01937 585 125

SECTION 9 - INFORMATION ABOUT EDUCATION ETC

- **Through the Maze**
A publication which details services for disabled children and adults and their families. For a free copy, ring 234 9919.
- **Belmont House**
Tel: 0113 231 6100
At the Leeds General Infirmary, this houses specialist services for disabled children. There is a multidisciplinary team including physio and speech therapists. There is a play/waiting room and ramped access. Many children at Family Placement have regular appointments here.
- **Broom Court**
Tel: 0113 277 2958
Belle Isle Leeds 10
This is run by the Social Services Department, and is the only short term hostel for children and young people with learning disabilities in the city. Children who use Broom Court are not usually eligible for Family Placement as well.
- **Centenary House**
Tel: 0113 243 8328
This is the specialist centre in North Street for deaf people. They run training courses on signing and will offer advice, information and a social work service for people with hearing impairments.
- **Hawthorn Nursery**
This run by Mencap and is based in East End Park at Londesboro Terrace. Children begin at the nursery as soon as their parents wish. There are 3 parent groups per week, including a baby group and play-schemes during the summer. Volunteer help supplements a professional multidisciplinary team, and transport can be provided.
- **Hannah House**
Tel: 0113 282 9173
This is a residential unit in Rothwell that offers short breaks to children with more complex health needs than those who use Family Placement.
- **Martin House**
Tel: 01937 845 045
This is a residential hospice at Clifford, Boston Spa. It is for children with terminal or life threatening and progressive illnesses and disabilities. It offers planned breaks as well as emergency care for children and their families. All those living in the north are eligible to use the purpose built facilities. It does not have a residential doctor but is staffed by nurses and care staff. The families are not charged for their stays.

- **Regional Child Development Centre**

Tel: 0113 206 5836

Based at St. James' hospital, this is a regional centre for disabled children. It is served by a multidisciplinary team who include therapists, teachers and medical personnel. Many FP children have appointments here for therapy or to attend groups.

- **Paediatric Nursing Sisters**

These will visit children whilst they are on placement and will demonstrate any nursing procedures to foster carers. They are based at Clarendon Wing of the LGI, or in Community Health Centres. They work Monday to Fridays in office hours.

- **PHAB**

This stands for Physically Handicapped and Able Bodied. It encourages young people to get alongside each other in shared activities. There are club nights and annual holidays. PHAB also offers general support.

- **Portage**

Tel: 0113 232 6855

This is a home based teaching scheme for children with learning disabilities. It is used primarily with pre-school children. An individual skills based programme is worked out for each child and the parent is taught the programme to work on with their own child. The home visitor makes a weekly visit to encourage, reinforce and develop new skills. There is no cost for this service that is available across the city.



SECTION 10 - CULTURAL AWARENESS

- Introduction

The Children Act 1989 places a responsibility on all agencies providing care for children to recognise:

'In all decisions in respect of a child they are looking after, to have regard to the child's religious persuasion, cultural and linguistic background and racial origin, and to the wishes and feelings of parents and other adults who have played a significant part in the child's life, as well as to the wishes and feelings of the child.'

Section 22/5/c

- Policy Statement

One of our main aims, when working with children and young people is to develop and encourage each child/young person to learn respect for herself or himself and to develop into a happy caring adult who is capable of leading a useful and satisfying life. The aim is to value the cultural experience that a child or young person brings with them and consider this in our practice. What a child/young person learns is largely influenced by the ideas, attitudes and practices of those in close contact with them.

Recognising the ethnicity, culture, language and religion is an important aspect in which we can assist children and young people to have value and respect for themselves. Leeds Social Services is therefore committed to ensuring that adults caring for children and young people develop holistic ways of working through good practice that provides positive attitudes and role models for children/young people in our care.

- Guidance for 'Good Practice'

When looking after children/young people from another cultural background than your own, it is not sufficient that we think about their needs as merely providing the right foods, skin care and hair products. We need to address their emotional and social needs too. We need to respect their variation and seek balance between familiarity, new experiences and culturally based traditions that are comfortable for the child/young person concerned. Therefore, the care provided for people of another cultural background than our own, needs to be delivered in a manner that encompasses the following needs:

Physical needs that may include clothing, hair, skin care, health and food.

Emotional needs that may include personal feelings, spiritually, feelings of isolation, self-awareness or self-esteem and racial identify.

Cultural needs that may include religion, history, identity and language.

Social needs that may include participating in community groups, involvement with cultural festivals and recreational activities.

- **Explaining the Terminology**

- **Black**

The term 'black' is generally used in discussions of race relations to describe the British non-white population whether Asian, African or Caribbean in origin. The term has been generally (though not universally) adopted by such groups because it emphasises the commonality of experience in relation to European former colonial powers, rather than the diversity of their cultural heritages.

- **Afro-Caribbean or African- Caribbean**

These terms describe people who are historically of African origin but whose families migrated to Britain from the Caribbean Islands. Some people prefer to be called African-Caribbean or Black British.

- **Ethnic Minority**

In current usage, this term is the most commonly used descriptive term employed to cover a variety of groups within wider categories, such as Black.

- **Asian**

This is used to collectively describe groups from the Asian subcontinent. This includes Pakistani, Bangladeshi, Indian, Chinese and Vietnamese amongst others. Some people may prefer to be called by the region from which they come, such as Punjabi, Sylheti or Kashmiri.

- **White**

People of European, UK or other background.

- **Racism**

This is about racial prejudice and the use of power to oppress and subordinate a person because of their skin colour, race, nationality and/or ethnic origin. For further information and practical suggestions see the section following on 'What is Racism?' and 'How can I help my Placement Child to deal with racism?'

