

A-Z guide for Oldham foster carers

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Accidents

It is essential that you record any accident in which a child in your care is involved, how the accident occurred and what action you have taken. It can sometimes be difficult to remember or explain the signs of injury weeks after.

Always tell the child's social worker and the person with parental responsibility as soon as you can.

If the foster child has a more serious accident or sudden illness and requires medical or hospital treatment, consent to treatment will be required.

Foster carers cannot sign medical consent forms. Therefore foster carers must have a form signed by the person with parental responsibility (this would usually be the child's parent/s or social work manager) giving their agreement to medical treatment readily available. This form should be handed to the foster carer when the child/young first arrives at their home.

Young people sixteen years or over give their own consent to medical treatment. Some children under sixteen years may also be able to give or refuse consent if they are considered to have sufficient understanding.

You must notify the child's social worker as soon as you have organised any medical treatment and if they are not available, inform their team manager. You also need to inform your supervising social worker.

If the accident occurs outside normal office hours notify the Emergency Duty Team on 0161 770 6936.

Accommodated and looked after children

'Accommodated' and being 'looked after' are two legal terms which describe children who are in the care of the local authority. In both cases the children can be placed with foster carers. A child who is being 'looked after' is defined in Section 22 of the Children Act 1989, as a child in the care of the local authority, under an Interim Care Order or Care Order, or a child who is being provided with accommodation by the authority.

A child who is 'accommodated' will normally not be subject of a court order, but is 'looked after' by the local authority with the consent of parents. This is intended to be a service for parents and children to help them through a difficult time. The aim is to return the child/children to their family as soon as possible.

Adoption

It is hoped that most children who are fostered will return home to their birth families. Where this is not possible, some children need a new adoptive family. Adoption is a legal way of giving a child a permanent family.

Foster carers play a vital role in helping a child move from foster care into their new adoptive family.

Foster carers will:

- Help prepare a profile of the child. This is a 'snap shot' of the child and will include what the child likes, dislikes and their personality. The information will be used to help identify suitable adopters.
- Create a life story book and a memory box of the child. This will include photographs of the child, foster carers and any significant events in the child's life. It will also include keepsakes of the child (for more information please see section on life story work).
- Meet the prospective adopter/s.
- Talk to the child about their new family. This will help prepare the child for moving on and help them to become familiar with their new family.
- Play an active role in introductions between the child and the prospective adopter/s. The adopter/s will observe the child's routine and how the foster carers look after the child.

After Care

When children reach the age of 16 years the key responsibility for their care planning is transferred to the After Care Team.

The main aims of the Children (Leaving Care) Act 2000 are to:

- To delay a young person's discharge from care until they are prepared and ready
- To improve assessment, preparation and planning for leaving care
- To provide better personal support for young people leaving care
- To improve financial arrangements for care leavers *

*Financial responsibility for all eligible and relevant 16 and 17 year olds rests with the responsible local authority. The only exceptions who can claim welfare benefits are lone parents and disabled 16 and 17 year olds.

Definitions of who is entitled to services under the Children (Leaving Care) Act 2000:

Eligible children

Children aged 16 and 17 who have been looked after for at least 13 weeks since the age of 14 and are still looked after.

Relevant children

Children aged 16 and 17 who have been looked after for at least 13 weeks since the age of 14 but who have left care.

Former relevant children

Young people aged 18 to 21 who have either been eligible, relevant or both.

If at the age of 21 the young person is still being assisted by his/her responsible authority with education or training, s/he remains a former relevant child until the completion of the course even if it takes them past the age of 21.

Responsible authority

The local authority which last looked after the child/young person.

What services are young people leaving care entitled to?

Eligible children:

- All the provision of the looked after child system
- Personal advisor
- Needs assessment
- Pathway plans

Relevant children:

- Personal advisor
- Needs assessment
- Pathway Plan
- Accommodation to achieve goals as set out in Pathway Plan e.g. education
- The responsible authority must keep in touch

Former relevant children:

- The responsible authority must keep in touch
- Personal advisor
- Pathway Plan
- Assistance with employment
- Assistance with education and training
- Assistance in general
- Vacation accommodation for higher education or residential further education if needed

Please note: any looked after child who was 18 before 15 October 2001 when the Children (Leaving Care) Act 2000 came into effect will not be eligible for services under the act with one exception. They are known as qualifying young people. However, it is expected that to maintain good practice the same approach be adopted by responsible authorities for all care leavers whether covered by the new legislation or using powers under Section 24 of the Children Act 1989.

Pathway planning

The responsible authority must undertake a needs assessment of every young person whom they know will become eligible or relevant. This should be done just before their 16th birthday and completed at the latest within 3 months of that birthday. A written record must be kept of the information obtained during the assessment, decisions taken and the outcome of the assessment itself. It will form the basis of the Pathway Plan that will be regularly reviewed and updated.

Content of Pathway Plan

- Nature and level of personal support
- Details of accommodation
- Education and training (detailed plan)
- Employment
- Support to sustain family and social relationships
- Practical and other skills (programme)
- Financial support
- Health needs - how they are to be met?
- Contingency plans

The Pathway Plan will also include:

- How the responsible authority will meet the young person's needs
- The date by which any action required to implement any part of the plan will be carried out and by whom

Role of the personal advisor

- Exploring options, advising, providing practical support
- Understanding the young person's needs
- Preparing the Pathway Plan
- Ensuring the Pathway Plan needs are met
- Linking with Connexions service
- Coordinating the provisions of services
- Maintain written records of contact
- Keeping in touch

Allegations against foster carers

Allegations are occasionally made against foster carers. This places foster carers in a difficult and sometimes distressing situation.

Allegations may be about physical or sexual abuse, neglect or emotional abuse.

If allegations against you are made directly to a social worker they have a responsibility to make you aware of the complaint.

Oldham Fostering Service has an investigation procedure which aims to deal with allegations against carers quickly, fairly, confidentially and impartially.

Facts

- One in six foster carers has a complaint or allegation made against them during their fostering career.
- Carers who have allegations made against them tend to have been fostering for over five years.
- All the forms of abuse that can occur within children's birth families can occur in foster families.
- All allegations will be taken seriously and investigated appropriately.

Categories of allegations

Proven:

The allegation is supported by fact and found to be true.

False:

An allegation which evidence shows to be untrue.

Unsubstantiated:

An allegation which cannot be proven to be true or false.

Why do children make allegations?

There are many reasons why a child may make an allegation:

- The child has actually been abused in foster care
- Children can misinterpret an innocent action
- As a way of drawing attention to previous abuse for the first time because the care is trusted
- As a way a young person can exercise some control over life
- To try and end a foster placement without losing face

What can I do to reduce risks?

- Recognise the people in the foster carers' home who are potential risks or may be vulnerable to allegations
- Know your agency's policy and procedure for investigating allegations
- Keep a daily log of events
- Operate clear home rules for ways of behaving
- Work out your own family safe care policy for keeping everyone safe
- Have a support network
- Make use of training
- Make sure you have adequate insurance cover
- Work closely with the agency and keep communication open

When an allegation is made against a foster carer it can be a very stressful time. Your supervising social worker may not be able to discuss the allegation during the investigation period and this can result in carers feeling isolated and unsupported.

Oldham Fostering Service will give foster carers key information on allegations as part of their induction and will provide independent support in the form of advocacy and counselling in the event of an allegation or complaint.

If an allegation is made directly to you about another person's conduct towards a child, you should inform your supervising social worker or the child's social worker.

Allowances

Foster care allowances are paid into the carer's bank or building society account weekly and in arrears. The level of payments is reviewed once a year.

The basic foster placement allowances are not taxable since they contain no element of reward. Generally enhanced allowances are not taxable either although there may be some exceptions.

The 'fee element' of payments to foster carers involved on placements may be subject to taxation. However, Oldham Council does not deduct the tax at source and foster carers should make their own arrangements and seek advice from the Inland Revenue.

All self-employed people should register to pay class two National Insurance contributions to ensure eligibility for their pension. This registration will then require the person to complete a self-assessment for tax purposes.

For further advice and help, please telephone 0161 770 6539.

Foster carers cannot claim tax relief, child benefits, income support or free school meals for children in their care.

A child with a disability may be entitled to Disability Living Allowance (D.L.A) from the Department of Social Security (D.S.S). This allowance is payable in addition to the fostering allowance. If you consider the child you are caring for is entitled to this benefit, discuss the matter with the child's social worker before approaching the D.S.S.

D.L.A should be used to enhance the quality of life for a young person and foster carers need to keep accurate accounts on any expenditure.

While a child is in your care they are entitled to a number of specific additional allowances.

Holiday allowance:

This can be applied for once a year. Let your supervising social worker know when you have made arrangements to take a young person on holiday and they will arrange payment. The amount payable depends on the age of the young person.

The holiday allowance will not be paid if the holiday is taken within school term time.

Christmas/festival allowance:

This will be paid in December.

Birthday allowance:

This should be made with the payment immediately prior to the date of the child's birthday.

If you have any queries about allowances or if you think you have been under or over paid, contact your supervising social worker or the finance section as soon as possible.

Any underpayments will be reimbursed or over payments deducted at the earliest opportunity.

Baby sitting and staying with friends

Oldham Council is committed to ensuring that children and young people who are looked after away from home have the maximum opportunity to maintain positive contact with friends and family, are able to be fully involved in educational visits and leisure activities and that their safety is maintained throughout.

Oldham Fostering Service recognises that all parents including foster carers need a break and occasionally have to leave their children with relatives or a baby-sitter, but this should be discussed with the child's social worker or the carers supervising social worker.

Foster carers cannot leave a baby-sitter in charge of a foster child without prior agreement with the child's social worker.

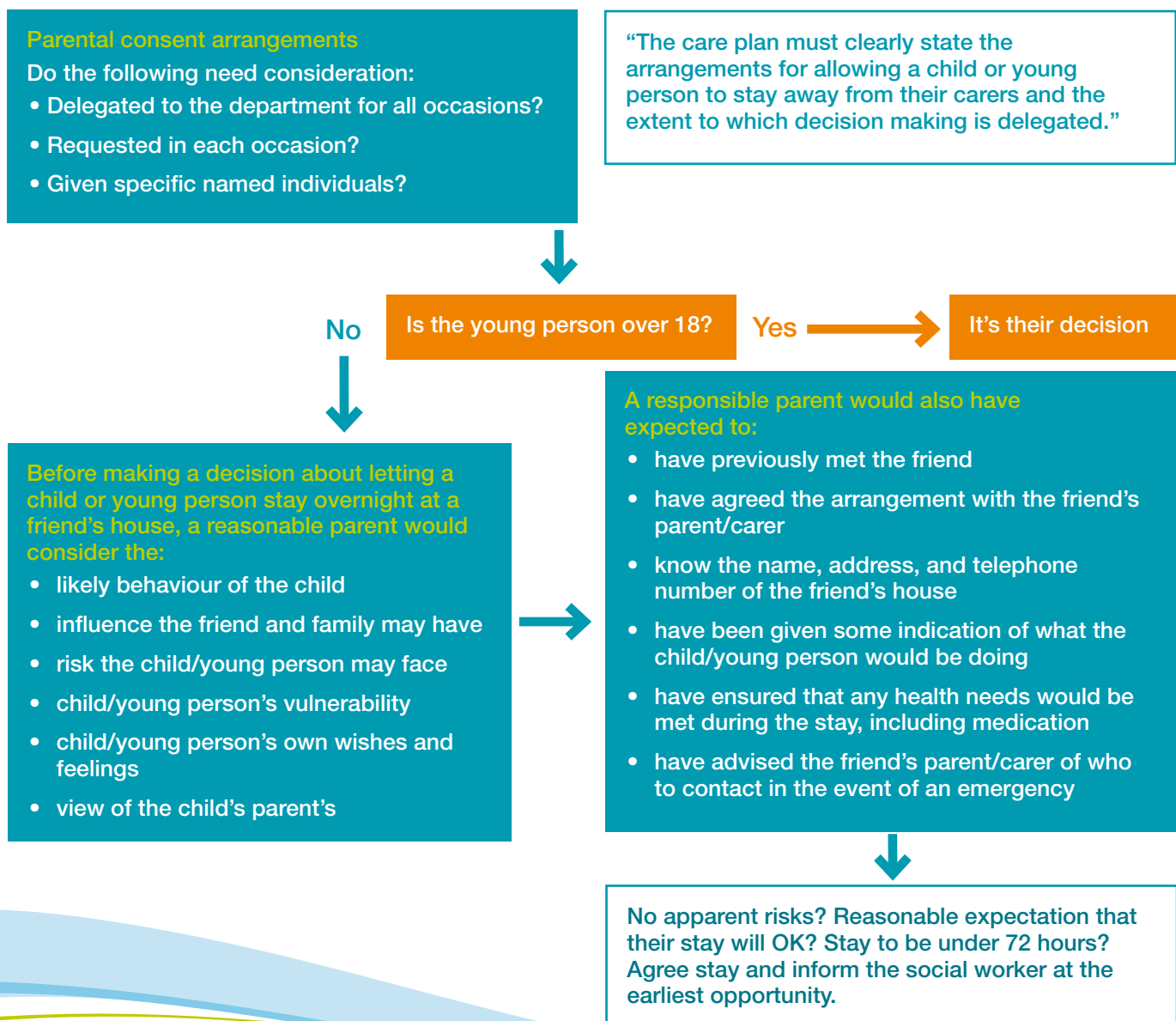
It is important that carers identify anyone who may offer support at this level so that Oldham Fostering Service can undertake suitability checks in relation to the person at the time of the foster carer assessment.

A foster child may ask to visit or sleepover at a friend's house. While this may be possible it is the responsibility of Children's Services and foster carers to ensure that the children in their care are safe at all times. For this reason foster carers must refer any request to the child's social worker.

