



Safe Care

An Information Booklet
on Safe Care in Foster Care

**Irish
Foster Care
Association**



Safe Care

An information booklet on safe care in foster care

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Irish Foster Care Association



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Introduction

The term 'foster carer' throughout this booklet refers to all individuals and families involved in foster care in Ireland, be it general, relative, emergency, day, respite, private, high support or other forms of foster care.

The role of a foster carer is to act as a parent for vulnerable children. All young people and children have the right to be loved and receive appropriate affection. Foster carers need to find a balance between this and safeguarding themselves and their families.

This booklet has been written for foster carers as an aid to promoting safe care practices in foster care.

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Foster care families have additional pressures as a result of caring for foster children and require greater support than most families, therefore it is important that foster carers know what to do in a time of crisis and what supports are available to them.

National Standards for Foster Care, 2003; Standards 9 & 10 set the standards for safe care in foster care.

Standard 9 refers to 'A Safe and Positive Environment' and sets the criteria whereby *'Foster carers' homes provide a safe, healthy and nurturing environment for children or young people'*.

Standard 10 refers to 'Safeguarding and Child Protection' and sets the criteria whereby *'Children and young people in foster care are protected from abuse and neglect'*.

(See Appendix 1 for full details of Standards 9 & 10)



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Safe Care

What is Safe Care?

Safe care can be viewed as common sense measures which are necessary to provide security and safety for children in care. It requires extra sensitivity to the experiences of children who have experienced abuse and neglect, while helping them to develop normal relationships which encompass the expression of affection. It provides safe boundaries and routines in day to day living. It further protects carers and their families from allegations of abuse and neglect of children in their care.

The key to safe care is knowledge and sharing of information. The ethos of working together and sharing of information between foster carers and social workers is vital in ensuring safe care for children/young people and foster carers. Open communications within a foster family is essential to ensure safe care for all in the foster home.

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Preparing for Placement

It is important that foster carers have all available relevant information on children's/young peoples' life experiences prior to placement. (See Appendix 1: National Standards 10.4 & Appendix 2 for complete list). This information needs to be honest, frank and detailed enough to enable the family prepare for the placement and make informed decisions in relation to the child in their care about matters such as allowing the child spend time alone, contact with friends and family, sharing bedrooms, bath times, play and appropriate discipline for particular children etc.

In emergency placements this information can be limited but full information should follow as soon as possible. There may also be a time delay in certain information coming to light, as information may emerge following medical/psychological assessment of the child or the child may make a disclosure after coming into care.

Relative carers would normally have a considerable degree of information on the child being placed with them but it is important not to assume they will always have full knowledge of the relevant information.

The child being placed in the foster home must also have some information on the family they are joining. Where possible it is best to have planned opportunities to meet prior to the child being placed in the foster home. This will allow the child and carers exchange information and to discuss and acknowledge fears and anxieties the child may have about staying with a general/relative care family.



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A general foster carer is a person who, having completed a process of assessment and training, is placed on a panel of approved foster carers to care for children in the care of the State in accordance with the Child Care (Placement of Children in Foster Care) Regulations, 1995. Foster carers provide a service to the Child & Family Agency or Private Fostering Agencies.

A relative carer is a person who is a friend, neighbour or relative of a child, or a person with whom the child or the child's family has had a relationship prior to the child's admission to care and who is taking care of that child on behalf of and by agreement with the Child & Family Agency, having completed or, having agreed to undertake a process of assessment within 12 weeks of a child being placed for approval as a relative carer in accordance with the Child Care (Placement of Children with Relatives) Regulations, 1995.

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Training

If you are considering becoming a foster carer, you are required by Tusla, Child and Family Agency, to participate in pre-assessment training as part of the approval process. The training aims to equip you with the skills and knowledge that are needed to provide high quality care as you start to foster. As you build your experience in fostering, you can continue to develop your awareness and skills by taking part in a range of learning activities that will support you to use recommended approaches and meet any challenges you may face.