- **Discrimination**

This is the use of prejudice and power to deny groups of people their legitimate rights, aspirations and opportunities in employment and services, causing them to suffer detriment and loss of benefit as a result.

- **Direct Discrimination**

Involves treating an individual less favourably on the grounds of sex, race, marital status, disability or sexuality etc. than those from another sex, race, sexuality, disability or marital status would be treated in the same circumstances.

- **Indirect Discrimination**

Involves unjustifiable requirements and conditions that only a small proportion of persons of one sex, racial group or disability etc can comply with.

- **Harassment**

Involves any unwanted and unwelcome comments, actions, materials, suggestions, physical contact and threatening behaviour that is found objectionable and/or offensive on equality grounds.

- **Victimisation**
Refers to the treatment of a person less favourably than others, simply because they have in good faith made allegations about discrimination, or have started legal proceeding under any of the relevant anti-discriminatory Acts.

- **What is Racism?**

All children have the right to grow up in an environment that is free from racism, prejudice and harassment. Children, who grow up feeling that they are inferior because of their skin colour, disability or family background will fail to reach their full potential. It is therefore essential that black children are provided with the necessary coping mechanisms and survival skills to deal with the racism they experience.

Racism has been defined as:

'a set of attitudes and behaviour towards another racial group or ethnic group based on

- 1. The belief that natural differences in physical characteristics, such as skin colour, hair type, face shape etc, correspond directly to differences in personality and ability.*
- 2. The social and economic power of members of one racial or ethnic group to enforce and enact such attitudes and behaviour towards others'*

Institutional Racism is:

'Procedures, practices and behaviour within an organisation or institution which support and encourage or indirect racial discrimination.'

Children of every racial culture need to feel good about themselves. Growing up in a society that continually portrays other cultures as negative can, and does, affect a child's self-image and confidence. These negative and stereotypical images and actions can have a major impact on children and young people. In the care of children/young people from another culture than the carer (including short break carers) it is the responsibility of everyone involved to help them cope with racist incidents as they occur.

- **Why is it important to deal positively with racist incidents?**

Some Carers may find it difficult to positively with racist incidents, for a number of reasons. For example they may:

1. Fail to recognise an incident as being a racist incident
2. Fail to attribute due importance to racial incidents
3. Lack of confidence in how to handle incidents i.e. what to say or do
4. Hold racist views
5. Feel uncomfortable because they know the person who has exhibited racism
6. Not want to 'make an issue' out of an incident
- 7.

Racism manifests itself in many forms - from physical assault to name calling and taunting. It affects the thinking and expectations of children as, if left unchallenged, it gives them a negative view of those from a different cultural background.

Not dealing with incidents as they occur can make a child/young person feel that the way they have been treated is unimportant, and can give the perpetrator a message that it is alright to behave in this way.

- How can I help my placement child to deal with racist incident?

Carers can take the following steps whenever there is a racist incident:

1. Listen attentively to what the child/young person is saying, and acknowledge their feelings.
2. Create an environment in which the child/young person feels comfortable to be able to talk openly to you.
3. Be clear that you do not accept or collude with racist comments.
4. Do not deflect their concerns - give truthful and honest explanations.
5. Make the child/young person feel valued and reassure them that the racist incident will be taken seriously.
6. Help the child/young person feel positive about their skin colour, physical features, language and culture by using positive words to make them feel good about themselves.
7. Point out that people are visible different in many ways and that all people should be treated equally.
8. Use examples of what may have happened to you in the past when you were made to feel different.
9. Watch out for stereotypes in your own and other people's use of language.
10. If possible, speak to the perpetrator of the racist remark and find out why they said what they said. Make them aware that such comments are hurtful and are not acceptable in a firm, but not aggressive, way.
11. Raise your own and the child's awareness
12. Inform your Link Worker about the incident and record in your Carer Diary, details of what happened and how you dealt with the incident.
13. Inform the child's parents about the incident and how you dealt with it.

If you are asked to offer Short Breaks to a child of another culture with distinctive beliefs, or other colour than your own, it is important at the introductory meeting and throughout the link to check out any uncertainties about diet or acceptable behaviour - including religious practices.

Offence can be caused by ignorance rather than an intention to offend, so always ask the child's parents if you are unsure about something.

Leeds Social Services has information regarding cultural awareness and meeting the needs of children. Family Placement is also producing fact sheets pertaining to different religions and cultures which are available as handouts to carers. Please ask your Link Worker if you would like to see copies of these.

- General advice about some of the needs of black and ethnic minority children

Hair Care

In all cultures, hair grooming is an important part of a persons every day personal care and appearance and should not be overlooked. Adolescence is a time of great change that can present some difficulties - both emotionally and physically. For most young people, appearance matters and become as real issue - it is important to feel and look right, as this often affects the way others see us. Often the hair care of African-Caribbean young people who are looked after by carers from another culture is overlooked, as the workers involved and carers may have little or no knowledge about this type of hair care. It is perceived as being too difficult to manage but it is no more difficult than any other person's hair care.

Useful tips for all children's hair care:

- Combing the hair morning and night helps to keep it manageable and free of knots. Use a wide-toothed comb if necessary for Afro-Caribbean hair or curly hair - for Afro-Caribbean hair it is better to use grease/gel to assist combing (Available from Boots the Chemist).
- Washing hair is the same for all hair types
- After swimming always use shampoo and conditioner, and hair creams for Afro-Caribbean hair
- When drying hair in most cases a hair-dryer is suitable. With Afro hair, it is better to towel dry the hair and creams may be applied to stop the hair from breaking. If you were to use a hair dryer with Afro-Caribbean hair it would dry it out too much or small pockets of hair may be left wet.
- You need to be aware that some children should not have their hair cut for religious beliefs, such as Rastafarian or Sikh.