It is the foster carer's responsibility to find out all they can about the people the child wishes to visit. Foster carers are expected to have met the adults, have an address and telephone number and be confident the child will not be at risk of harm. Parental permission may be necessary and a police check may also have to be made.

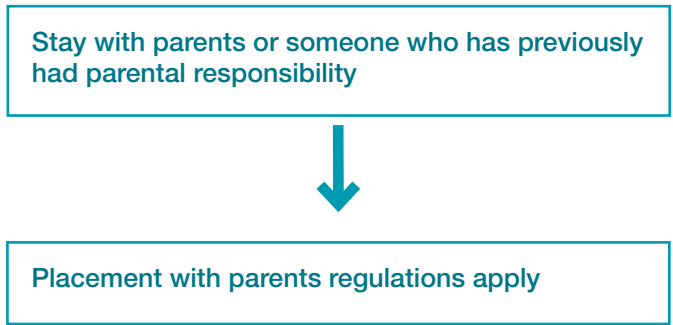
Guidance on overnight stays up to 72 hours

A young person asks to stay at a friend's house overnight

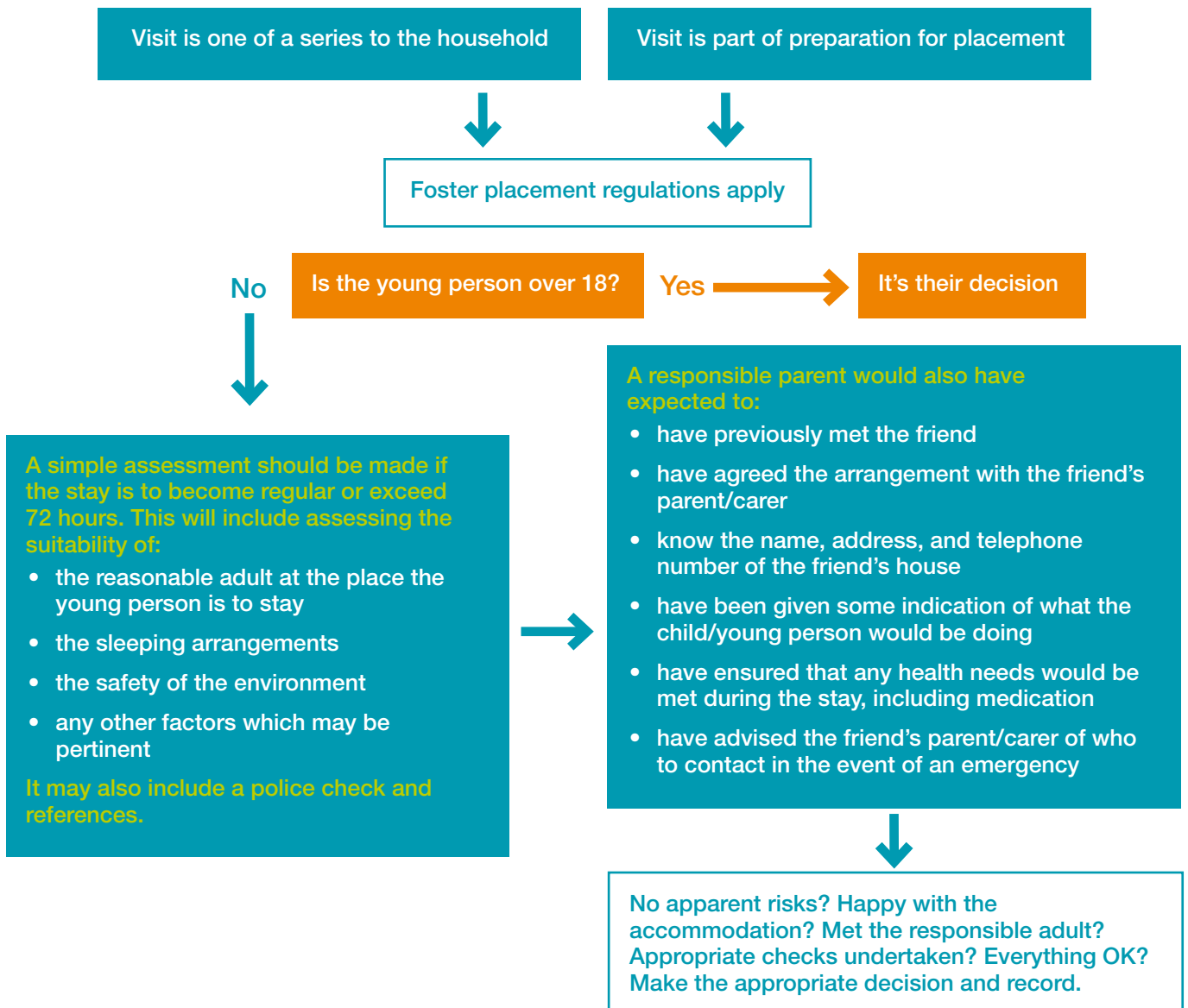


Guidance on repeated stays or stays which last more than 72 hours

1. Staying with parents or someone who has previously had parental responsibility



2. Staying with family or friends of foster carers



Bed wetting

Any child who has suffered a traumatic experience may begin to wet the bed.

A child placed with foster carers will almost certainly feel distressed and it is important to be patient and allow the child time to settle and feel safe and secure.

Displaying annoyance or attempting to punish a child will merely add to their distress and may make the problem worse. Rewarding a child for success will work better than punishment for failure. If the problem is persistent, foster carers should discuss it with the child's social worker or the carers supervising social worker. Persistent bed wetting could be an indication of another problem and a referral to a specialist service may be appropriate.

Belongings

Foster children may bring items of clothing, toys or other possessions with them when they come to stay. These belongings may not seem very valuable to an adult but they may be precious to a child and therefore should be treated with respect.

Remember the child will have been separated from their family and familiar surroundings and placed with strangers and what may seem an unimportant item to you may be a child's most treasured possession.

It is good practice to keep an inventory of young people's belongings and add to this when items are purchased.

When a child leaves your home it is important to pack their belongings into a suitcase or suitable bag. The use of black bin bags to carry a child's belongings is unacceptable. Oldham Council has signed a pledge to ban black bin bags.

Birth certificate

If a birth has been registered then a birth certificate is available recording the details of the child's birth. If a copy of a child's birth certificate is required, foster carers should contact the child's social worker or seek advice from the carer's supervising social worker.

Blood-borne viruses: HIV and Hepatitis

Blood-borne viruses are infectious agents that some people carry persistently in their blood. They can cause severe disease in some cases, and few or no symptoms in others. The virus can be spread to another person and this may occur whether the carrier of the virus is ill or not.

The main blood-borne viruses of concern are:

- Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS)
- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)

Blood-borne viruses are spread by direct contact with the blood of an infected person. Certain other body fluids may also be infectious e.g. semen, vaginal secretions and breast milk. It should be noted that blood-borne viruses are not spread by normal social contact and daily activities e.g. coughing, sneezing, kissing, hugging, holding hands, or sharing bathrooms, swimming pools, toilets, food, cups, cutlery and crockery.

1. Human Immunodeficiency Virus (HIV)

HIV attacks the body's immune system making it vulnerable, over time, to infections that a healthy immune system would fight off. However, people with HIV do not necessarily have symptoms or feel unwell.

When a person with HIV infection contracts other opportunistic infections that take advantage of the already damaged immune system they may be diagnosed as having Acquired Immune Deficiency Syndrome (AIDS). There is as yet no cure for AIDS but there are anti-retroviral drugs that can improve the quality of life/extend the lifespan of people with HIV as well as prophylactic drugs that prevent them from contracting opportunistic infections and keep them in good health.

The vast majority of HIV-infected children in this country have acquired HIV infection through mother to child transmission. Infection may pass from the mother to the unborn child in the womb during pregnancy, during delivery of the baby or after birth through breastfeeding. Children with HIV should be referred to a specialist HIV paediatrician for assessment.

How is HIV spread?

- By sexual intercourse with an infected person without a condom (i.e. unprotected sex).
- By sharing blood-contaminated needles or other equipment for injecting drug use.
- From an infected mother to her baby during pregnancy, while giving birth or through breast feeding.
- By unprotected oral sex with an infected person.
- Through a blood transfusion where blood donations are not screened for HIV (all blood donations in the UK are screened for HIV).
- By invasive medical/dental treatment using non-sterile instruments/needles.
- By tattooing, cosmetic piercing or acupuncture with unsterilized needles or equipment.

- By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.

2. Hepatitis B

Hepatitis B is a viral infection that may damage the liver and cause serious long-term consequences. People with acute Hepatitis B infection do not necessarily have symptoms or feel unwell, but some do get a short flu-like illness, often with jaundice (yellowing of the skin and eyes and dark urine), nausea, vomiting and loss of appetite. Infection without symptoms, and illness without jaundice, occurs particularly in children. Children with persistent Hepatitis B infection should be referred for assessment by a specialist clinician. Drug treatments may be available.

3. Hepatitis C

Like Hepatitis B, Hepatitis C is a viral infection that may damage the liver. Many people with Hepatitis C infection have no symptoms and are often unaware that they have been infected. Some people will experience tiredness, nausea, loss of appetite, abdominal pain and flu-like symptoms. They may also develop jaundice (yellowing of the skin and eyes and dark urine), but this is unusual.

How do Hepatitis B and C spread?

Hepatitis B and C are spread by blood-to-blood contact with an infected person's blood or other body fluids if they are contaminated with blood. The main routes by which the infections are spread are the same as HIV but there is no proven association between breastfeeding and hepatitis B and C transmission.

Immunisation against Hepatitis B

Hepatitis B infection can be prevented by immunisation.

The need of a child to be tested for, or immunised against, Hepatitis B should be considered as part of the medical assessment of a child before placement.

The need to offer immunisation to foster carers should be based on a risk assessment by the local authority making the placement.

Consent to testing

Young people should be given age-appropriate information and advice so that the nature of the test and the implications of a positive test are well understood. A young person aged 16 and above may give their own consent to medical tests, examination or treatment.

However, for a child below the age of 16 and a child aged 16 but lacks capacity to make the decision, consent may be given by a person with parental responsibility. Children under the age of 16 may give consent to or refuse testing, examination and

treatment, if they are capable of understanding the reasons and the nature and implications of the test. It is for the doctor concerned to decide about capacity.

Sources of advice

British Association for Adoption and Fostering

Saffron House, 6-10 Kirby Street
London, EC1N 8TS

T: 020 7421 2600
E: mail@baaf.org.uk
www.baaf.co.uk

Brook

99 – 101 Union Street, Oldham, OL1 1QH

T: 0161 627 0200
www.brook.org.uk

Children First

www.childrenfirst.nhs.uk

Children's Liver Disease Foundation

36 Great Charles Street
Birmingham, B3 3JY

T: 0121 212 3839
F: 0121 212 4300
E: info@childliverdisease.org
www.childliverdisease.org

The Fostering Network

87 Blackfriars Road, London, SE1 8HA

T: 020 7620 6400
E: info@fostering.net
www.fostering.net

The Hepatitis C Trust

27 Crosby Row, London, SE1 3YD

T: 0845 223 4424
E: helpline@hepctrust.org
www.hepctrust.org.uk

NHS Direct

Telephone: 0845 4647
www.nhsdirect.nhs.uk

Terrence Higgins Trust

52-54 Grays Inn Road
London, WC1X 8DP

T: 0845 1221 200
E: info@ttht.org.uk
www.ttht.org.uk

The Who Cares? Trust

Kemp House, 152-160 City Road
London, EC1V 2NP

T: 020 7251 3117
E: mailbox@thewhocarestrust.org.uk
www.thewhocarestrust.org.uk

Bullying

Many children suffer really badly because they are bullied. Bullying can disrupt a child's personal, social and educational achievement. Children who are bullied are entitled to be protected.

What is bullying?

Bullying is defined as deliberately hurtful behaviour, repeated over a period of time, where it is difficult for those being bullied to defend themselves.

Bullying can take many forms:

- Physical – hitting, kicking, theft
- Verbal – name calling, racist remarks
- Indirect – spreading rumours, excluding someone from special groups

Foster carers and their families have an important part to play in helping to deal with bullying.

Foster carers should discourage children in their care from using bullying behaviour at home or elsewhere. Show how to resolve difficult situations without using violence or aggression.

Foster carers should also watch out for signs that the child they are caring for is being bullied, or is bullying others.

Foster carers are often the first to detect symptoms of bullying:

- Headaches
- Stomach-aches
- Anxiety and irritability
- Fear of walking to or from school
- Unwilling to go to school
- Sudden changes in routine behaviour
- Has 'lost' personal possessions or they are damaged
- Asking for increased dinner money/pocket money
- Starting to take money/belongings from other family members

What should I do if I suspect my foster child is being bullied?

If you suspect a child in your care is being bullied:

- Calmly talk to the child about it
- Make sure that the child's social worker is informed of the situation
- All incidents of bullying should be formally recorded and a copy of the recording passed on to the child's social worker as soon as possible
- Make a note of what the child says – particularly who was/is said to be involved; how often the bullying has occurred; where it happened and what has happened
- Reassure the child that telling you about the bullying was the right thing to do
- Explain that any further incidents that occur in school should be reported to a teacher immediately
- In extreme cases counselling for the child or young person may be seen as helpful

What should I do if I suspect that my foster child is bullying another child?

Children bully for lots of reasons:

- They are being bullied themselves
- They feel unimportant
- To gain acceptance
- They have heard other people being called names
- To belong to a particular group or gang
- They don't know it is wrong
- They are copying older brothers or sister or other people in the family they admire
- They haven't learnt other, better ways of mixing with their school friends. Their friends encourage them to bully
- They are going through a difficult time and are acting out aggressive feelings
- They are having difficulty in coming to terms with their sexuality

All forms of bullying should be challenged immediately. Discuss with the child's social worker how the situation can best be dealt with. It is important to try and work out with the child/young person why they are bullying and how to make things better for them.