(For more on Learning see, page 25)

The Child in the Foster Home

Ideally the child should have visited the foster home in advance of placement but this is not always possible. On arrival the child should:

- Be introduced to other members of the foster family.
- Be shown the area around the house to help them familiarise themselves with the new environment.
- Be shown their bedroom and the space they have to store their personal belongings.
- Be given contact details for the foster carers: addresses and telephone numbers.
- Have the house rules/routines explained to them, for example bedtimes, house routines, mealtime, etc.
- Be told if they can take food from the fridge, where to get extra toiletries, etc.



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Most homes have accepted norms within daily living, thereby acknowledging that there is some behaviour that is not within the norm. For example everyone in the home is appropriately dressed at breakfast, doors are closed at shower time (for older children). (See more on Practical Strategies for safe care at end of this section). Carers need to let children and young people know what is acceptable within the household from early in the placement. They will then be aware of what mutual expectations are, of protections offered to them, and will hopefully learn to trust that they will be safely cared for.

It is important to remember that most children do not want to be in care. A child coming into care may have had negative experiences and may have suffered abuse, thus resulting in difficult behaviour being presented by the child. As a carer you need to try to understand the cause of the child's behaviour. If you are experiencing difficulty you should ask for help and advice from your link worker and/or the child's social worker.

Teaching children/young people boundaries and assisting them in expressing their emotions in a constructive manner for themselves and those around them is an important element in fostering. This includes teaching safe expressions of affection and ways to communicate anger, hurt and upset. Social workers should support carers on such matters.

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Role of the male within the family:

Men play a very important and valuable role in the foster family. Foster children may have limited or negative experiences of men or may have had very few positive male role models. The interaction with males in the family can prove to be a very positive learning experience. While most allegations are made against a male in the home, it is important for the man not to feel so inhibited in his behaviour that this would result in a placement being less successful.

Practical Strategies for Safe Care:

Some examples of practices that may be of use in a foster home are:

Bedroom:

- If possible children and young people should have their own bedroom.
- Bedrooms should be entered by invitation only; it is good practice to knock on the bedroom door before entering.
- When it is agreed at the beginning of a placement, same sex siblings may share a room.
- If other children are using the bedroom as a play area, it is good practice to leave the door open.

Dress:

- Everyone should be adequately clothed when in public areas of the house.
- Never permit a child to see you without clothes on.



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Bathroom:

- Bathroom door is closed unless a foster carer has to assist a child with personal hygiene. In this case, it would be advisable to leave the bathroom door open or have another adult present if possible.
- Young people who are able to wash and bath themselves should be encouraged to do so and privacy should be given to them. This should be balanced with the risks of drowning in water; for instance no child under five should be left unsupervised in the bath.
- Only one child at a time in the bathroom.
- Adults and children must not bath together and discussion takes place with the child's social worker before young children are bathed together.

Intimate care:

- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Privacy is an important issue. Most intimate care tasks, such as bathing a child or changing a nappy, are carried out by a carer alone with the child or young person. This is entirely appropriate and is encouraged.

Playing:

- When children are playing indoors it is best that doors are left open so that the carer can keep an eye on what is happening.
- It is advisable to discourage play fighting unless carefully supervised.

Car journeys:

- All children under eleven must by law be in an appropriate child or booster seat. Older children must wear seat belts.
- If you are a male adult of the foster care family when driving your foster child always try to ensure another child or adult travels with you.

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Babysitting:

It is reasonable to expect that foster carers will need a babysitter for some periods either by day or night. To ensure the safety of your own children and the children in your care it is essential that you consider the following;

- The age and needs of the children being looked after.
- The age and maturity of the babysitter.

If leaving your own teenage daughter to babysit you need to take the above into consideration as well as the 'safe care' of your daughter;

- Will she be the only teenager in the house?
- Does she have the maturity to deal with any issues that may arise?
- What age/sex are the foster children she will be minding?
- Would leaving her babysit put her at risk of an allegation?

Best practice would dictate that teenage boys should not babysit for the foster family.