NB: Do not cut a child's hair unless parents have expressly asked you to, as this is the responsibility of the parents or primary carers.

Afro-Caribbean skin care is important, and the use of moisturising cream such as cocoa butter very important after bathing.

Cultural Clothing

Muslim Dress -

- Islamic Law requires Muslim women to keep their bodies and figures hidden. This may involve wearing a 'burkha' that covers the head and upper body. Sometimes the face may be covered leaving only the eyes.
- Some Muslim women traditionally wear a 'Shalwar Kameez' (trousers and shirt) and 'Dupatta' (long scarf). The Shalwar trousers are loose and full, but the fullness of the leg depends on style and fashion trends. The Kameez shirt is a long loose tunic with long or short sleeves. Coloured buttons and embroidery may be used to decorate the Kameez.
- Some Muslim women wear a Sari. A sari is a length of material about 5 - 6 metres long, which is wrapped around the body in the formation of pleats, and worn with a long petticoat and blouse. Often one end of the Sari is used to cover the head.
- Muslim men may wear Shalwar Kameez or non-traditional clothing.

Sikh dress -

- As with Muslim women, Sikh women also wear Shalwar Kameez or a Sari but the men tend to wear a turban to identify their culture rather than traditional clothing.

Hindu Dress -

- This is the same as Muslim and Sikh women and Men

Dietary Requirements

Meeting the needs of all children who use the Family Placement Scheme is important. However for some cultures this may be even more important as certain faiths are strict about the food that can be eaten or not eaten.

Some considerations when providing food for children of a different culture than your own:

- Ask the child's family about their specific dietary requirements
 - Check if they have any cultural or religious restriction, such as if there is anything the child must not eat.
 - Ask the child if they have any favourite foods.
 - Don't make assumptions.
 - Try to involve other members of your household when planning meals.
 - Introduce different dishes to your entire household to try, so that the child or young person does not feel isolated at meal times.
 - If you have been given strict guidance about the child's diet, do not substitute it with an alternative.
 - Develop your own understanding of foods from different countries and cultures.
- How do I help a child to have a positive identity?

During their early years, when children are learning about themselves and their environment, they are greatly influenced by the people that they come into contact with most, by images, books and toys that are provided. Many children are affected by a lack of self-esteem but for black or ethnic minority children, or children of dual-heritage, establishing a positive feeling about their skin colour, heritage and culture is going to be made more difficult by the racism they will experience in society.

Young people can be assisted in establishing a positive identity of themselves in a number of ways:

- Encouraging and supporting the child to positively appreciate their colour.
 - Help to appreciate all aspects of their culture including food, music, traditional dress, religious background and history.
 - Learning about their cultural background. Be aware that there are many different backgrounds and different cultures within communities - you must be careful not to stereotype.
 - Work with the child's family to provide the child with techniques, survival and coping skills necessary for living in a racist society.
 - Celebrate the child's religious festivals and respect their right to wear cultural dress if they wish.
- How do I assist with positive learning?

• Toys and Books - these are often a child's first link to learning and exploring the world around them. Therefore, when choosing play or reading materials you should look to selecting quality items with good play and learning potential. In addition to this, it is important to be aware of the messages that toys and books can carry. Many items may present sexist, racist or discriminatory images. In order for children to live and play in a positive role in a multi-cultural society, we need books that reflect and respect the diversity of culture, ethnic and religious backgrounds. At the early stage of their development, children are eager to learn and absorb knowledge quickly. It is crucial therefore, that the visual and written images presented do not show discriminatory views.

When buying or selecting books, you will need to consider:

- Who is represented in the pictures - are the images mainly one culture e.g. white?
- Do they give an accurate balance and reflect the multi-racial society in which we live?
- Look at the qualities of the illustrations. Are the skin tones correct? Are the physical features, hair textures and styles accurate?

- Do they give positive recognition to the cultural roots of different ethnic groups?
- Music - music play an important role in all cultural expression. Therefore, it would be useful to introduce children to different forms of music and instruments. Another good way to share and value a child's own language is to learn a few lines of a song or nursery rhyme. Look around for tapes and books or you may be able to borrow them from a library.
- **Ethnic Awareness with First Aid**

In a multi-racial society, it is important to be familiar with the varying signs and symptoms that will be exhibited by people from different ethnic groups.

Blood circulation/blood loss

When blood circulation is lost. Obstructed or constricted, this will result in a diminished flow of blood under the skin.

- For white people this will result in the face and the skin becoming paler.
- For black or Asian people this will result in the skin losing its shine and becoming dull and of an ashen/greyish colour.

Bleeding beneath the skin (bruising) or an increase in blood flow will also affect skin colour.

- For white people this will appear as a reddening of the skin that can be called flushing or blushing, or a darkening of the skin.
- For black or Asian people it may not show. Instead you should note skin temperature to see if the person is abnormally warm.

Burns and Scalds

The reddening of the skin of those who have burns is noted in white people but may not be apparent for black or Asian people. What may be observed however, is the rippling or blistering of the skin and pain around the site of the burn or scald.

Cyanosis

Recognising a lack of oxygen in the blood is very important.

- For white people this will present as blueness around the lips, earlobes and the nail-beds of both hands and feet.
- For black or Asian people, cyanosis may present as paling or greying around these areas, sometimes with a purplish-blue tinge to the skin. The colour of the gums inside the bottom lip will appear bluish instead of pink, or the inside of the lower eyelid or soles of the feet.

A check can be made by applying light pressure to the nail-beds so that they lose colour. Normally colour should return in about a second, but if there is cyanosis present the tissue colour will return slowly spreading from the outside to the centre of the blanched area.