The child/young person should be encouraged to apologise to the victim of the bullying and help to think of ways of making things better.

Any repeated incidents of bullying and how they have been dealt with should be recorded by both the foster carer and the child's social worker, and kept under review until everyone including the child feel that this is no longer a cause for concern.

Challenging behaviour

Children can sometimes exhibit behaviour that can be difficult to manage, Oldham Council believe physical punishment is never in the carers or the child's best interest.

Oldham Fostering Service has a 'no smacking' policy within the foster carer's home and it is a clear expectation that the foster carer should never physically chastise a foster child.

Guidelines on coping with challenging behaviour:

- First of all, try to understand why the child is behaving in this way.
- Instead of disciplining bad behaviour, always encourage good behaviour. Give simple encouragements, a gold star or a treat. Give praise when he/she is not perfect but is obviously trying.
- Try to be realistic and set goals the child can reasonably achieve.
- Be clear and consistent in your approach. Make sure that everyone in the family knows what the approach is.
- If small children are having a tantrum or doing something that is a danger to themselves or others, pick them up and remove them from the situation, with a firm no!
- In extreme circumstances you may have to restrain a child physically who is about to harm him/herself or others. Only use such efforts as is needed to calm the situation. If a child is physically restrained you must notify the child's social worker and complete the record of incident of physical intervention form, and give this to your supervising social worker. Remember that this 'attention' can be seen by the child as a reward and could reinforce the problem.
- Arguing with children can easily become a habit. Try not to escalate arguments, state your case and shut up; move away physically or change the subject. Choose a calmer time to tell a child what the results will be if he/she behaves in a certain way.
- Don't be afraid to admit you are wrong or angry and don't be afraid to compromise and negotiate with a child. Once you have made the consequences of some behaviour clear, follow it through, giving in will give the child wrong messages.
- There is little point in threatening punishment you cannot enforce. Do not lock a child alone in a room, but a child could be sent to his/her room for a short period to 'cool off'.
- Do not ignore serious matters such as stealing or violent behaviour.

Above all, remember that you do not have to deal with everything on your own. Any problems can always be discussed with your supervising social worker or the child's social worker.

Changes in circumstances – foster carers

If there are any significant changes in the foster carer's household the foster carer should inform their supervising social worker. For example, if somebody joins or leaves the household, illness or health matters, involvement with the police, injury or accident, change in employment status.

Changing a child's name

It is vital for a child to be aware of their identity, and their birth name is a major part of their identity. Foster carers are not allowed to change the surname or the forename of a child placed with them.

Where a child is old enough to take this decision themselves and wishes to do so, carers should seek advice from the child's social worker or their supervising social worker.

Child abuse

Children are accommodated with foster carers for a variety of reasons. Some children may have suffered physical, emotional, psychological or sexual abuse, all these forms of abuse are damaging to children.

As part of the fostering training programme, all foster carers will be offered training and support to enable them to care for these children.

If a child is thought to be at risk of child abuse their name is placed on a list held by the local authority, known as the Child Protection Plan. Hospital staff, GP's, health visitors, the police, social workers and any other agency working with the child and their family are then aware that the child's name has been entered on the register and can only be removed from the register by agreement of a Child Protection Case Conference.

Child benefit

Foster carers are not entitled to claim or to be in receipt of child benefit for the foster children placed with them.

If a foster carer adopts their foster child, they will be able to claim child benefit once the adoption has been officially approved at the adoption panel. For more information, contact HM Revenue and Customs on 0845 302 1444.

Child care meetings

All children being 'looked after' by Children's Services should have a written plan which clearly states what plans will be made for them in the future. The following are some of the people involved in making plans for a child's future:

- The child/young person
- Social worker
- Extended family
- Foster carers
- Residential social workers
- Education staff
- Medical advisors
- Supervising social worker
- Guardian
- Independent reviewing officer

Child Protection Case Conference

A child protection case conference is when people who are involved with a child, come together to discuss concerns about the child's welfare.

When should a case conference be held?

- When it appears that a child may need some kind of protection, registration, services and/or statutory intervention.
- When it appears that the existing child protection arrangements may need amendment, strengthening or relaxing.
- When, in the case of a registered child who has been removed from home, there is a proposal to return that child home, whether for overnight stay or by way of home trial.
- When there is a proposal to de-register a child.

Who should attend the case conference?

The case conference should include as many people as is necessary in order to make and implement informed plans for a child's protection, and as few people as is compatible with effective decision making.

Exact attendance will be negotiated with the child protection section on each occasion and invitations will be sent by that section to the appropriate personnel.

Case conference - the foster carer

If the child who is the subject of the case conference has been placed with foster carers, they should be invited to attend the case conference in order to inform the conference of their observations of the child's behaviour and take part in the discussion regarding the plans for the child.

It will help foster carers to contribute to the discussion if they have recorded any observations that would be of interest. If foster carers feel uneasy about attending a case conference they should contact their supervising social worker.

What will happen at the case conference?

When the relevant people are gathered together the first thing that should happen is that the purpose of the case conference is made clear to everybody. The people attending the conference are introduced and their role and relationship to the child should be made clear.

- The chair of the case conference will invite the people attending to share information, medical, psychological and social.
- The case conference will assess whether the child or children are at risk.
- The case conference will make action plans in the light of its assessment of risk, these plans may be short and/or long term.
- It will recommend to those agencies with statutory powers whether or not those powers should be invoked and how.
- The case conference will decide whether to place or remove the child's name from the Child Protection Plan.
- It will record decisions, agree a confidential distribution list of the minutes, and ensure the relevant personnel receive a copy.

Normally, parents should be invited to attend the case conference.

If the parent/s have been excluded from a conference, the chair of the case conference should make arrangements to inform the parent/s about the substance of the discussion and the decisions reached.

Child Protection Register

This is a register, often called the 'at risk register' which is a list of names and details of children who are considered to be at risk. It is held by the local authority in order to alert other agencies and staff of children who have been abused and/or are potentially 'at risk'.

The decision to place a child's name and details on the register is taken by a Child Protection Case Conference.

Foster carers should be aware that a foster child who is living with them may still be named on the register. The child's social worker will be able to clarify if this is the case.

Children Act 1989

The Children Act 1989 came into force in October 1991. At the heart of the Children Act 1989 is the belief that:

- The best place for children to be looked after is within their own families.
- The welfare of the child is paramount.
- Birth parents should be involved in all planning and decision making affecting their children.
- Legal proceedings should be avoided whenever possible.
- The welfare of the child should be promoted by a partnership between the family and the local authority.
- Children should not be removed from their families and contact should not be ended unless it is absolutely necessary to do so for their well being. When this does happen it should be through a court order.
- The child's needs arising from their race, culture, religion and language must be taken into consideration.

Children Act 1989 - Court Orders

Under the Children Act 1989, court orders are to be used as a last resort. It is not necessary for foster carers to be expert in child care law but it may be helpful to have an understanding of some of the more common court orders.

Emergency Protection Order (E.P.O)

This is an order under which children are removed from a situation in which they are at risk. The order must be signed by a magistrate. An Emergency Protection Order can last up to eight days with a possible extension up to a further seven days. 72 hours after the making of the order, an application for

discharge can be made by; a parent, a person with parental responsibility, the child, or anyone with whom the child is living at the time.

Care Order

The court will make a Care Order if it believes that; a child is suffering significant harm or is likely to suffer significant harm, or if the care being given is not what a parent should give, or the child is beyond the parent's control, or if making the order will help the child.

The Care Order will state that the local authority must look after the child and provide somewhere for he/she to live. A Care Order gives shared parental responsibility to the Local Authority and the child's parents.

The Care Order lasts until the young person reaches the age of 18, or until the child is adopted, or a Supervision or Residence Order is made, or the court discharges the Care Order. Under a Care Order it is presumed child/children will remain in contact with their family unless the court states otherwise.

Contact Order

Directs that certain person/s should have contact with a child, it will also state how often that contact should take place and possibly what form the contact should take.

A Contact Order lasts until the child/young person is 16 years old or until the court agrees it is no longer necessary. In exceptional circumstances it may last until the young person is 18 years old.

Residence Order

This order specifies a person who has the power to dictate where a child may live. Parental responsibility is acquired by the person specified in the order (assuming they do not already hold it).

Special Guardianship Order

A large proportion of parental responsibility is acquired by the person specified in the order although birth parents will also retain limited parental responsibility.

If a child was looked after by the local authority before the Special Guardianship Order was made, the local authority no longer has parental responsibility.

Specific Issue Order

The court is asked to consider and resolve a 'specific issue', For example, educational or medical matters in the best interest of the child.

Prohibited Steps Order

This order states that certain things cannot happen without the court's permission, for example, changing the child's school or moving the child to live abroad.

Children's Rights Service

Oldham Children's Rights Service is for children and young people aged five to 18 years old who are looked after by Oldham Council.

The service is run by the Children's Society and is independent of Oldham Council. They offer an:

Advocate service

Advocates help children and young people to speak up for themselves or will speak on their behalf. They also provide confidential advice, information and support.

Independent visitor service

Independent visitors are volunteers who visit a child a regular basis. They can take them out, have fun or just chat about things going on in their life. This service is for children and young people between the ages of 10 and 18 years who have had no contact with their birth family for more than 12 months.

Children's Rights Service

They work with children and young people to ensure that they are listened to and have a say in the decisions that affect their lives. They also support children and young people should they wish to make a complaint.

For more information:

Oldham Children's Rights Service

The Children's Society
13-21 Brown Edge Road
Holts Village, Oldham, OL4 5QQ

T: 0800 027 4431
E: oldhamchildrensright@childrenssociety.org.uk
<http://sites.childrenssociety.org.uk/OldhamChildrensRightsService>

Complaints

From time to time, complaints may arise, either as a result of something the local authority has or hasn't done, or about a decision it has made.

Foster carers have the right to raise any issue about which they feel unhappy and which is not satisfactorily resolved. This may be in their own right or on behalf of the child/young person for whom they are caring in respect of plans, decisions and services provided by Oldham Council.

If you are raising a complaint on behalf of a child in your care, you should always check with the child, where possible, that s/he is happy for you to raise the complaint.

It is hoped that most issues can be resolved informally through discussion with either your supervising social worker or the child's social worker depending on the nature of the complaint.

Discussion may include either the fostering team manager or area team manager as appropriate. However, if the matter cannot be resolved in this way the formal complaints procedure can be used.

The procedure for dealing with a complaint will depend on what the complaint is about.

Contact the Complaints and Representations Officer who will be able to advise you of the appropriate procedure.

You also have the right to contact Ofsted.

General guide:

Step one - Speak to your supervising social worker or the child's social worker.

Step two - If you are unhappy with their response, contact the fostering team manager or area team manager as appropriate.

Step three - If the complaint remains unresolved, contact the Complaints and Representations Officer who will advise you of the appropriate complaints procedure.

T: 0161 770 1129

E: cypf.complaints@oldham.gov.uk

Alternatively, write to:

Complaints and Representations Officer

Oldham Council
PO BOX 4, Civic Centre,
Level 8, West Street
Oldham, OL1 1UL

Step four - If you are still unhappy with the response you have received, you have the right to contact Ofsted.

T: 08456 014 772

E: enquiries@ofsted.gov.uk

www.ofsted.gov.uk

Alternatively, write to:

Office for Standards in Education (Ofsted)

Royal Exchange Buildings
St Ann's Square
Manchester, M2 7LA

Ofsted is responsible for inspecting Oldham Fostering Service (for more information please see Ofsted section).

Complaints regarding the fostering panel accreditation should use the procedure in operation for that purpose. Details of this procedure are available from your supervising social worker.

Confidentiality

When a child is placed with you, the child's social worker will share with you sufficient information about the child's background to enable you to care for the child. This information may include details of the child and his/her family, and the circumstances which led to them coming to your home. Much of the information will be personal and all of it is told to you in confidence.

Who else needs to know?

You will need to share some of this information with your children and family members who are likely to have regular contact with the child. You should know how much your own children can cope with, depending on their age and maturity, use your discretion. It is important to emphasise to your children and family members the need for confidentiality.

Who does not need to know?

Friends and neighbours, basically it is none of their business. A firm refusal to talk about the children in your care will usually stop questions.

Discussions with other foster carers

All foster carers are governed by the same principles of confidentiality. It is possible that another foster carer may have experienced the same issues as yourself, you may ask for general advice from them.

This would not be breaking confidentiality, but you must not discuss specific details of a child's case or their background.

What do I do if a child tells me a secret?

A foster child needs a confidant like any other child. However, if the information they share with you is likely to have an impact on their future, you should encourage the child to share this information with their social worker. If a child will not do this it is essential that you tell the child you will have to tell a member of staff from Children's Services.

Some secrets cannot be kept! For example if a child disclosed that they had been abused or ill-treated you have to inform the child's social worker and your supervising social worker.

Contact

Contact with birth parents and a significant person has a fundamental role in the care plans of children and young people who are fostered. The laws under which Children's Services and foster carers work, clearly states that local authorities have a duty to promote contact between children who are looked after, their parents, relatives and other people who are important to the child.

Clear expectations on promoting contact are also outlined in Section 10 of the National Minimum Standards which provide the basic principles on which services for fostered children are measured and regulated.

Although foster carers have a responsibility to promote contact, guidance on good practice clearly states that this is a 'team effort' and the local authority has a duty to ensure that carers are in the best possible position to make contact as safe and enjoyable as possible.

The role of the child's social worker is essential in terms of providing foster carers with the necessary information including any assessment of risk for those involved. The needs, wishes and feelings of the children are also central to planning contact which should be co-ordinated by the child's social worker including frequency, location and the supervision required.