Affection:

- It is good to show appropriate affection to the child or young person, but care should be taken that the child is ready to receive it. Teach children that they can say no to cuddles.
- When a child or young person demands too much or inappropriate affection, a cushion etc. can be used as a subtle barrier.
- Do not be discouraged from physical contact with children such as hugs and cuddles - these are important! However you should ensure that these are always appropriate to the adult/child relationship, and gently correct any inappropriate contact from the child by saying something like 'We don't hug/kiss like that in our family' and giving the child a description of appropriate contact.



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Photo or video:

- Ensure that the child or young person is appropriately dressed when taking photographs or videos.

Jokes and innuendoes of a sexual or racial nature should not be permitted in the household, nor photographs or videos of nudity or sexual activity.

Rules should be age/stage appropriate and have some flexibility. When appropriate and possible, foster carers should involve their own children and young people in decision-making. Bedtimes, curfews, use of the telephone, use of mobile phones and/or computers could be decided in this way.

If a foster child's expectation of access to, or use of, mobile phones or computers is at odds with the foster carer's house rules, the foster carer, child's social worker and the child should discuss and agree a compromise.

In general, when deciding appropriate rules/practices for your household, you should remember:

- Never use physical punishment.
- Report inappropriate, unusual or strange behaviour or changes in behaviour to the child's social worker.
- Seek immediate medical attention for any medical concerns.
- Report to the child's social worker any unlawful behaviour, either in the home or community, for example, substance abuse or any problems at school.
- If in doubt - ask.

Adult males in the foster home should try to ensure they are not left alone with a foster child.

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Dealing with disclosures:

It is possible that a child might tell a foster carer about abuse they have suffered that no one knew about before. The following guidelines should be considered when dealing with a disclosure.

- It is important that the carer reacts calmly.
- Listen attentively to the child, in a non-judgemental, open manner, so they know you have heard them.
- Do not question/interview the child but, if possible, remain attentive until they have finished speaking and if they are distressed remain with them until they are calm.
- Do not agree to keep any information secret.
- Reassure the child that they did the right thing in talking to you and that they are safe in your care.
- Always remember it is not your role to decide whether the child is telling the 'truth'.

The following steps must be taken as soon as possible:

- Write down what the child said.
- Inform the child's social worker.
- If there is a potential immediate risk to the child or another child, contact a duty social worker or if necessary the Gardaí.

It is possible that the foster carer's own children may be the first recipients of this information; it is important that there are open channels of communication within the home for this information to be relayed.

Your birth children must be aware that they cannot be the keepers of a foster child's secrets.



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All allegations, disclosures and reports of child abuse and neglect should be dealt with under Children First: National Guidance for the Protection and Welfare of Children, 2011. The Children First Bill, 2014, has accounted for elements of the Children First: National Guidance for the Protection and Welfare of Children (2011) on a statutory footing.

Appreciating limitations:

Foster carers may have to acknowledge, at times, that they cannot cope with a child. It is important to know when to ask the child's social worker to intervene and provide support or, in some instances, a respite placement. Respite care is defined in the National Standards for Foster Care as 'short term care provided to a child in order to support the child, his or her parent(s) or foster carers by providing a break for the child and his or her primary caregivers.' Respite can play an invaluable role in preventing placement breakdown. Respite care is not a 'right' for the foster carer and must form part of the child's Care Plan. Foster carers should be supported when they request help.

- Foster carers need to ensure that both they and the social workers know and understand their limits. Sometimes, foster carers may feel they are no longer able to continue the placement.
- Social workers should respect foster carers' decision regarding potential placements; if you cannot cope with a placement you should feel safe to say so.
- If foster carers are unable to meet the needs of a specific child in their care, they will need to work with the social workers to ensure the child's transfer to an alternative placement and that the transfer goes as smoothly as possible.
- It is important to seek support from the appropriate people or organisations when dealing with problems that arise. The Irish Foster Care Association can provide support, information and guidance in matters relating to placement difficulties or breakdowns.

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Foster carers need to listen to their own children, hear their comments and concerns and be aware of possible signs of change in their behaviour that may indicate they are having difficulty coping with a foster placement.