Children and Young People's Social Care

Family Placement Service

Policy and Guidance on the use of Discipline and Restraint (use of restrictive physical interventions) in the

Short Breaks and Sitting Service

1. Philosophy

1. The Family Placement Short Breaks Service provides family based care in ordinary homes for disabled children and their families as a positive alternative to residential options. A flexible sitting service is also provided by trained and approved Family Placement carers for disabled children. The service promotes social inclusion and the social model of disability. All disabled children will be treated with dignity.
2. The ethos of the service is that restraint will **not** be used with children and that alternative strategies will be promoted.
3. The Family Placement carer will provide positive experiences for disabled children and the opportunity for inclusion in family life and activities.
4. Whilst it is acknowledged that carers need to establish consistent and understandable boundaries for children in relation to acceptable behaviour, this should be based on promoting positive behaviour through praise and reward. Where possible confrontation should be avoided, and ignoring and de-escalation techniques used to manage difficult behaviour.

2. Underlying Principles

1. Assessing and supervising social workers must consider with short breaks applicants and approved short breaks carers the implications arising from the carer's views on methods of control and discipline to be used in their home.
2. Short breaks carers, through experience and training, should be mindful of safe caring issues, follow the policy of the fostering service, and endeavor to ensure that their home is a safe environment for short breaks children.
3. Short breaks carers should respond positively to good behaviour. They should be aware that avoiding confrontation and rewarding good behaviour is often the most successful technique available for building positive behaviour, and is more successful than punishing difficult behaviour. They should be aware of the child's

abilities and limitations and set tasks which are achievable. Where appropriate tasks should be broken down into smaller steps to avoid the child becoming frustrated or de-motivated.

4. Short breaks carers should be aware of the impact of disability on the child's behaviour. Some conditions such as autism may predispose the child to misunderstanding social cues. Children with a learning disability may not understand abstract concepts and may need very clear and concise messages about what is required.
5. It should be remembered that the purpose of the break is to give the child a positive and rewarding experience, which should be fun.
6. All short breaks carers should have a safe care plan including how they manage difficult behaviour. This should be discussed and agreed with parents and social workers at the Placement Planning Meeting.
7. Carers should make clear to children the consequences of unacceptable behaviour. Any measures applied should be relevant to the incident, reasonable and carried out as close to the time of the incident as possible.
8. Any measures taken to respond to unacceptable behaviour must be proportionate and appropriate to the age, understanding and individual needs of the child. They should take into account the child's understanding and disability and the way in which this might impact on behaviour. Such measures referred to above should be discussed with the supervisory social worker, the child's social worker and the child's parent/guardian.

3. Statutory Framework

1. The fostering service is required by regulation 13 of the Fostering Services Regulations 2002 to prepare and implement a written policy on acceptable measures of control, restraint and discipline of children placed with foster parents.
2. Regulation 28 requires that the fostering service enters into a written agreement with all approved carers (The Foster Care Agreement), The Foster Carer Agreement covers the matters specified in Schedule 5 of the regulations. These include the requirement 'Not to administer corporal punishment to any child'.
3. Standard 9.4 of the National Minimum Standards for Fostering Services requires the fostering service to make it clear to foster carers that corporal punishment is not acceptable
4. Leeds City Council's Policy on the use of Discipline and Sanctions
The policy states that:
 - no form of corporal punishment, including humiliating treatment, is used on any child placed with a foster carer.
 - no child placed with foster carers is subject to any measure of control, restraint or discipline which is excessive or unreasonable.

- physical restraint is used only where it is necessary to prevent likely injury to the foster child or other persons.

4.1. Corporal punishment

Standard 9.4 defines corporal punishment as including smacking, slapping, shaking and all other humiliating forms of treatment or punishment. This definition covers a wide range of unacceptable punishment. Humiliating forms of control will be viewed as unacceptable punishment, (for example standing children in the corner). If short breaks carers are unsure whether an action constitutes an unacceptable punishment they should discuss this with their supervisory fostering officer.

5. Unacceptable forms of discipline and control

In addition to the restriction on corporal punishment, none of the following should be used as a form of control or discipline in foster homes:

1. Any punishment relating to the consumption or deprivation of food or drink
2. The use or withholding of medication or medical or dental treatment.
3. The intentional deprivation of sleep.
4. The imposition of any financial penalty.
5. The locking of a child in a room
6. Any intimate physical examination of the child.
7. The withholding of any aids or equipment needed by a disabled child

6. Safe Care Planning and Risk Assessment

1. All short breaks carers are required to produce a Safe Care Plan for their home and the people living in it. This should be kept by the carer with a copy on their file. Part of the plan should address how boundaries are maintained in the foster home. The plan should be shared with the child and their parents before the placement commences and referred to in the Placement Agreement.
2. A family Placement Risk Assessment will be undertaken for each child matched at the Placement Agreement Meeting which will include their propensity to difficult or challenging behaviour. Where this is identified as an issue a plan will be agreed to address this. Where a risk is identified the "Action Required" Plan is completed.
3. If a child required restraint and this could not be replaced by other strategies the risk would be too high and alternative services would have to be considered.

7. The Use of Restraint in Dangerous Situations

Carers are advised that children should not be restrained. Other strategies should be used. If an exceptional situation arose where a child had to be restrained to stop them injuring themselves or others in a situation of immediate danger (for instance the child is about to run into a busy road) a Family Placement Accident/Incident form should be completed and a further risk assessment should be undertaken to determine whether the risk can be managed in the future.

8. Recording

Any significant episode of challenging behaviour, or any occasion where a child is restrained should be recorded on a Family Placement Accident/Incident form. A copy of this should be given to the Family Placement Team Manager, and a copy retained on the carer's file.