Contact is particularly important for children and young people who are at risk of losing their sense of identity with specific aspects of their cultural heritage.

Children with dual heritage or who may be placed with carers who are not a cultural match, need to maintain their links with their family, friends and community so that their cultural history is encouraged and valued.

Research suggests that maintaining links between children and their families increases the possibility of the children returning to their family successfully. Where this is not possible or appropriate, research also suggests that contact enhances children's sense of identity as well as avoiding disruptions in foster placements.

It is not unusual for children to ask to have contact with relatives or friends they may have lost touch with prior to being looked after. This is often an expression of loss for children and positive steps should be taken to re-establish these relationships if it is appropriate for the child.

Contact does not have to be face to face and can take the form of phone calls, exchanging letters, photographs or cards from holidays or special occasions.

Problems with contact

Experienced foster carers will know that contact can have its difficulties. In some circumstances it may be clear that contact will not benefit children or could be damaging depending of the risks involved. This however is unusual and the family law courts have the power to restrict contact if they decide it is not in the child's best interests.

Contact can also cause distress for children and foster carers are often the people who have to deal with this when a child feels confused or disappointed.

This can be emotionally difficult for foster carers who feel frustrated that the family are letting the child down, but, there are many possible reasons why parents and family members find contact stressful. They may feel guilty or angry that their children are being looked after in foster care. Children are often placed in an emergency when the family is experiencing overwhelming problems and loss of control in their lives. Parents may feel angry that their children are living with foster carers if this against their wishes and resent having to comply with plans they don't fully agree with.

Parents and relatives can also worry that the carers will take their place in the child's life and may have heard in the media about foster carers wanting to keep their fostered children. Parents may also feel they have failed their children which can impact on their motivation and reliability.

These reasons and feelings can lead to parents behaving in ways which appear inappropriate during contact. They may be very emotional, give the children unrealistic messages or promise gifts.

Dealing with the problems that can result is often hard to manage but understanding the parents experience can help to make sense of the situation for the child as well as the family. Planning meetings involving the carers (prior to or shortly after the placement is made) can help parents deal with their fears and clarify how arrangements can work best for the child.

Foster carers can also make invaluable contributions to the plans for children by recording the behaviour of children in relation to contact. This may identify patterns which can contribute to decision making which may otherwise go unnoticed. It is also important that the issue of contact is discussed in formal supervision with the foster carers supervising social worker so that problems can be identified, shared and hopefully resolved. When it is considered safe and appropriate it can be beneficial for the foster carer to facilitate contact either in their home or at an agreed venue.

This can increase children's sense of security when the people who are important to the child are comfortable with each other and can be less threatening for parents and other family members.

Corporal punishment

Oldham Council does not accept the use of corporal punishment within a foster carer's home. This means that a foster carer should never physically chastise a child in their care. Remember many of the children being looked after by the local authority have suffered injury and physical abuse, therefore physical punishment merely reinforces the belief that adults hurt children.

Corporal punishment is not an appropriate method of changing a child's behaviour, it will merely teach a child what is not desired, not what is acceptable. Corporal punishment tends only to work when the threat of further punishment is present, and the child will quickly learn how to avoid the punishment, rather than how to behave in an acceptable way.

Everybody can get angry or irritated with a child at some time. If you feel yourself becoming angry with a baby, then place them somewhere safe and leave the room until you have cooled down. With older children, removing yourself means the child no longer has your attention, and in some cases that in itself can be a punishment.

Try not to join in with the child's tantrums or take part in a shouting match. Instead turn your back to the child and ignore their antics. Singing to yourself may distract you from the child's annoying behaviour and help you to control the urge to yell back.

If you cannot ignore the behaviour that is making you angry, then tell the child.

Most children want your approval, so telling them you are not pleased, in many cases will prove very effective, particularly if you follow it with an opportunity for the child to 'wipe the slate clean' and make a fresh start. Not hitting a child does not mean you have to bottle up your feelings. One of the most sensible things you can do when you feel the anger building up or the urge to strike out, is to talk to others about how you feel. Talk to your partner, friends, relatives or social worker.

Court appearance

In certain circumstances foster carers may be requested to give evidence to the courts. Foster carers are expected to keep accurate records during any placement. These will be important in assisting their responses.

Attending court can seem a daunting experience. However, the child's social worker and your supervising social worker will be there to offer advice and support, and help you to prepare before the court date.

Culture and language

Culture describes the way people live their lives. Culture is founded on many different factors, for example; memories, common experience, background, language, racial identity, class, religion and family attitudes.

Culture is part of a child's/young person's identity and heritage. All foster carers should respect and value a child's cultural heritage.

Foster carers should be aware that it is possible that a child whose first language is not English may be placed with them. Language is an important part of a child's identity and culture. Every effort should be made to preserve a child's linguistic and communication skills, otherwise they may lose a large part of their culture.

If you need more information or advice about a child's cultural and linguistic needs contact the child's social worker or your supervising social worker. It may also be necessary to discuss the child's cultural needs with the child's parents or relatives.

Death of a foster child

In the event of the death of a foster child in their care, the foster carers will need to be clear about who they should inform and what action they should take. The following procedures are designed to help at a time when everyone may be confused and distressed.

1. Contact the relevant emergency services: doctor, ambulance, and police. Dependent upon the action they take, ensure that you know where the child is being taken.
2. Immediately notify the child's social worker by speaking to them personally. If they are not available speak to their supervisor or a Duty Officer. Do not leave a message - insist on speaking to someone as a matter of urgency.
3. If the death occurs out of normal working hours you should immediately notify the 24 hour Emergency Duty Team on 0161 770 6936.
4. The child's social worker will take responsibility for informing the child's parents and anyone with parental responsibility. They will also notify senior management.
5. The child's social worker will discuss with the parents the arrangements they wish to make about the funeral. Following the death of a child any legal order on that child is no longer in place and the responsibility returns to the parents. This is a distressing time and sometimes parents and carers can disagree about funeral arrangements. It is the parents right to make decisions on these matters.

6. Depending upon the parents wishes, you may be involved in the arrangements for the funeral.
7. Oldham Fostering Service will make a worker available to offer you and your family support, and keep you informed of the procedures and the arrangements. This will usually be your supervising social worker.
8. Oldham Fostering Service has a legal responsibility to inform the Secretary of State in writing of the child's death. OFSTED must also be informed. They may request further information, and it may be necessary to conduct a formal review of events before the child's death.
9. In the event of a sudden death there is likely to be an inquest, to which the foster carer may be invited.

Remember that you are not alone and that the fostering service will offer you and other family members all the support we can during such a traumatic time

De-registration

When a person is approved as a foster carer their details and information relating to their approval status are kept in the form of a register.

If a foster carer subsequently decides that they no longer wish to foster, their name will be removed from the register and they will be considered as de-registered.

In certain circumstances it might be necessary for Oldham Fostering Service to initiate proceedings to de-register the carer, for example, if there were concerns about the standard of care being given by the foster carer.

If de-registration is being considered a clear procedure exists, which Oldham Fostering Service must follow and the foster carer will be given every opportunity to express their views on the matter.

Information regarding Oldham Fostering Service de-registration procedure can be obtained from your supervising social worker.

Dinner money

A child's school dinner money or the cost of packed lunch should be paid from the boarding out allowance.

Children and young people placed with foster carers are not eligible for free school meals. If a child is receiving free schools meals when placed with you; you should inform the school that the child is no longer eligible.

Disability

If you are caring for a child with a disability, it is important that they are treated as children first and that they are provided with additional help to support them achieving the best possible outcomes.

Oldham Council has a range of services to help you care for a child with a disability, including Services for Children with Disabilities and Oldham Family Link Scheme.

Services for Children with Disabilities

Services for Children with Disabilities is located at the Woodfield Centre, Werneth.

Services for Children with Disabilities is a multi-agency team made up of staff from the Oldham Community Health Services, Pennine Care and Oldham Council.

They work with children and young people aged between 0 and 18 years old who have severe learning disabilities or complex health needs, in partnership with their parents and carers.

What services do they offer?

- They provide individualised packages of support based on assessed need
- They promote and support the inclusion of children and young people with disabilities into local community activities
- They promote a co-ordinated approach by working with all agencies involved
- They provide support around assessment and diagnosis, play and development, health issues, behavioural interventions, skill teaching, family-based and residential short breaks, survival skills for parents, opportunities for leisure, access to benefits and financial support, transition to Adult Services.

General enquiries to the team are welcome. Referrals may be made by anyone with parental permission, unless there are concerns about the welfare of the child.

For more information contact:

The Woodfield Centre

Netherfield Close
Manchester Road
Oldham, OL8 4 ET

T: 0161 627 1749

The office is staffed Monday to Friday 9am – 5pm

Other services available to foster carers of disabled children:

- Support from the child's social worker
- Support from their supervising social worker
- Support from the educational service
- Practical help
- Equipment and adaptations to the home
- Access to lay provisions
- Holidays
- Nursery provision
- Short breaks - the Oldham Family Link Scheme

Oldham Family Link Scheme

The Oldham Family Link Scheme provides short breaks for disabled children, by linking them with a family link carer who can care for a disabled child in their own home, on a regular basis.

Children may stay with a family link carer for anything from a few hours a week, to an overnight or weekend stay and/or an occasional full week.

Regular short breaks offer an opportunity for the child to become more independent, broaden their horizons and have new experiences. It gives them the chance to form real friendships outside their family.

At the same time their family get a break from caring and a chance to recharge their batteries

This service is available to all carers of disabled children.

The process of becoming a short break carer is almost identical to that undertaken by short and long term foster carers.

If you require any further information about Oldham Family Link Scheme, please telephone 0161 770 6540.

Drug abuse

Drug abuse is an increasing problem amongst young people and all children can be tempted to take or experiment with drugs, no matter where they come from, which school they attend, or how bright they are and regardless of their home circumstances.

If foster carers are concerned that a child placed with them could be using drugs they should contact the child's social worker and their supervising social worker to discuss these concerns.

It is often difficult to tell if a young person is using drugs, particularly when a child/young person first takes drugs or only takes them occasionally.

Some possible indications of drug abuse are listed below:

- Sudden changes of mood from happy and alert to sullen and moody
- Unusually irritable
- Loss of appetite
- Bouts of drowsiness or sleepiness
- Increased evidence of telling lies or furtive behaviour
- Unexplained loss of money or belongings from the home
- Unusual smells, stains or marks on the body, clothes or around the house

Many of these signs are easily confused with those of normal growing up. It is important not to jump to the wrong conclusion, but speak to the child's social worker or your supervising social worker if you are concerned.

Eating problems

People vary a great deal in the way that they eat. Some eat a lot or will eat anything, others are more particular.

These differences are to be expected, and usually should not be a cause for concern. But some eating problems are serious and can have a damaging effect on physical and emotional health. The most common of these eating disorders are Anorexia Nervosa, Bulimia and Compulsive Eating Disorder.

Anorexia Nervosa

People who suffer from Anorexia Nervosa have an extreme fear of normal body weight and feel fat, even when they have lost so much weight that it becomes obvious to others.

They may starve themselves by only eating tiny quantities of food. Some stubbornly and angrily resist attempts to get them to eat or will pretend to have eaten when they have not.

Bulimia

This tends to affect slightly older people, although adolescents do suffer from it. People with Bulimia gorge themselves with food on 'binges' and then make themselves sick to get rid of the food. They may also take large amounts of laxatives. They may not look overweight or underweight, which can make their eating problems difficult to detect.

Compulsive Eating Disorder

People who eat compulsively consume much more food than their bodies need over a long period, or use food to comfort or distract themselves. They may become very overweight, which can lead to serious medical problems.

Eating problems, which frequently show during adolescence, should be taken seriously. As well as having an adverse effect on a young person's physical health, eating disorders are often a sign that something is troubling them emotionally.

It is not always easy for foster carers to spot the signs of eating disorders. Below are some pointers which do not necessarily indicate an eating disorder, but may suggest a problem:

- Regularly skipping meals and obsessively counting calories
- Eating only low calorie food
- Avid interest in buying or cooking food for others
- Wearing very loose clothes to hide the body
- An obsession with exercise
- Dramatic weight gain or loss
- Food missing in large amounts from fridge/larder
- Disappearing from the table directly after meal (in order to make themselves vomit)

Eating disorders affect many more girls than boys, but it is important to remember that boys do suffer from them too. If foster carers are concerned about the eating habits of a child placed with them, they should contact the child's social worker to discuss the matter.

Healthy eating

Good healthy eating habits need to start early, but foster carers often have to deal with a child whose eating habits have developed in a deprived or unhappy atmosphere. Even where this is not the case a child may refuse to eat unfamiliar food when they have just left home. All sorts of behaviour are possible, overeating, hoarding, stealing, finicky, refusal, vomiting.

Whatever the case may be, it is always best to avoid confrontation; find out what the child's eating habits and preferences are and only introduce new eating experiences gradually, at the child's own pace.

This is especially important for children with disabilities who may need special diets or help with eating.

Some children you will care for may need different diets for religious, medical or cultural reasons. Foster carers should ensure that they are given full information about the child's dietary needs before placement whenever possible, so that they can prepare for the child in advance. Foster carers may need specialist advice, and this can be obtained via the health visitor or the child's social worker.

Education

Looked after children often suffer from disrupted education due to changes in their care placements. This directly impacts on their attainment, and it is well documented that children in care do not achieve to the same level as their peers. It is essential that carers be proactive in ensuring that these children reach their full potential by working in partnership with schools, social workers and the Life Chances Team to achieve good corporate parenting.

Foster carers play an extremely important role in the education of their children. Committed parents express preferences for schools and appeal against decisions which they feel will harm their children's future chances; they attend parent's evenings and sports days; they expect to be involved and consulted in all aspects of their children's education. These partnerships and close home/school links are equally important for children and young people in care.