Communication:

Open communications within a foster family is vital to ensure safe care for all in the foster home. All children in the foster home must feel they have the right to speak if they are finding it difficult to cope with a situation or if they feel they are not being listened to/included in decision making. Family meetings or discussions give a chance for everyone in the foster family to be heard on issues arising in the family. It sometimes takes a while for these meetings/discussions to get going. A good way to initiate these meetings would be over mealtime when all family members are together. Taking time to develop these family meetings may reduce the possibility of an individual foster family member developing or maintaining an inappropriate relationship.

Support:

All foster carers should have access to a link social worker whose role it is, as per the National Standards for Foster Care 2003, to 'ensure that foster carers have access to the information, advice and professional support necessary to enable them to provide high quality care.' Similarly children in care need to be supported and supervised with both the child's and foster carers' social workers working in tandem to ensure best possible care.

Gilligan (2000) speaks of the scaffolding of support needed by children in care and their carers and of the challenge for agencies and authorities to promote the right degree of space and support for all the partners in fostering.



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This support should include:

- Access to and contact with a link social worker on a regular basis via telephone contact and visits for supervision and support.
- Access to regular support/training group meetings where topics of interest are discussed.
- Allocation of a child and family social worker for each child in care. This worker visits the child in the foster home and maintains a link with the child's birth family.
- Advocacy for access to specialist services where warranted by a child's needs. Such services may include access to speech therapists, counselling services, psychologists etc.
- Respite care for foster children may be arranged if necessary and appropriate where it is part of the care plan. (HSE Respite Policy 2013).
- Social workers should advise carers on child centred and safe practice when they are making decisions about children having overnight stays with friends, attending discos, accessing social media, etc.

In addition to the support outlined above, carers and children in care are entitled to specific support in the event of an allegation of abuse or neglect or a serious concern being made relating to the quality of care provided or experienced.

(For more on Support see Irish Foster Care Association, page 24)

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Discipline:

Discipline is a necessary part of the parent-child relationship and of a child's maturation and development. Through the sensitive use of discipline, a child learns to become self-disciplined and self-confident. Therefore it is essential that social workers and foster carers approach the issue of discipline in a clear and consistent manner.

The basis for all successful work with children is creating and sustaining a good relationship with the child. Consequently social workers and foster carers are encouraged to cultivate relationships using positive measures which build self-esteem and co-operation. Discipline is used for the purpose of teaching and guiding a child towards desirable and acceptable behaviours rather than retribution for wrongdoing.

Positive disciplinary practices:

- The child should be involved in the decision making around disciplinary practices.
- Recurring issues may require that a 'contract' is agreed between the child and the foster carer.
- Positive reinforcement, praise and rewards.
- Developing of routines and setting of limits.
- Setting clear expectations that can be followed through on.
- Use of redirection/distraction.
- Verbal disapproval.
- Withholding or granting privileges. Pocket money should only be withheld on a temporary basis as a sanction.



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- Grounding.
- Time-out.
- Chores, assignments.
- Negotiating problem solving choices.
- Modelling (being a positive role model).

If you need to have an important or challenging discussion with a young person it is important to have a third party present as a witness. In this situation it is important to discuss in advance with the child's social worker.

Unacceptable disciplinary practices:

- Deliberately harsh or degrading responses that could result in the humiliation of a child or the undermining of a child's self-respect.
- Responses that would negatively affect the emotional wellbeing of a child.
- Deprivation of basic needs including food, shelter, clothing, bedding or sleep.
- Extensive and prolonged withholding of emotional response or stimulation.
- Placing or keeping a child in a locked room or cupboard, shed, etc.
- Threatening removal of the foster child from the foster/relative care home or withdrawal of family contact/access visits in an attempt to control behaviour. The word 'threaten' refers to an intention to punish or hurt, i.e. using the threat of removal of a child as a punishment. It is recognised that foster carers with older children or teens, may well experience some behaviours that they will not tolerate in their home. They may discuss these matters with a child, recognising that removal could be a consequence of such behaviours. Plans for serious consequences are best discussed with the child, foster carers and social worker together.

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- Corporal punishment by foster carers or other adult.
- Punching, shaking, shoving or other forms of aggressive physical contact (pinching, slapping etc.).