9. Carer Training

1. All carers attend an initial preparation course where they are told that it is not appropriate to restrain children placed through the Family Placement Service, or to use any form of corporal punishment. There is a session on managing difficult behaviour. Case examples are used, for instance where a child puts themselves or others in danger, and discussions are held as to how the situation should be managed. Handouts are given on strategies for avoiding or diffusing difficult behaviour.
2. When carers are approved they are offered more in-depth training on challenging behaviour on the Family Placement Training Programme.
3. Short breaks carers of disabled children will be offered training in specific areas such as autism and learning disability from the Family Placement Service training calendar. These courses will help participants to understand how some behaviour can be linked to a child's disability.
4. Level C short breaks carers dealing with children who have challenging behaviour can access the EDU Therapeutic Crisis Intervention training.

10. Child Referrals

1. When children are referred to the Family Placement Short Breaks Service a Disabled Child's Integrated Needs Assessment is completed by the referring social worker. This gives details of any challenging behaviours a child may have.
2. The INA would indicate if a child is presently being restrained in home or school. Children exhibiting this level of challenge would usually not be accepted as suitable for the service and other more appropriate services would be pursued through the Interagency Allocation Panel for Disabled Children.
3. When a child is referred to the Family Placement sitting Service an Essential Information and Pen Picture is completed which give details of any challenging behaviour and behaviour management techniques used. Children who needed to be physically restrained would usually not be accepted as suitable for the service and other more appropriate services would be pursued.

Kay Beach
18.11.08

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Intimate Care Policy Leeds Children's & Young People Social Care Fostering Service

Purpose

To provide a consistent framework for all Foster carers to provide intimate care, to satisfy the requirements of individual Support/Care plans/ Safe care plans and to raise awareness of the risks in providing and receiving intimate care in the recognition that children/young people and carers are vulnerable.

Parents / carers should also be made aware of how intimate care for their child/young person will be managed. These should be viewed as expectations upon foster carers, which are designed to protect both children and carers alike. In situations where a carer potentially breaches these expectations, others should be able to question this in a constructive manner.

Foster carers should be advised that if they are not comfortable with any aspect of the agreed guidelines, they should seek advice of their supervising fostering officer or child/young person's social worker. For example, if they do not feel able to conduct intimate care on a 1:1 basis, this should be discussed, as the placement may not be appropriate and alternative arrangements may be considered.

Guidelines

Every child/young person has the right to be supported in a professional manner when receiving care or support from a foster carer. This is particularly the case in respect of the provision of intimate care. For the purpose of this guideline intimate care has been defined as:

Intimate care involves any physical care or treatment that is an invasion of bodily privacy and which may be a potential cause of embarrassment to the individual or their carer.

Intimate care can include; showering or washing; assistance to use the toilet or sanitary protection; dressing and undressing; assistance with eating or drinking; manual handling; invasive techniques and application of creams or lotions and giving medication. Certain leisure activities such as swimming and aromatherapy may also involve intimate care.

The following is an example of good practice guidelines from Chailey Heritage, a nationally recognised centre for the education, assessment, treatment and support of children with physical and multiple disabilities. They are reproduced here with additions relating specifically to Leeds Foster Carers. Whilst these are considered to be "best practice", individual homes may wish to adapt them to suit their particular circumstances.

Guidelines for good practice (adapted from the Chailey Heritage centre)

1. Treat every child/young person with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one foster carer alone with one child. Leeds Children & Young People Social Care believes this practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, foster carers should be supported in carrying out the intimate care of children/young people alone unless the task requires the presence of two people. Leeds Children & Young People Social Care recognises that there are partner agencies that recommend two carers in specific circumstances. Where possible, the foster carer carrying out intimate care should be someone chosen by the child or young person. For older children it is preferable if the carer is the same gender as the young person. However, this is not always possible in practice.
2. Involve the child/young person as far as possible in his or her own intimate care. Try to avoid doing things for a child/young person that s/he can do alone, and if a child/young person is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children/young people in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.
3. Be responsive to a child's/young person's reactions. It is appropriate to "check" your practice by asking the child/young person- particularly a child/young person you have not previously cared for - "Is it OK to do it this way?"; "Can you wash there?"; "How does mummy do that?". If a child/young person expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child/young person has a "grudge" against you or dislikes you for some reason, ensure your link worker and the child/young person's social worker is aware of this.
4. Make sure practice in intimate care is as consistent as possible. Foster carers have a responsibility for ensuring that they have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different foster carers? All this should be recorded in the child's/young person's safe care plan and such information should be shared with others who may do respite for the child/young person.

5. Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures must only be carried out by nursing or medical staff. Wherever possible alternatives to rectally administered nursing interventions will be sought. Other procedures must only be carried out by foster carers who have been formally trained and assessed as competent. *All nursing interventions will be subject to the Training agreement and protocol agreed between Children & Young People's Social Care Department of Leeds City Council, Leeds Primary care Trust hosting Children's services and the Leeds Teaching Hospitals NHS Trusts.*

Where foster carers are caring for children/young people who require medical intervention, it is required that you also read Children and Young People's Social Care policy "Medical Treatment and Medication".

6. If you are concerned that during the intimate care of a child/young person:

- ❖ You accidentally hurt the child/young person
- ❖ The child seems sore or unusually tender in the genital area
- ❖ The child appears to be sexually aroused by your actions
- ❖ The child misunderstands or misinterprets something
- ❖ The child has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any such incident as soon as possible to the child's/young person's social worker and your supervision fostering office and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child/young person or another adult might possibly misconstrue something you have done.

Additionally, if you have noticed that a child's/young person demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and again informed to the child's social worker.

7. Encourage the child/young person to have a positive image of her or his own body. Confident, assertive children/young people who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's/young person's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's/young person's intimate care is important. As far as appropriate and keeping in mind the child's/young person's age, routine care of a child/young person should be enjoyable, relaxed and fun.