Education matters to all children. It is their entitlement. School is an important part of everyday life for looked after children and is sadly all too often the only stable aspect of their lives. For this reason priority should be given to maintaining the child at their current school. This may entail travelling a considerable distance, and foster carers should establish this when agreeing to placements. Foster carers are required to transport children and young people to and from school so that any difficulties can be identified at an early stage.

Early intervention in a child's education often prevents future problems and it signals to young people that their education is important. Taking positive action and avoiding delay should be a shared objective of everyone. It is not acceptable for a looked after child to be out of education. They should not be treated less favourably because they are in care. They should receive priority action by all involved to support their education.

In Oldham there is commitment from Oldham Fostering Service and the Life Chances Team to support looked after children and much progress has been made:

- The Life Chances Team offers advice, training and support to all services and service users
- Every school has a designated teacher for looked after children
- Every school has a designated governor for looked after children
- Every school in Oldham receives a dowry for each looked after child to support their education
- Every looked after child is guaranteed their first preference of school at reception and year 7 entry level
- Every school has prioritised looked after children in their admission criteria
- Every education service has specific policies relating to looked after children and how their service can support them
- Every looked after child is entitled to a Personal Education Plan (PEP)

Personal Education Plan (PEP)

PEP's should ensure that every child receives access and support to services; contribute to stability; minimise disruption and broken schooling; signal particular and special needs; establish clear goals and who is responsible for achieving them; and act as a record of progress and achievement.

The child's social worker is responsible for initiating the PEP but it is very much a joint plan with the designated teacher, foster carer, young person and any other person involved in supporting their education.

The PEP should run concurrently with the care plan and should be set up in the first instance within four weeks of a child coming into care. It should subsequently be reviewed in line with statutory reviews. Outcomes should be clearly recorded and named people should be allocated specific tasks with timescales to raise educational attainment.

It is essential that carers are invited to PEP meetings and are encouraged to actively participate in its completion, as this will ensure that there is regular communication between home and school. Foster carers should be given copies of completed PEPs.

Emergencies

If an emergency arises, for example, if a child or young person placed with you has an accident, is missing, is in trouble with the Police, or any incident which you feel requires urgent attention you should contact the child's social worker immediately.

If they are unavailable ask to speak to his/her team manager. If this is not possible speak to the 'duty' social worker.

If the emergency occurs outside normal office hours notify the Emergency Duty Team on 0161 770 6936.

Equality and diversity

Children who are looked after by Oldham Council come from diverse backgrounds. They all need to be respected and to have positive messages about their background, culture, religion and identity.

Looked after children may also have a disability, and it is important that they are treated as children first and be provided with additional help to support them achieving the best possible outcomes.

As a foster carer for Oldham Council you can expect to be treated in a way that promotes your equality, recognises your own diversity as an individual or member of a family and that you have equal access to opportunities.

Equally we will expect from you a commitment to meeting the expectations of the fostering regulations and the induction standards for foster carers during your career with Oldham Council. This will help us to work in partnership to make sure the children and young people in your care:

- are treated with respect and valued equally
- that you promote care that respects and preserves each child's ethnic, religious, cultural and linguistic backgrounds; and
- that you support children and young people who may be subject to prejudice and discrimination by encouraging children and young people to develop skills which will improve their sense of self worth and to deal with prejudice and discrimination.

We will support you to achieve this through:

- Our commitment to equality of opportunity for foster carers in recruitment, assessment, training and approval
- Pre and post approval training that will help you increase your skills and confidence in promoting and celebrating heritage
- Challenging prejudice and discrimination
- Ensuring carers are able to access specialist advice and support

Equipment

Where necessary Oldham Fostering Service will fund basic equipment at the start of a carers fostering career. This can include:

- Beds/cots
- Wardrobes
- Chest of drawers
- Car seats
- Push chairs
- Stair gates
- Fireguards

Foster carers who require equipment should contact their supervising social worker.

In line with the local authority financial regulations no expenditure should be entered into without first obtaining the agreement of relevant members of staff, this will usually be the Fostering Service Manager or child's social worker. Under no circumstances will Oldham Fostering Service reimburse foster carers for expenditure entered into without prior agreement.

Exclusions

If a young person is excluded from school for a fixed period it is the duty of the school to inform the carers in writing within one day, of the reasons for the exclusion and the number of days the exclusion is for. Whilst the young person is excluded the school must:

- Provide appropriate work for them to do at home
- Put in place measures to try and support the young person to avoid future exclusions
- Provide carers with the name of a contact person should they wish to appeal the exclusion
- Be clear about the length of the exclusion and the date and time the pupil should return to school

Exclusion of looked after children should be an absolute last resort. No looked after child should be excluded from a school without discussion with the local authority to ensure that there is suitable alternative provision available elsewhere.

To ensure there is minimal disruption to the education of looked after children, it is the Government's view that schools and local authorities as appropriate should arrange alternative provision from the first day of exclusion.

If the exclusion is permanent the school must:

- Inform the carers in writing within one day clearly stating the date that the exclusion took place
- Give details of previous warnings or fixed term exclusions
- Provide carers with the name and number of the local education authority advisor on the exclusion process

The role of foster carers in supporting looked after children

Foster carers play an essential role in supporting looked after children with their education. It is vital that a child's educational arrangements are prioritized and discussed with the child's social worker and supervising social worker prior to placement. Advice regarding a child's school and any difficulties they may be experiencing should be sought through the Life Chances Team. Foster carers should establish and maintain close links with the young person's designated teacher and social worker.

Foster carers should be responsible for:

- Recognising the educational strengths and weaknesses and needs of each child
- Keeping schools informed of changes and emerging problems
- Helping the young person to express their concerns or aspirations and advocating on their behalf
- Encouraging the young person to develop their talents and recognize their achievements no matter how small
- Responding quickly to requests from school for meetings

Foster carers should ensure attendance at school by:

- Establishing clear expectations of attendance, punctuality, uniform, and completion of homework
- Ensure that attendance is promoted and supported. If necessary the young person should be taken to school
- Liaise with other agencies if non school attendance is an issue (Education Welfare Service and the Life Chances Team)
- Not taking family holidays during term time

Foster carers should provide an appropriate learning environment with:

- A quiet area to do homework
- Time for homework
- Books, pens, paper and other resources
- Provide learning opportunities outside the home e.g. Visits to libraries, museums
- Ensure the child's ethnicity and background are considered and supported when making plans

Foster carers should take a positive interest in the child's education by:

- Attending parent's evenings and encouraging where appropriate the child's family to get involved
- Supporting school's policies on discipline and dress
- Taking an interest in the daily activities at school
- Completing homework diaries and equivalent
- Supporting homework by reading with a child, offering advice and making sure they complete set work
- Supporting school events
- Rewarding achievement

The role of schools in supporting looked after children

Clearly there is a need for all schools to prioritise and support looked after children. Every school should have clear policies and guidelines for liaising with external agencies and communicating with foster carers and social workers.

Attendance at planning meetings and reviews should be a priority for schools and there is an expectation that schools will release staff to attend meetings for these vulnerable young people. The designated teacher in each school should maintain close links with carers and social workers and should seek the advice of the Life Chances Team if they are experiencing difficulties.

Schools have a responsibility to enhance the understanding of their staff about children in care, and promote involvement in extra curricular activities and clubs.

Schools are expected to proactively support and cooperate with foster carers and the local authority as a corporate parent in doing everything possible to avoid excluding a looked after child.

Schools should keep foster carers informed by:

- Making regular contact
- Having a clear plan for introduction and integration of a young person into school
- Having a proactive approach to problems
- Sharing concerns at an early stage
- Jointly managing and writing a child's PEP

Summary

"Valuing and supporting the education of looked after children is one of the most important contributions a foster carer can make to their lives because it is about investing and caring about their future, and recognising that education is their passport to better chances in life".

Education of Young People in Public Care (DFEE, 2000)

Exercise

It is well recognised that children are less fit than in the past. This is due to a changed lifestyle. Regular exercise is essential for everyone. It can be running, jumping, bike riding, swimming or any other type of exercise the child enjoys. Simply walking to and from school or playgroup can be good for the children and their carers. The time can also be spent talking to the child.

First aid and medication

Fostering households should have a basic first aid kit available to deal promptly with minor injuries.

Oldham Council run basic first aid courses and you should ask your supervising social worker to enrol you.

If a child who is placed with you has particular health or developmental needs, the child's social worker should be able to provide information and give advice on specialist advisory or support groups for parents and carers.

Safe storage of medication is essential, ideally in a locked cabinet out of sight and reach of children. This is monitored through supervision. Under no circumstances should medication or drugs be left in a place where children can get hold of them.

Carers must have guidance on the administration of prescribed drugs for children and advice on the arrangements by which they can administer drugs not on prescription.

Carers are expected to complete records when they administer any medication or when there has been a medical incident i.e. hospital admission, consultant/ GP appointment.

In order for a carer to accept responsibility to undertake procedures such as injections, administering rectal medication, tube feeding etc. the following criteria should be met:

- The child's parent had given written consent
- The carer is willing to do the task
- The carer is instructed in the technique by a qualified nurse or doctor who is satisfied that the carer is competent to undertake the specific procedure.

It is perfectly acceptable for a district nurse to train a foster carer to give medical treatment. The nurse has the responsibility of ensuring that the carer is competent, confident and willing to give the treatment. The carer should also be aware of any possible adverse reactions to the medication and the necessary steps to correct such an occurrence.

Any health related issues should always be discussed in supervision.

Foster Care Agreement (Contract)

The responsibilities of the foster carer are:

1. To give immediate written notice with full particulars to the Oldham Fostering Service of:
 - Any intended change of address
 - Any change in membership of your household
 - Any change in your personal circumstances and any other events which affect your capacity to care for the child placed with you, or which affects the suitability of your household
 - Any criminal convictions or cautions or criminal charges pending at any time following your approval as a foster carer, involving you or someone in your household
 - Any request or application by you, or any member of your household, to foster or adopt children or to become a registered childminder or day care provider
2. To provide the necessary sanctions to help a child feel safe and secure. You must not administer any form of physical punishment to a child placed with you. Advice is available from your supervising social worker to help with alternative measures.
3. To comply with the terms of any Foster Placement Agreement, to promote and safeguard the child/young person's welfare having regard for Children's Services long and short term arrangements for him/her and to treat him/her as a member of your own family.
4. To notify the child's social worker and supervising social worker immediately of any serious illness or occurrence that affects the child/young person.
5. To allow the child/young person to be moved from your care if Children's Services considers it is no longer in the child/young person's interests to remain with you.
6. To attend any training courses considered appropriate for you by Oldham Fostering Service.

7. When foster carers are approved Oldham Fostering Service are required to enter into written agreement with them. The agreement constitutes a statement of responsibilities, requirements and expectations of the partnership between Oldham Council and the carer.
8. Foster carers are expected to give 28 days notice to end a placement.

Oldham Fostering Service's responsibilities:

1. Support

As an approved foster carer you are entitled to advice, information and support from Oldham Fostering Service. You will be given your own supervising social worker who will help you with this.

2. Training

Oldham Fostering Service will provide a number of training courses designed to enable you to care for any child/young person who is placed with you.

3. Placements

A Foster Placement Agreement will be made for each child placed with you. You will be involved in drawing this up and both you and the child's social worker must sign it.

4. Insurance

Oldham Fostering Service will provide insurance cover for:

- All risks
- Public liability
- Legal benefits

5. Complaints/representations

Oldham Council has its own complaints/representations procedure. You are entitled to use this if you are not satisfied with any aspect of the service.

6. Review of carers

Your approval as a foster carer will be reviewed once a year, following discussion with you. You will be notified in writing of the outcome of this review. Your first annual foster carer review will be presented at Oldham Fostering Panel for their consideration.

Foster care forum

This is an exciting opportunity for Oldham Fostering Service staff and foster carers to work together and make positive changes to the services provided to children and young people.

The forum is a consultative group that brings together management, foster carers and related professionals with the intention of discussing policies and resolving issues to improve outcomes for looked after children in Oldham.

The forum is also an excellent way for foster carers to meet other carers and support one another.

Fostering Network

The Fostering Network is a charity working throughout the United Kingdom to promote and improve quality of the foster care service.

Individual membership of the Fostering Network is open to all foster carers, social workers and anyone interested in child care. Local authorities, voluntary organizations and local foster care associations are also eligible for membership.

The Fostering Network provides training on most aspects of foster care. Oldham Fostering Service may pay for places on some of the courses for both foster carers and social workers. The Fostering Network also publish a wide range of books and leaflets for foster carers, and a quarterly magazine.

The Fostering Network provides advice on practical and legal matters, finance and welfare benefits. There is also an insurance scheme covering legal costs that might be incurred by foster families.

Oldham Fostering Service is a member of the Fostering Network, but if you wish to apply to become an individual member or are interested in any of their publications or training courses you can contact the association at the address below:

The Fostering Network

87 Blackfriars Road
London, SE1 8HA

T: 020 7620 6400
E: info@fostering.net
www.fostering.net

Foster Placement Agreement

The Foster Placement Agreement sets out the agreed arrangements for the care of the individual child placed. It also serves as a confirmation of what is expected from the foster carers and Children's Services and what has been agreed with the child's parent. Different requirements apply when a child is placed in an emergency.

The Foster Placement Agreement will cover :

- Essential information necessary to care for the child:
 - › The arrangements for the child
 - › The objectives of the placement
 - › The child's personal history, religion, cultural and linguistic background and racial origin
 - › The child's state of health and any need for health care and surveillance
 - › The child's educational needs
- Arrangements for the financial support of the child during the placement.
- Arrangements for delegating medical consent for examination and treatment of the child.
- The arrangements of the social worker visits and reviews of the child's progress.
- The arrangements for the child to have contact with parents and others.
- Compliance by the foster carer with the terms of the Foster Care Agreement and the carer's cooperation with any arrangements made by the responsible authority for the child.