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. Leeds Children & Young People Social Care recognises that children who experience intimate care may be more vulnerable to abuse:-

- ❖ Children/young people with additional needs are sometimes taught to do as they are told to a greater degree than other children/young people. This can continue into later years. Children/young people who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child/young person may come to believe they are passive and powerless.
- ❖ Increased numbers of adult carers may increase the vulnerability of the child/young person, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.
- ❖ Physical dependency in basic core needs, for example toileting, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child/young person inappropriately.
- ❖ Repeated "invasion" of body space for physical or medical care may result in the child/young person feeling ownership of their bodies has been taken from them.
- ❖ Children/young people with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child/young person who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

The above is taken largely from the publication *Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability*, 1993. These principles of created vulnerability are also included in bathing, the Leeds LSCB level 2 training, 'Disabled children and Child Protection'

Health, Safety and Risk Assessment

Intimate care should always be provided in a safe and sensitive manner. The safety and well being of the child/young person and the foster carer should be considered a priority at all times. It is accepted that some risks are necessary, but the intention should always be to minimise any risk.

Foster carers and Children/young people are at risk of contracting infections as a result of the provision of intimate care. For this reason foster carers should always wear appropriate protective clothing, particularly disposable gloves, when providing intimate care or where there is a chance of coming into contact with bodily fluids, secretions or excretions. All foster carers also advised that they should be up-to-date with their immunisations.

Risk assessments should be carried out if there are concerns about particular aspects of providing intimate care. These include risks in relation to the use of equipment and aids, the preferred method of providing support, the pattern and behaviour of child/young person and the vulnerability of both child/young person and foster carer.

All foster carers providing personal or intimate care to a child/young person need to be aware that they could be at risk of accusations of misconduct by the child/young person concerned or their family.

All foster carers should be made aware that they are in a vulnerable position when assisting a child/young person alone and must pay particular attention to their actions. Bad practice, abuse and allegations can occur regardless of the sex of those involved. If you are working on a one-to-one situation, and if it is possible to let someone else know where you are, who you are with and what you are doing, then it is recommended that you do so.

All foster carers who provide intimate care to a child/young person should read these guidelines and have opportunity to discuss them, before they perform any intimate care tasks.

Reporting and Record Keeping

It is important to keep records, but only as necessary or appropriate in order to help review practice, and to share information with those foster carers/social workers or other professionals involved in a child's/young person's individual's support. Decision taken by or in the interest of a child/young adult should always be clearly recorded.



FAMILY PLACEMENT CHILDREN'S SERVICE MEDICATION POLICY

Part 1

Philosophy of the Service

- It is Family Placement's philosophy to work closely with parents and Family Placement carers to provide high quality care in a family setting for disabled children. Our services are based on a social model of disability.
- We are committed to providing safe care and the application of risk management which does not undermine a child's rights to inclusion (Dignity of Risk, 2004, Council for Disabled Children). A quote from a young disabled person in the forward.

'The saddest words are "you can't" when you know you can - I'm like a glass vase shut up in a cupboard where nobody sees me because everyone thinks I might break if they got me out!'

We acknowledge that including medically vulnerable youngsters in family based care means we have to take carefully managed risks in partnership with parents and Family Placement carers.

- Family Placement Service accepts a duty of care to ensure that any risks to the health and well being of a child in placement are assessed and minimised. We work in partnership with parents who have a duty to inform Family Placement of any changes to their child's medication or health.

Part 2

When a Child is Ill on Placement

- 1/ Following their approval the Family Placement carer will inform their GP that they are Family Placement carers and that they will have disabled children staying with them.
- 2/ A parent/guardian should not send an unwell child for a Family Placement stay. If a child on placement becomes ill the Family Placement carer should immediately inform the parent/guardian of the child.
- 3/ Where possible and appropriate arrangements should be made for the child to return home.
- 4/ If the child needs immediate medical treatment this should be sought. The **Placement Agreement Form (CSIR 35)** gives consent for a Family Placement carer to seek medical treatment for a child. This should be taken to the hospital or GP.

5/ If the child cannot return home medical advice must be sought. Family Placement carers should contact NHS Direct or make an appointment to see their GP. If it is an emergency situation the Family Placement carer will take the child to the nearest accident and emergency department or phone an ambulance. If a child needs to go to a particular hospital this will be detailed on the **Placement Agreement Form (CSIR 35)**. It is not appropriate for Family Placement carers to make medical judgements in respect of short breaks children.

6/ Family Placement carers should complete a **Family Placement Accident/Incident Form** when they have needed to seek medical treatment in respect of a short breaks child in their care.

7/ In the event of a child contracting an infectious disease whilst on placement the Family Placement carer would follow procedures 1-6. They would inform the Family Placement Service who would inform the Commission for Social Care Inspection. Infectious diseases are listed in the Carer's Handbook.

Part 3

The Administration of Medication by Short Breaks Family Placement carers

1/ It is agreed that Family Placement short breaks carers are authorised to administer medication to children in their care following the agreed procedures.

2/ Family Placement carers will be given information regarding the health needs of the children to whom they are matched, and specifically their prescribed medications, initially through the Integrated Needs Assessment and the **Placement Agreement Form (CSIR 35)**.

3/ A completed **Placement Agreement Form (CSIR 35)** will be in place for each child before placements commence. This will give consent to administer medication and to seek medical treatment. It will list the medication and dosage prescribed in respect of the child. The **Placement Agreement Form (CSIR 35)** will also detail any nursing interventions required in respect of the child.

4/ Parent/guardians are responsible for ensuring that Family Placement carers have written up to date information regarding all medication that is prescribed for the child. Parent/guardians should inform Family Placement carers before each placement if the medication has changed. They should complete and sign a new **NOTIFICATION OF AND CONSENT TO A CHANGE IN MEDICATION** (Family Placement Medical Form 6) giving relevant details.