Guardian

What is a children's guardian?

Children's guardians are qualified and experienced in social work. They are appointed by the court to represent the rights and interests of children in cases that involve Children's Services. They are independent of Children's Services, courts and everyone else involved in the case.

Children's guardians work for CAFCASS or may be self-employed and contracted by CAFCASS.

What do children's guardians do?

Children's guardians are there to help achieve the best possible outcomes for the children they represent. In particular, they:

- Appoint a solicitor for the children who specialises in working with children and families.
- Advise the court about what work needs to be done before the court makes its decision.
- Write a report for the court saying what they think would be best for the children. The report must tell the court about the wishes and feelings of the children.

To do this, children's guardians spend time getting to know the children and members of their family. They talk to other people who know the family, such as relatives, teachers, social workers and health visitors. They attend meetings on behalf of the children, check records and read reports and statements. They may also recommend to the court that other professionals are asked to help, such as a paediatrician or a psychologist.

Is what I tell the children's guardian confidential?

What is said to the children's guardian may be used in the report that is given to the court. All information remains confidential to the court and the parties to the case, and the children's guardian cannot give any information to anyone else without the permission of the court. However, the children's guardian must tell the court any information that is relevant to the welfare of the children.

Does the children's guardian always recommend what a child wants?

Although a children's guardian always considers the wishes and feelings of the children, their report will say what they think is best and this may not be the same as what the children want.

Does the court always do what the children's guardian advises?

It is the court that decides what will happen, but the court takes careful notice of what the children's guardian says. If a court disagrees with what a children's guardian has recommended it will explain why.

Hair care

If a child in your care needs a haircut, please consult the child's social worker first, as parental permission will always need to be sought.

Carers of Black children should be knowledgeable and competent to take appropriate care of all their physical needs. This will include having information about the appropriate hairdressers and barbers. Hairdressers and chemists can advise on a variety of appropriate products available for skin and hair care.

Hair care for young people of African/Caribbean descent

Keep hair and scalp clean, wash hair weekly but remember that excessive washing will dry out natural oils, causing hair to become dull looking.

Hair and scalp should be creamed or oiled moderately. Dry hair becomes brittle and would normally break due to lack of oiling and creaming. Combing will help to distribute natural oils evenly through the strands of hair. Oil or cream should be applied generously after washing, but as required every one or two days after washing. Although cream or oil should be applied generously it is more useful if hair is parted into two or four parts and then cream or oil applied to each part individually.

Tightly curled African hair will become unmanageable if it is not properly combed through regularly. Plaiting, as well as proper diet, and adequate oiling or creaming and washing, helps to keep hair in good condition and maintain growth.

Plaiting at night will allow the hair to remain manageable for the next morning.

When washing hair use a shampoo which leaves the hair moist and comb hair through thoroughly before and after each washing. It is often better to use a shampoo which contains conditioner. If using a hair dryer after washing do not use a very hot temperature to dry hair, as it will straighten hair and cause it to break very easily.

Head lice

Detection

Remember head lice prefer clean heads, so do not assume it could not happen to your family. Check all members of your family weekly for head lice, using a 'head lice' detector comb. If any person is infected, check all the contacts of that person.

All people infected with head lice should be treated.

Head lice can only be caught by head to head contact. They stay close to the scalp enjoying the warmth which their eggs must have if they are to hatch. The live eggs which are very small will be cemented just above the roots of individual hairs. By the time the hair has grown half an inch the content of the egg has either hatched or died of cold. The old egg shell 'the nits', found further away from the scalp are white, shiny, more easily seen than the eggs and are harmless.

Treatment

Children under 6 months should only be treated by a doctor.

Lotion method

One method of treating the infection is by the use of a lotion. Ask your chemist or doctor for 'SULEOM lotion'. This contains Malathion in an alcohol base. Children under 3 years, and anyone with asthma or a skin condition affecting the scalp should not use an alcohol based lotion. People in these groups should use DERBAC-M lotion which is water based.

Don't wash the hair before using the lotion; the hair's natural oils help the lotion to work, however if you have been swimming in chlorinated water in the previous two days you should wash the hair thoroughly, using your usual shampoo. Dry it thoroughly before applying the lotion.

The whole contents of a 50ml bottle should be rubbed all over the dry scalp, protecting the eyes. Make sure the entire scalp is treated, parting the hair in several places will make this easier, allow it to dry naturally away from any open heat, do not use a hair dryer. After at least 12 hours wash the hair with an ordinary shampoo in the usual way.

While the hair is still wet it can be combed with a fine toothed comb to remove dead lice. In order to remove the dead eggs a nit comb may be used, it may be more comfortable to slide the eggs down the hair by hand. Alternatively, before combing apply 'STEP 2' which is a creme rinse which loosens eggs and nits, making them much easier to comb out. Repeat the treatment after 7 days.

Wet combing method

Head lice may be cleared over a two week period by using the following wet comb method:

Wash the hair in the normal way with an ordinary shampoo. Using lots of hair conditioner and while the hair is very wet, comb the hair from the roots with a fine tooth comb. Make sure the teeth of the comb slot into the hair at the roots with every stroke, and do this over a pale surface, such as a paper towel or the bath. Conditioner makes it hard for the lice to grip to the hair. Clear the comb of lice between each stroke. If you find any lice, then repeat this routine every 3-4 days for 2 weeks, so that any lice emerging from the eggs are removed before they can spread.

Prevention

- Do brush and comb the child's hair often, particularly at night, until they learn to do it themselves. This will injure the lice. Be thorough, injured lice never survive to lay eggs and they are easily injured by good grooming.
- Do inspect the child's head, at least weekly, behind the ears, on the crown and at the neckline particularly if they are scratching or if you have heard of an outbreak.
- Do not use head lice lotion to prevent infection with head lice, but only when head lice or their eggs have been detected in the hair.
- A head lice repellent RAPPPELL can be bought from your chemist. This contains pipernol and prevents lice from passing from one head to another. It does not replace the need for regular weekly checking with a detector comb.
- Don't keep your information to yourself. Inform the child's social worker, make sure the parents of any children who have come into contact are informed, and also the child's school or nursery.
- Don't feel ashamed if you or any of the children in your care catch lice.
- Research has proved lice prefer clean heads.
- Don't use insecticidal shampoos; they are weak and could assist a resistant strain of lice to emerge.
- Don't wash the hair before using the lotion; the hair's natural oils help it to work.

Holidays

1. Holidays/outings in the UK

It is expected that any child/young person placed with foster carers would be treated as a member of the carer's family and they would be included in family holidays. To help in this Oldham Fostering Service provide a holiday allowance.

However in some circumstances permission is required before a child/young person can be away from the foster carer's address overnight, even if they are accompanied by the foster carers. This could include school trips.

Therefore before foster carers make any arrangements they should contact the child's social worker to discuss their plans.

2. Holidays abroad

If foster carers are thinking of taking a holiday abroad with a foster child, the carer must give the child's social worker plenty of notice of their plans.

The particular legal status of the child/young person can have an effect on whether it is possible for a child/young person to leave the country. There may also be other reasons why a holiday abroad might not be in the best interest of the young person.

If it is possible for the young person to leave the country, obtaining a passport is a lengthy process, as is obtaining the permissions and agreements required by the law.

Therefore please make sure that you inform the child's social worker in plenty of time in order to avoid any disappointment.

Children's Services will pay the cost of the child's/young person's passport. A letter of delegated consent will also be needed when taking a foster child outside of the U.K. Do not be put off by this list of apparent difficulties. Many carers and the children placed with them have wonderful holidays abroad, but like most holidays make sure you make your arrangements in plenty of time.

Children should not be taken out of school in term time for holidays.

Immunisation

Children placed with foster carers must not be given inoculations without prior consultation with the child's social worker.

Independent Review Mechanism (IRM)

The Independent Review Mechanism (IRM) is a review process which prospective or existing foster carers can use when they do not agree with the qualifying determination given to them by their fostering service provider.

A "qualifying determination" is a decision made by a fostering service provider that it does not propose to approve a person as suitable to foster a child or proposes to terminate or change the terms of the approval of an existing foster carer.

The review process is conducted by a review panel independent of the fostering service provider.

Can I apply to the IRM for a review and make representations to my fostering service provider at the same time?

No. You have to make a choice whether you wish to make representations to your fostering service provider or apply to the IRM for a review of your provider's decision. You cannot have your case reviewed by both.

If you choose to have your case reviewed by the IRM, Oldham Fostering Service will contribute to the cost of the review.

Can the review panel make a new decision about my case?

No. The review panel is not a higher appeals authority and it cannot overturn the fostering service provider's decision. It can make a fresh recommendation to your provider on your suitability to foster a child and/or the terms of your approval.

Your provider must take that recommendation into consideration when making its final decision. The review panel will make its recommendation after it has taken into account:

- The information that was before the original fostering panel (if it considered the case), including any additional information you may have submitted for consideration by the panel
- Any relevant information received by the fostering service provider after the papers had been sent to the fostering panel
- Your grounds for requesting a review

If the review panel needs further information, it may request the fostering service provider to obtain it, or it may be considered more appropriate to ask you to obtain the information. The panel may also obtain legal and/or medical advice.

Who will decide whether I am suitable to foster a child?

The decision rests with your fostering service provider, who must take the recommendations of the review panel and the fostering panel (if it considered the case) into account when making its final decision on your suitability to be an approved foster carer and/or the terms of the approval.

Things the IRM doesn't do

- It does not consider the suitability of the care plan for a child e.g. whether they should be long-term fostered
- It does not handle complaints against the fostering service provider. Complaints should be dealt with through the fostering service provider's complaints procedure

How do I make an application?

There is no prescribed form on which to make an application, but your application must be in writing and should include the following:

- your grounds, i.e. why you disagree with your fostering service provider's determination
- the date of the letter you received from your fostering service provider
- the name and address of your fostering service provider, so that we can obtain from them the information which the review panel will need

You must make your application within 28 calendar days from the date of the fostering service provider's letter. You can send your application to us by post, fax or email.

For more information or to apply contact:

Contract Manager Independent Review Mechanism

Unit 4, Pavilion Business Park
Royds Hall Road, Wortley
Leeds, LS12 6AJ

T: 0870 034 6420

F: 0870 034 6421

E: irm@baaf.org.uk

www.independentreviewmechanism.org.uk

Life story work

It is important that children and young people have a good understanding of their background and foster carers will help this process by completing life story work.

Children who live with their birth families have plenty of opportunity to know and learn about the events in their lives. They generally grow up surrounded by their family members; they accept and feel secure about their place within the family structure.

Children separated from their birth families are often denied this opportunity; they may have lived with a number of different families, they may have changed social workers, homes and neighbourhoods. Their past may be lost, confused and much of it forgotten.

All children are entitled to accurate information about their past and their family. When children lose track of their past, they may well find it difficult to develop emotionally and socially. If adults cannot or do not discuss their past with them it is reasonable for children to assume that it may be bad.

Life story work is an attempt to give back some of this past to children separated from their family. Compiling facts about the child's life and the significant incidents and the people in it helps children to begin to understand and accept their past and move forward into the future.

Many children separated from their families blame themselves and believe they must be unlovable or worthless, but a suitably worded version of the truth can increase a child's sense of self worth and identity.

Life story work gives you the opportunity to show children why they should be proud of themselves, and this positive attitude should be evident in any life story work. For example, although you will tell the child a suitably worded version of the truth about their family and why they are being looked after, it is important to find and emphasise things that are positive.

Some suggestions for the content of a child's life story book or memory box:

- Birth certificate or a copy, information about the child's birth, photograph of the child's birth hospital.
- Photographs of a child's birth parents, siblings, grandparents, extended family and any details and information available.
- An explanation of why the child is separated from their family.
- Information about visits with birth parents.
- A flow chart to help clarify the moves and changes in the child's life.
- Photographs of previous foster carers, children's home, previous schools.
- Photographs of favourite activities, significant incidents, holidays, birthdays and Christmas.
- Anything else which the child feels is important.

Medical examinations/issues

A child placed in foster care should have a medical examination within 14 days from the date of placement. The medical examination will be requested by the child's social worker. Looked after children are examined by a community paediatrician; therefore this may not take place with the child's or foster carers GP. Following the request for the medical examination the foster carer will receive an appointment in writing and the child's social worker will be informed of the outcome.

Thereafter a child under five years must have a medical examination with a written assessment at six monthly intervals. Children over the age of five years must have a medical examination annually.

Foster carers cannot sign medical or dental consent forms. Therefore foster carers must have a form signed by the person with parental responsibility (this would usually be a parent or social work manager) giving their agreement to medical treatment and this form should be handed to the foster carer when the child/young person first arrives at their home.

Foster carers are expected to organise none emergency medical treatment, including dentists and opticians, with the permission of the person with parental responsibility. If the person with parental responsibility believes a child requires non-emergency medical treatment, then they should make the necessary arrangements.

However if the foster carer feels that the child is not getting the treatment they require the foster carer should speak to the child's social worker or their supervising social worker. If the child requires emergency treatment foster carers should make the necessary arrangements and then contact the child's social worker (see accidents). If the treatment is urgent the attending doctors will generally treat the child first and then afterwards deal with the issue of consent.

It is good practice for foster carers to record any medication the child is taking whether it is prescribed by the child's GP or not. When a child arrives at a foster carer's home for the first time they should find out from the child's social worker if the child is taking any medication, what it is, when it is taken and how often, if the child suffers from any allergies etc.

Health plans

Health plans are completed by health professionals following the annual statutory health assessment. Copies of the child or young persons individual health plan are sent to the child's social worker, foster carer, GP and birth parent where appropriate, following each health assessment taking place.