5/ If there is ambiguity between medication brought by the child, and the medication recorded on a previous **NOTIFICATION OF AND CONSENT TO A CHANGE IN MEDICATION** (Family Placement Medical Form 6) or **Placement Agreement Form (CSIR 35)** the parent or GP must be contacted. If there is a change to medication arrangements should be made for the parent/guardian to complete a **NOTIFICATION OF AND CONSENT TO A CHANGE IN MEDICATION** (Family Placement Medical Form 6) form giving relevant details.

6/ The parent/guardian will be asked to ensure that all medication which is sent to the placement is in the bottle or packaging in which it was prescribed. It should be clearly labelled by the pharmacist with the name of the child, the name of the medication, the dosage, and the times to be taken, and any other instructions. It will not be acceptable for medication to be transferred into other bottles or containers. An altered dosage will only be accepted if this is labelled by the pharmacist or accompanied by a signature from the prescribing G.P. or consultant.

If a child arrives with medication which is not packaged in this way the Family Placement carer will contact the parent/guardian. If the parent/guardian is not available the Family Placement link worker or the child's GP should be contacted. If it is out of hours for these services the Family Placement carer will contact NHS direct or an emergency doctor for advice.

7/ The Family Placement carer will be asked to keep a written record of all medication given, including dosage, and times given. This will be on the Family Placement **Record of Medication** (Family Placement Medical Form 2). The Family Placement carer will keep these records in a file confidentially with the child's papers. The link worker will check these at supervisory visits. They will be given to the link worker when the match ends.

8/ If a child has an adverse reaction to any medication whilst on placement the Family Placement carer will inform the parent/guardian and seek medical attention immediately.

Part 4

The Administration of Non Prescription Medication

1/ If a child is to be given non-prescribed medication the name of the medication, dosage and administration should be detailed on the placement agreement and signed by parents/ guardians. The Family Placement carer is not permitted to give non prescribed medication unless it is detailed on the **Placement Agreement Form (CSIR 35)**. Parents/guardians should be asked whether there are any counter indications to giving this medication in respect of the individual child.

2/ Non prescribed medicine should only be dispensed after careful consideration of the child's presenting problem.

3/ The dose of non-prescribed medication should never exceed the manufacturer's instructions

4/ Treatment using a non-prescribed medication (e.g. calpol or paracetamol) should not be extended beyond two consecutive doses without seeking medical advice through NHS Direct or the GP.

5/ The potential risk of interaction between prescribed medicines and non-prescribed medicines, including herbal and homeopathic remedies, means that it is the policy of Family Placement not to administer herbal or homeopathic remedies to children.

Part 5

When a Child/Young Person Administers their Own Medication

- 1/ When a young person is responsible for self administering medication, or undertaking a nursing procedure this should be detailed in the Integrated Needs Assessment and recorded on the **Placement Agreement Form (CSIR 35)**.
- 2/ The Family Placement carer is responsible for supervising the young person.
- 3/ The Family Placement carer should record on the **Record of Medication Self Administered (Family Placement Medical Form 5)** when the young person has taken the prescribed medication.

Part 6

Nursing Care Interventions

(Previously referred to as Invasive Medical Treatments)

- 1/ It is agreed that Family Placement short breaks carers are authorised to administer nursing care interventions to children in their care following the agreed procedures.
- 2/ Family Placement carers will be given information regarding the health needs of the children they are matched to, and specifically nursing interventions the child requires, initially through the Integrated Needs Assessment and the **Placement Agreement Form (CSIR 35)**.
- 3/ All nursing interventions will be subject to the Training Agreement and protocol agreed between the Social Services Department of Leeds City Council, East Leeds Primary Care Trust hosting Children's Services, and the Leeds Teaching Hospitals NHS Trust (see appendix).
- 4/ The following nursing care interventions required by individual children who are being cared for by a Family Placement carer may be carried out by the Family Placement carer once they have been shown to be a competent practitioner following appropriate training by a qualified nursing professional and subject to the consent of the parent/guardian of the child.

- Gastrostomy feeding and care
- Naso-gastric feeding and care
- Basic stoma care, i.e. replacement and removal
- Administration of rectal Diazepam
- Administration of Buccal Midazolam
- Administration of enemas
- Administration of oxygen
- Use of nebulisers
- Oral suction

(These are hereafter referred to as approved nursing care interventions).

5/ It is accepted that there will be some children who require nursing care interventions other than those listed in 4/ and their omission may run contrary to the Family Placement philosophy of inclusion. In such circumstances, the nursing care interventions required by the individual child will be confirmed by a case discussion. An interdisciplinary decision will be made to ensure that the Family Placement carer and all agencies involved are in agreement that the nursing care intervention can be performed by the Family Placement carer. This agreement should be subject to the following:-

- that it is based on an individual need
- based on an individual nursing care plan or a multi-disciplinary assessment care plan
- based on agreement across the relevant professionals and organizations
- based on agreement by the Family Placement carer to undertake the intervention
- that training is given as part of the care plan by qualified nursing professional
- that competency is tested by observation and/or discussion
- that it is limited to that procedure for that child

-5-

6/ A FAMILY PLACEMENT CHILDREN'S SCHEME NURSING INTERVENTIONS:

Identification of Procedure and Parental Consent (Family Placement Medical Form 1) (see appendix) will be completed in respect of each nursing intervention for each individual child. This will be completed prior to the Family Placement carer undertaking any nursing care intervention or placement in respect of the child.

The completed form will be copied to the Family Placement carer, the parent/guardian, the field social worker, and a copy will be placed on the Family Placement carer's file

7/The Family Placement Service supervisory social worker is responsible for ensuring the above form is completed.

8/ The training will be given by a qualified nursing professional.

9/ Where training is given in respect of an approved nursing care intervention the nursing professional will ensure the Family Placement carer is given the relevant training pack.

10/ The written consent of the parent/guardian will be recorded on the **FAMILY PLACEMENT CHILDREN'S SCHEME NURSING INTERVENTIONS: Identification of Procedure and Parental Consent** (Family Placement Medical Form 1). It will also be recorded on the **Placement Agreement Form (CSIR 35)** in respect of the child.

11/ No Family Placement carer will be required or compelled to undertake training or to administer nursing care procedures with which they are not completely comfortable. The Family Placement carer has the right to opt out of any procedure they do not wish to administer.

12/ The Family Placement carer will record each time they carry out a nursing intervention on the **Record of Nursing Care Interventions** (Family Placement Medical Form 3).

13/ Where there is a complex situation it may be necessary for a detailed health plan to be completed and made available for the Family Placement carer and family.

14/ Any current nursing care intervention undertaken by a Family Placement carer will be discussed at their review, and should also be discussed at the childcare review.

15/ It is the parent/guardian's responsibility to inform the Family Placement carer of any changes to the child's medical needs.

16/ When carrying out any nursing procedure, consideration should be given to privacy and maintaining the child's dignity.

17/ As long as the agreed procedure is followed a Family Placement carer will be indemnified in respect of any claim for personal injury which arises, subject to the terms and limitations of the liability insurance policy. This insurance applies where the Family Placement carer has no insurance of their own.

18/ Where a child can administer their own nursing intervention the Family Placement carer should record this on the **Record of Nursing Interventions: For a child who administers the procedure themselves** (Family Placement Medical Form 4)

Part 7

Recording of Medication and Nursing Interventions

1/ The Family Placement carer will keep a written record of all medication given, including dosage, date and times given, method of administration.

2/ This will be recorded on the Family Placement **Record of Medication** (Family Placement Medical Form 2). The **Record of Medication Self Administered** (Family Placement Medical Form 5) will be completed by the Family Placement carer when it is agreed the child/young person can administer their own medication.

3/ The Family Placement carer will record each time they carry out a nursing intervention on the **Record of Nursing Care Interventions** (Family Placement Medical Form 3). Where a child/young person administers their own nursing procedure a **Record of Nursing Interventions: For a child who administers the procedure themselves** (Family Placement Medical Form 4) will be completed by the Family Placement carer.

4/ The Family Placement carer will keep these records in a file confidentially with the child/young person's papers. The Family Placement supervisory social worker will check these at supervisory visits.

5/ The records will be given to the Family Placement supervisory social worker when the match ends and placed on the child's file.

Part 8

Storage and Disposal of Medication

- 1/ All medication must be kept in a safe place out of the reach of children. This should preferably be in a locked cupboard although Family Placement accepts this is not always possible in a family home.
- 2/ The supervisory social worker will discuss with the Family Placement carer where medications are stored as part of the supervisory process.
- 3/ Where medication needs to be kept at a particular temperature (e.g. in the fridge) the prescriber's instructions must be followed. Care should be taken to ensure that this is out of reach of children in a separate part of the refrigerator.
- 4/ No medication should be given after the use by date on the bottle/packaging.
- 5/ Medication should be sent with the child by the parent / guardian and returned with the child at the end of the stay.
- 6/ In exceptional circumstances where the Family Placement carer keeps medication for the child, this should be recorded on the **Placement Agreement Form (CSIR 35)**.
- 7/ Care should be taken to ensure that medicines are disposed of safely, and that all outdated medication is disposed of.

Part 9

The Consent of the Child/Young Person

- 1/ Where the child/young person is able to give consent this will be sought by the Family Placement carer in the application of all medications and nursing procedures.
- 2/ Issues of consent are complex. Some children's disabilities are such that they are unable to give consent. Some children may dislike procedures which are necessary for their health and well-being (e.g. taking medication or the administration of suppositories).
- 3/ Where a child/young person is clearly reluctant, refuses medication or the undertaking of a nursing procedure, the Family Placement carer will try to persuade the child to accept this.
- 4/ If a child/young person in placement refuses to take medication the Family Placement carer will contact their supervisory social worker for advice and inform the parent/guardian. A **Family Placement Accident/Incident Form** should also be completed by the Family Placement carer. If the refusal is likely to affect the child's health and well being arrangements should be made to return the child/young person home.

5/ Where a child/young person clearly does not consent (an example is a child who refused to allow a Family Placement carer to give suppositories without which she would require hospital treatment) a risk assessment will be undertaken and a health plan made. The risk assessment will involve the child/young person, parent/guardian, health professional, Family Placement carer and Family Placement Supervisory Social Worker. The risk assessment will address whether it is safe for the placement to continue.

Part 10

Emergency Placements

1/ In exceptional circumstances (E.g. the parent/guardian has been admitted to hospital) it may not have been possible to put into place the preceding procedures.

2/ Every effort should be made by the field social worker and Family Placement Supervisory Social Worker to ensure that there is a **Placement Agreement Form(CSIR 35)** in place for emergency placements. If the parent/guardian is unable to sign this (for instance if they have been admitted to hospital and are incapable of doing so) the **Placement Agreement Form(CSIR 35)** should be signed by a Children's Services Manager as a temporary arrangement. Arrangements should be made for the parent/guardian to be involved in a Placement Agreement Meeting as soon as this is possible.



SECTION 12 - LETTERS, FORMS AND GUIDANCE

This section contains forms and guidance which we hope you find useful.

- Accident Forms
- Mileage Claim forms

- Fire Safety Leaflet
- Managing Allegations Booklet
- Foster Care Regulations Booklet
- Back Care Booklet

There should also be details of current school term dates.