Its purpose is to ensure that children's health needs are addressed and that key professionals involved in their care are aware of their individual roles and responsibilities.

The health plan will provide current and previous information (initial plans only), about the child's health. It will include significant health conditions, immunisation details and unmet health needs.

The health plan is reviewed as part of the child or young person's lac review and care plans on a regular basis. Actions will be identified as necessary with the named person responsible.

Health plans should be made available to new foster carers if a change of placement occurs within the review period.

Should a child/young person ceased to be looked after, the health plan will continue to be monitored by the lead health professional, for example health visitor.

Meningitis

There are a number of different types of Meningitis but all require prompt action. If a carer has any reason to suspect that a child has contracted Meningitis then they should seek medical attention immediately. It is therefore important that carers can spot the symptoms that indicate the infection may be present.

1. Symptoms in babies

The following may not occur at the same time:

- Fever – possibly with hands and feet feeling cold
- Refusing feeds or vomiting
- High pitched moaning, cry or whimpering
- Dislike of being handled, fretful
- Neck retraction with arching back
- Blank staring expression
- Child is difficult to wake and lethargic

2. Symptoms in children

The following may not occur at the same time:

- Vomiting
- Fever
- Headache
- Stiff neck
- A dislike of bright lights
- Drowsiness
- Fitting
- Pain in the joints

Septicaemia (blood poisoning) can also occur, and also develop very quickly. The spots or bruises do not turn white when a glass is pressed against them. The rash must be taken seriously and medical attention sought immediately.

Minimum Standards for Fostering Services

The National Minimum Standards for Fostering Services are an integral part of the legal framework in which the fostering provision is regulated and conducted under the Care Standards Act 2000.

The minimum standards are mandatory and as a fostering service provider we must comply with them. If as a local authority we are found to have substantially failed to meet these standards, then OFSTED has a duty to inform the Secretary of State for Health, who will take the necessary steps to ensure the requirements are met.

The minimum standards represent the 'basic' requirements rather than 'best' possible practice and are designed to be applicable to a wide variety of fostering providers rather than a standardisation of service. As well as providing a measure by which services are regulated, the minimum standards act as a basis for the induction and training of staff and a guide for families as to what they should expect from a fostering service.

They are structured under a series of key topics that service providers are expected to evidence. These include:

- Statement of purpose (aims and objectives)
- Fitness to provide and manage a fostering service (the skills, experience and qualifications of its staff)
- Management of a fostering service (effective and efficient monitoring to evidence quality)
- Securing and promoting welfare (placements which prioritise physical, mental and emotional welfare)
- Recruiting, checking, managing, supporting and training staff and foster carers (selection and vetting processes to ensure a skilled, well organised service)
- Records (comprehensive and relevant information on children and administration systems which are appropriately accessible)
- Fitness of premises (a secure, accessible suitably equipped building)
- Financial requirements (a financially viable and audited accounts system)

In relation to the National Minimum Standards for Fostering Services, the UK National Standards for Foster Carers provide a framework for a high standard of practice which service providers should aspire to and focus on all aspects of the needs for children and young people in foster care. The major difference between the two sets of standards is that the national minimum standards state what is expected of fostering services but they do not state what is expected of the child's social worker. The UK National Standards for Foster Carers and accompanying codes of practice, together remain the only guidance which draws a high quality service for children, fostering service, child's social worker and foster carers.

Missing from care

If a child is missing, you must contact the child's social worker or their team manager immediately when you become concerned. If it is outside normal office hours contact the Emergency Duty Team on 0161 770 6936 and your local police station.

You also need to inform your supervising social worker.

Ofsted

Ofsted is the Office for Standards in Education, Children's Services and Skills.

Ofsted is responsible for inspecting fostering services. You can contact Ofsted in the following ways:

E: enquiries@ofsted.gov.uk

T: 0845 640 4045 - about education or adult skills

T: 0845 601 4772 - if you want to make a complaint or have a concern about any service Ofsted inspects or regulates

T: 0161 618 8524 for text phone or Minicom users

These helplines are available from 8am until to 8pm, Monday to Friday.

Or write to:

Office for Standards in Education

Royal Exchange Buildings
St Ann's Square
Manchester, M2 7LA

Parental responsibility

Parental responsibility means all the rights, duties, powers, responsibilities and authority which by law a parent has in relation to a child and their property.

Birth mothers automatically have parental responsibility and also married fathers. An unmarried father may acquire parental responsibility by means of a formal agreement with the mother, or via an application to court. In some circumstances other people may acquire parental responsibility.

Passports

If you require a passport for a child in your care always consult the child's social worker. Permission for the child to travel abroad should be obtained from the child's birth parents, Children's Services or the court. Make sure that you raise the issue in plenty of time.

Play and toys

Play is vitally important to any child's development, it is one of the ways that young children learn and are stimulated to develop their intellectual skills. Play needs objects, space, time and companionship. In a child's early years they are stimulated and encouraged by their parents and family members and as they grow older they are more reliant on their peer group.

Children will use their imagination to fill many gaps in equipment, and their creativity is stimulated as they exchange ideas with others.

Some children, who are placed in foster care, may not have experienced any positive stimulation or encouragement. Such children may have little incentive to explore or to play, they do not see their world as an interesting place where fun is enjoyed and skills can develop. Their understanding of the physical world is therefore limited compared with their peer group and the child does not know how to relate to people appropriately or conform to expected behaviour.

Children whose early years have been marked by neglect, may be of average intelligence but will arrive in the infant school ill-equipped to cope, they are unable to pay attention, they cannot play or interact with other children in a constructive way and their capacity to learn is limited.

However research has shown that by giving disadvantaged pre-school children a one-to-one relationship for play, affection and conversation, even for short periods every day, can make all the difference to their future performance at school.

Foster carers have an important opportunity to help children in their care by conversation and play. It does not necessarily require expensive toys or equipment to stimulate a child/children, often simple household items can encourage a child to use their imagination. For many children, what is most important is that they are given the attention they have previously lacked, and they are encouraged to play and learn and develop through play. If you're unsure or concerned about a child's skills in this area or you feel that a child may need some special toys or equipment then contact your supervising social worker.

Pocket money

Pocket money (where age-appropriate) is given by the foster carer in accordance to the child's placement agreement. This agreement is made by the foster carer, the supervising social worker and the child's social worker during a placement agreement meeting.

Racism

Each individual will have a different understanding, awareness, experience and attitude about racism. However, as foster carers of children from ethnic minorities it is important to be able to recognise racism and also to be able to distinguish between different types of racism. This is vital if you are to effectively challenge racism for the benefit and protection of children we care for.

It is important to understand what exactly constitutes racism and similarly the understanding of labels associated with people from ethnic minorities. It is equally important to appreciate that each child will have an individual level of understanding and awareness, but the impact of racism on the lives of young people is measurable through negative behaviours and attitude, low self esteem, anger, hate, denial, isolation, loneliness, pain, low educational achievement and aggression.

Records

Records are kept by Children's Services on every child in foster care and every foster family. These records are separate from the records foster carers are asked to keep.

Children's records

All children looked after by Children's Services will have a complete set of records which will be kept up to date by the child's social worker.

When a child is placed with a foster carer, the carer should receive a copy of the 'planning document' from the child's social worker.

As the placement progresses the foster carer will receive copies of reviews they have attended regarding the child. Copies of all these documents should be kept as part of the child's records.

Foster carers do not have an automatic right to receive the minutes of a child protection case conference.

Foster carer's records

Supervising social workers record information about foster carers, which will include a copy of their approval report and all relevant checks and references, and foster care reviews.

There will also be record of all the children placed with the foster carers.

If you would like to see your records contact your supervising social worker.

Record Keeping

Foster carers should keep a daily record on the child/ children placed with them. It does not have to be a long document, a diary of short precise notes will be sufficient. It is important to keep a record of any significant events and behaviour for a number of reasons.

Some are suggested below:

- Recording the behaviour of a child (including the dates of any particular incidents) of both positive and negative behaviour, could help to identify a behaviour pattern
- A diary can help to monitor a child's progress during a placement. A diary of events and incidents can help a foster carer to remember at a later date, things that otherwise might be disputed, for example, an accident to the child, failure to attend a contact visit, medication given and why etc
- An accurate diary can assist decision making at child care reviews, planning meetings, case conferences and court proceedings
- A diary of incidents can support a foster carer's application for additional help. A diary can reduce the risk to you and your family of a compliant or allegation is made against you, particularly if the complaint is made a long time after the event

All written information about a child must be returned to Oldham Fostering Service when the child leaves your home. You will be able to access this information if the need arises in the future.

All information relating to a child that you store on a computer must be deleted when the child leaves the placement.

Children, young people and their parents should be made aware that you are making written records. This can be explained at the placement agreement meeting.

When to record:

Records should ideally be made on a daily basis or as soon as possible after the event or incident, whilst things are fresh in the mind. This will help to ensure the accuracy of dates, times, conversations and incidents.

How to record:

- keep the recording simple, clear and legible
- notes do not have to be lengthy, just the main points
- you should use language with which you are comfortable
- keep to factual information and do not be judgmental
- accuracy is important when referring to specific incidents

Where to record:

- daily log sheets
- summary sheets at regular intervals and prior to attending a review or case conference
- carers who have difficulty writing should discuss alternatives such as the use of a tape recorder

What to record:

- details of contact visits with child's family, child's reaction to contact and any observations about the quality of contact, such as interaction between the child and their parent. Also include anyone's failure to visit and any reason given
- details of any other form of contact – telephone calls, letters, birthday cards, etc
- details of visits, meetings with social workers or other professionals and the child's reaction if any
- dates for reviews, case conferences, etc and decisions made
- dates of medical or dental appointments and treatment given. Include dates of cancelled or rearranged appointments
- dates and types of immunisation
- date, type and length of any illnesses
- details of any accidents or injuries, however slight. Describe what, when, where and how it occurred. Name any witnesses and action taken. Record the time, date and name of the social worker to whom the incident was reported

- comments the child makes that give you cause for concern. Always record using the child's own words
- details of the child's behaviour that causes concern. Note their actual behaviour, what triggered it and how it was dealt with
- any positive improvements, achievements and happy events for the child
- dates when the child is away from the foster home – with family, friends, school trips, introductions to new carers or if they are missing
- details of times when the child is with alternative care givers such as babysitters and who they were
- any significant contact with the school or nursery such as comments about the child's behaviour or parent's evenings
- any involvement with the police
- details of any theft or damage caused by the child
- details of any specific incidents, events or changes of circumstances of your household. Include any complaint disagreements with the child or their family
- any significant milestones in the child's development such as their first word or first steps
- any other significant event or information

Recruitment

Oldham Fostering Service is committed to the continued recruitment of foster carers and has a full time Recruitment Officer.

For recruitment to be effective Oldham Fostering Service must involve experienced foster carers in all stages of the recruitment.

Foster carers can:

- Attend recruitment events
- Advise Oldham Fostering Service on all recruitment materials
- Get involved with preparation training
- Recruit family and friends via 'word of mouth'.

If you know somebody who may be interested in becoming a foster carer, we will be happy to speak to them. Please telephone 0161 770 6600 or contact your supervising social worker.

Religion

It is important for a child's identity and possible reunification with their birth family that a child's religious practices and beliefs are represented during a period of separation from their birth family. Foster carers cannot change a child's religion.

Although you may not have strong religious convictions yourself, the foster child and their birth family may have. Under these circumstances it is part of your role to encourage the child placed with you to practice their religion.

Alternatively you may have strong religious convictions, whereas the foster child and their family do not, it would be inappropriate to insist that the foster child observes your religious practices.

If you are unsure about a child's religious practices, speak to the child's social worker or we may need to clarify the position with the child's birth family.

Reviews

There are three different reviews in which foster carers may be involved - the foster carer's review, the child's review and an unplanned ending review.

The foster carer's review

All approved foster carers should have their approval reviewed annually. The main purpose of the review is to assess whether the carers and their household are still suitable to foster. Reviews should also be completed every time there is a major change in the foster carer's circumstances.

The carer's supervising social worker should make an appointment to visit the carer's home and ensure that the carers are aware that the review is to take place and all the necessary participants can be present. If any authority other than Oldham has placed a child with or has used the foster home within the previous 12 months they must be invited to contribute to the review.

The review is an opportunity for all the participants to express their views, to discuss the foster carer's experiences, difficulties, opinions of the services offered by Children's Services, the carer's approval status, and training needs. Where it is agreed that the foster carers should seek an alteration to their approval status, Oldham Fostering Service may decide that a full reassessment will be necessary.

The review should take into account the views of the foster carers, which can be submitted in writing before the review takes place. The contents of the review will be recorded and the foster carers will be notified in writing of the outcome and any decisions taken. If it is decided that the foster carers are no longer suitable it should be discussed with the

carers and the approval terminated. Where there is a disagreement a representation procedure is available. If foster carers wish to resign or transfer to another authority, they should notify the local authority of their decision and their approval must be formally terminated.

The child's review

The Children Act 1989 places a duty on local authorities to draw up plans, in writing, for each child they accommodate or look after. The child's review is part of a continuing planning process, it is an opportunity to examine plans and decisions and assess the progress made in implementing plans, and it also sets goals for future action. If a child who is placed is of sufficient understanding, they should take part in the review, along with the child's birth family, the foster carers, school teachers, the child's social worker, social work manager and any other person or professional who has significant involvement with the child.

When arrangements are being made to hold the review foster carers should ensure that their own supervising social worker is aware that a review is being planned. The review should seek a wide range of views, and all aspects of the child's welfare, health and education needs. The contents of the review are recorded in writing.

The first review should take place within four weeks of the commencement of the placement. It should be followed by a second review within three months. Thereafter reviews should take place at six monthly intervals. This is a minimal requirement, a review may be held whenever it is considered necessary. The review should be held in a place which is most likely to provide a relaxed atmosphere for all participants, particularly the child.

The unplanned endings review

The main aim of an unplanned ending review is to collect information about the particular placement when it is at crisis point and the placement is likely to be disrupted. The primary aim is to secure the immediate and long term welfare of the child.

It is essential that all the individuals involved with the placement and the decision making process are present at the review. All the participants are expected to share information and express their feelings about the placement in order to learn from the experience. It is not an exercise intended to apportion blame. If a placement breaks down before an unplanned endings review is completed, then the review should be held within three weeks of the child leaving the foster home.

Safe use of information and communication technology

Computers, the internet and mobile phones are highly attractive to young people. They are essential for keeping in touch with friends, for fun and for obtaining information. Communication technology now forms a normal part of young person's everyday life.

Foster carers have an important role to play in helping and encouraging young people to access the benefits of communication technology in the safest way. Foster carers do not require extensive knowledge and experience of communication technology to be able to help. Everyday parenting skills by sharing an active interest, by supervision, by developing the young persons' ability to keep safe can be very useful.

Oldham Fostering Service encourages foster carers to assist children in developing skills in the use of communication technology whilst taking sensible precautions to protect young people from potential harm in a rapidly changing field of technology.

Dangers of communication technology

- Contact online or by phone with people who may wish to harm the young person
- Access to inappropriate and potentially harmful materials
- Exposure to excessive advertising/invasion of privacy and identity theft
- Exposure to risk of cyber bullying or phone bullying

Safety measures

- Time limits on computer usage should be agreed with the young person and computer usage should not be a substitute for social interaction or physical activities
- Appropriate internet security should be installed on the computers to avoid access to inappropriate/harmful content on the internet
- Carers should set clear ground rules on the use of communication technology outlining the potential risks in a sensitive manner
- Computers should be located in communal areas of the house rather than in a bedroom
- Carers should show continuing interest in communication technology and encourage young people to be open in respect of problems they encounter using communication technology

SMART tips

Foster carers should ensure that young people are aware of the SMART tips (see kidstart.org.uk)

- **Safe** - staying safe involves being careful and not giving out your name, address, mobile phone number, photograph, school name or password to people online
- **Meeting** – arranging to meet someone you have contacted in cyberspace can be dangerous. Only do so with your parent's/carer's permission and when they can be present
- **Accepting** - emails or opening files from people you don't really know or trust could get you into trouble. They may contain viruses or dangerous messages
- **Remember** - someone online may be lying and not who they say they are. Stick to public areas in chat rooms and if you feel uncomfortable simply get out
- **Tell** - your parent or carer if someone or something makes you feel uncomfortable or worried

Useful websites:

Online resources for parents and young people

www.childnet-int.org
www.kidsmart.org.uk
www.chatdanger.com

Online safety information

www.thinkuknow.co.uk

Department of Education and Skills

www.parentsonline.gov.uk

Internet Watch Foundation

www.iwf.org.uk

Up to date information on protection, legislation and guidance

www.homeoffice.gov.uk

Charity campaigns for safe internet access

www.nspcc.org.uk

Safety first

Most accidents to children happen in the home, in 1996 over half a million children aged four and under were injured as a result of an accident in the home. Many of these injuries could have been prevented.

Children are naturally inquisitive and carers have to strike a balance between encouraging a child's wishes to explore and preventing them from hurting themselves. Small children can squeeze their bodies through a very small gap, but they can get their head trapped. Carers should check the width between railings, banisters and balconies. Board them up if necessary and fit window locks or safety catches that stop windows opening more than four inches.

Once children can crawl they can also climb, which means they are at risk from falling. Carers should move any furniture such as beds, sofas and chairs which might allow a child access to a window. Fit a safety gate at the top and bottom of the stairs, also use a gate to prevent small children from getting into the kitchen.

The kitchen can be a particular source of danger to young children. Hot water can scald a child up to 30 minutes after it has boiled. Hot drinks should be kept out of the reach of children. Flexes on kettles and other electric kitchen appliances should be short curly flexes and not hang down where a child can reach them. Avoid table cloths, young children can easily pull hot food and drinks down on themselves by grabbing at a cloth.

When carers are cooking it would be better to keep young children out of the kitchen altogether, oven doors can become very hot to the touch, always try to cook on the rear hobs of the cooker and keep pan handles turned away from the edge.

Small children's skin is delicate and injuries caused by burns and scalds can be horrific. Carers should turn thermostats to below 54C (13°F) to avoid scalds from hot water taps and when filling the bath always run the cold water first.

Small children and toddlers appear to be compelled to run around at top speed, but their co-ordination rarely equals their speed. This makes them particularly vulnerable to falling into a fire. Carers should at all time use an appropriate fire guard for all fires whether they are solid fuel, electric or gas.

In the event of a fire in the home, just a few seconds warning can make all the difference. Carers should fit smoke alarms on each floor in their homes.

The alarms should be checked on a weekly basis. Carers should be prepared and have a fire escape plan should the worst ever happen.

All foster carers are eligible for a fire safety risk assessment. Please speak to your supervising social worker.

Bath time can be fun but it can also be a hazard for small children. Children can very quickly drown in just a few inches of water. Children below five years should never be left unattended in the bath, do not assume that an older child is enough to supervise a smaller brother or sister.

Garden ponds and paddling pools can also be a hazard for children, empty out paddling pools when not in use and ponds should be covered or fenced off. Never leave children alone near a swimming pool or any open water.

By the time the average toddler is 18 months old they can open containers and some children can open child resistant tops by the time they are 3 years of age. Therefore carers must keep household and garden chemicals, medicines, alcohol and even cosmetics in a place where children cannot reach them, ideally in a locked cupboard. Carers have to be aware that when visiting other people's homes they may not have taken the same precautions as themselves and therefore children must be supervised at all times.

As toddlers and small children begin to develop, they want to experiment and explore the world they live in and carers should seek to encourage this natural curiosity and desire to learn. But as responsible adults carers should minimise the risk of injury. Low glass doors and windows should be fitted with safety glass or replaced with hardboard. Keep tools and knives out of reach; prevent fingers being trapped by using door guards, and use protectors on the corners of sharp furniture.

While most accidents to young children happen in the home carers should also take the necessary steps to ensure a child's safety when outside the home. When travelling by car the correct child seat should be used. Never use a rear facing seat in the front passenger seat if an air bag is fitted. Help children in and out of a car on to the pavement, use reins or a harness when taking toddlers out walking. Children should be introduced to road safety rules as soon as they are able to understand them.

Children's skin is delicate and can easily be burnt by the sun. Most children would like to spend a lot of time playing outside in the sun, but too much sun can cause skin damage and be a major risk factor for skin cancer in later life. It is advisable to keep children out of the sun between 11am and 3pm. Dress them in loose clothing and bright and deep rich colours give greater protection than bright white or pastel shades.

The deep colours absorb the ultra-violet rays preventing them reaching the skin. Shirts and tops should have sleeves at least to the elbow and an upturned collar can help to protect the neck but a hat should also be worn.

When in the sun children should always wear a hat that has a wide brim and covers the back of the neck. Avoid a white underside to the brim as this reflects the sun onto the face. Baseball hats should also be avoided because they leave the neck and sides of the face and ears unprotected.

Babies should be kept out of the sun at all times. When younger children are exposed to the sun apply a high factor protective sun cream or lotion, not oils. The higher the factor number, the greater the protection. Remember swimming and sweating washes away cream, so reapply cream frequently. Carers should be especially careful at the seaside; white sand and water reflect the sun and therefore increase the chance of sunburn, and also do sea breezes.

Continual monitoring and reviewing your safe caring policy and regular unannounced visits will ensure you operate a safe environment for children and young people.

Sexuality

Although it might seem that everyone lives according to the boy meets girl stereotype, lots of people make different choices about their partners, often in the face of prejudice and hostility from those around them.

Happiness for all of us depends on being accepted for who we are, not living our life according to the wishes of those who care about us.

If a young person you are caring for thinks they are lesbian/gay, or they are not sure of their sexuality, then they need to talk to somebody who understands, without feeling pressurised.

Most importantly they need to have the support, acceptance and understanding of those who are caring for them.

Oldham Fostering service has close links with sexual health advisors. Please discuss with your supervising social worker.

Smoking

Oldham Council operates a 'no smoking' policy in all its workplaces and buildings and council employees are prohibited from smoking on council property.

Oldham Fostering Service is working towards a no smoking policy in all foster carer households.

Only 15% of the smoke from a cigarette is inhaled by the smoker, the rest goes into the surrounding air and other people breathe it in. Passive smoking is breathing in other people's tobacco smoke. If you have a health problem, such as asthma, chronic bronchitis or certain allergies, passive smoking can make it worse. Babies and children who cannot avoid smoke where they live and play are at particular risk. Babies whose parents smoke are much more likely to be taken to hospital with chest trouble in their first year of life than non-smokers' children.

Children with a parent who smokes have more chest, ear, nose and throat infections than non-smokers' children. In addition, the more cigarettes smoked at home, the greater the risk to the child. Children exposed to smoke are more likely to develop breathing problems as adults.

For information on how to stop smoking, telephone Oldham NHS Stop Smoking Service on 0800 328 8534 or visit www.smokefree.nhs.uk

Social worker visits

When a child is placed with foster carers, the child's social worker should discuss with you the frequency and timing of future visits, which should be convenient for you and your family, and which will enable the social worker to see the child both alone and with the rest of the foster family (the foster care regulations require that on each visit, so far as is reasonably practicable, the child should be seen alone).

The child's social worker should visit you within 72 hours of the placement, then at intervals of not more than four weeks thereafter. However, any carer or child should feel able to request a visit from the social worker whenever they feel it is needed.

If there is anything you wish to discuss urgently with the child's social worker you should request a visit and the social worker should respond promptly.

The social worker's visit is an opportunity to discuss any significant information about the child. The social worker should keep foster carers informed about any developments within the child's family and any forthcoming legal proceedings. If there are any changes in a child's placement being considered they should also be discussed with the carers.

Foster carers should keep the social worker informed about the child's day to day progress; it will help your memory if you have a written diary, particularly of the child's reactions to contact with parents, progress at school, relationships with other children, and with you and your family.

Support groups

No matter how long you have been a foster carer we all need a little bit of support from time to time.

The support group will give you an opportunity to get together informally with other foster carers, and fostering staff. Guest speakers are also invited along to discuss child care issues and other topics related to fostering.

Contact your supervising social worker for more information.

If you are a lesbian or gay foster carer and wish to contact a lesbian and gay carer's support group, you can get information from:

The Northern Support Group for Lesbian and Gay Foster Carers

www.nsgroup.org.uk

Stonewall Parenting Group

www.stonewall.org.uk

The Albert Kennedy Trust

0161 228 3308

Television

Children today are exposed to more violence, sexually explicit images and sexual violence on the screen than ever before. Television, videos, films and computer games as well as the Internet all provide scenes and images that can be considered unsuitable to children/young people.

Although research is not yet able to prove or disprove a link between violence or sexually explicit material and the subsequent behaviour of children, Oldham Fostering Service believes it is the responsibility of all carers and parents to supervise children's access to screen images.

There are no legal rules or specific departmental guidelines about what are acceptable levels of violence on the screen. This is partly because standards of what is acceptable change with time, and partly because children react differently to stories and images they see depending on their age and maturity. While it may be difficult to be precise about acceptable levels of screen violence, this is not the case with sexually explicit and sexually violent images, all of which are unsuitable viewing for children/young people.

Below are some things you can do to protect the children in your care:

- Follow the television watershed and film classification systems. Remember that these are only a guide. It is your responsibility to decide if material is suitable for children/young people.
- Check television guides, not only for the film classification but also the explanation of the classification, such as 'contains scenes of violence' or 'contains scenes of a sexually explicit nature'.
- Watch out for warnings that a programme may cause upset or distress. Take into account the experiences and history of the child who is placed with you, and be sensitive about what may be distressing for that child.
- If you are not sure about the suitability of a video, watch it yourself first.
- Don't leave unsuitable material around where children may see it, and keep unsuitable material locked in a safe place.

Training

Oldham Council is committed to offering a high quality fostering service. In order to achieve this aim Oldham Fostering Service provides an extensive training programme for foster carers.

New foster carers must complete the Children's Workforce Development Council Induction Standards within twelve months of their approval to foster.

The standards have been designed to support you as a foster carer from approval through the first two years of service. They give Oldham Fostering Service a framework for your training and professional development which will mean you get the best possible training, information and knowledge to truly make a difference to the lives of the children you care for.

Oldham Fostering Service also offers core training throughout the year and the NVQ Level 3 Caring for Children and Young People.

If you feel you have a particular training need or are interested in doing NVQ Level 3 Caring for Children and Young People, contact your supervising social worker.

Useful contact numbers

Oldham Council

Oldham Fostering Service

0161 770 6600

Oldham Council Switchboard

0161 770 3000

After Care Team

0161 770 6598/99

0161 621 9666 (after 1pm)

Specialist Nurse – looked after children

0161 770 6589

Education Development Worker – looked after children

0161 770 6590

Long Term Team

0161 770 3730

Children's Assessment Team (child protection)

0161 770 3790

Emergency Duty Team

0161 770 6936

The Woodfield Centre

0161 627 1749

Oldham Family Link Scheme

0161 770 6540

Finance

0161 770 4230

Youth Offending Team

0161 621 9500

Oldham Adoption Service

0161 770 6605

Complaints and compliments

0161 770 1129

Other organisations

Ofsted

General enquiries: 08456 40 40 40

Children's Rights Service

0800 027 4431

Independent Review Mechanism (fostering)

0870 034 6420

The Fostering Network

020 7620 6400

British Association for Adoption and Fostering

020 7421 2600

Connexions

0161 621 9300

OASIS

0161 621 9649

Brook

0161 627 0200