Record keeping:

In the interests of good practice, foster carers are encouraged to keep a record of all significant events in the foster child's life. Any relevant event or circumstance which has, or could affect the wellbeing or safety of the child, should be recorded on a regular basis. It is advisable that written entries should be of a factual nature and should be stored securely, (See Appendix 3 for details on information that should be recorded).

Foster carers need to be aware that any written records that they keep on children in care can be sought under the Freedom of Information Act, 1997.



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Child/Young Person missing from care:

Every child in care has an Absence Management Plan. This is a Child and Family Agency tool to assess risk in the event of a child going missing. It also informs carers of actions to be taken in the event of this occurring. The Child and Family Agency Absence Management Plans should link with all children's Placement Plans.

The Absence Management Plan will be discussed with the child and their family and carers on their placement in care.

A child in care is considered to be missing when his/her whereabouts are unknown and the Absence Management Plan indicates concern for the child's safety. Time missing cannot be used to determine whether a child qualifies as missing; rather it is a combination of the time period with all other circumstances of the case that must be considered.

A telephone report of a child missing from care must be followed by a Missing Child from Care Report Form and a photograph. A recent, good quality, photograph of the child must be available where the child is living. A recent photograph of the child will be requested from the family/carers prior to or at placement by the social worker. The child will be informed of the potential use of this photograph. The photograph may be used by An Garda Síochána to assist it in identifying any child who is reported as missing from care.

Every 'Missing Child from Care Report' will be treated by An Garda Síochána as a high risk missing person incident. District Officers (Superintendents) and Principal Social Workers will be notified without delay of all Missing Children from Care Reports.

Children Missing From Care Policy available on IFCA Website.

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Division of Responsibilities:¹

Child and Family Agency and its Agents

- 4.1 Before reporting a missing child to An Garda Síochána, it will fall to foster carers to make all reasonable efforts to locate the child.
- 4.2 Where a child has been reported as missing from care, carers and the child's social worker will maintain contact with An Garda Síochána, taking an active interest in the investigation and in passing on all information which may help to inform the investigation and assist in the safe return of the child.
- 4.3 Foster carers and the child's social worker should continue to make appropriate enquiries with other persons who may be able to assist with the investigation, unless they are requested not to do so by An Garda Síochána. All information gleaned from these enquiries will be passed to An Garda Síochána.
- 4.4 Foster carers where appropriate will also liaise with the family and other key professionals.
- 4.5 The Child and Family Agency remains responsible for the child who is missing from care. The Child and Family Agency will determine, in collaboration with the Gardaí, what steps need to be taken to locate the child.
- 4.6 Throughout the process of this protocol, foster carers and social workers must keep a record of actions taken.



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- 4.7 The Child and Family Agency and its agents will ensure full compliance with the legal requirements not to publicly disclose the fact that any particular child is in care, (See Section 31, Child Care Act, 1991)
- 4.8 It is the responsibility of the Child and Family Agency and its agents to inform the Gardaí of the return of the child.

¹ Children Missing from Care: A joint protocol between an Garda Síochána and the Child and Family Agency, 2012.
Chapter 4; Division of Responsibilities

Irish Foster Care Association



Established in 1981, the Irish Foster Care Association (IFCA) is the representative body of foster carers in Ireland. Its membership is broad based and includes general/relative carers who have contracts with either the Child and Family Agency or private/independent fostering agencies, social/child care workers, academics and others with an interest in foster care. The Association works in partnership with the Child & Family Agency and the Department of Children and Youth Affairs on all matters relating to foster care, always ensuring that the best interests of the child are to the fore in all discussions. With over 90 per cent of children in state care placed with foster carers, it is not an overestimation to assert that foster care is the backbone of the Irish care system.

Mission Statement:

The Irish Foster Care Association is a 'rights based', child centred organisation which promotes family based solutions for children and young people in 'out of home care'.

The Irish Foster Care Association believes in the highest standard of excellence in all foster care services and is committed to achieving its goal through advocacy, support, education and working in a spirit of partnership and co-operation.

The Irish Foster Care Association believes every child has the right to a caring and functioning family. Where this is not possible with their birth family, IFCA believes they have a right to a substitute family.

The Irish Foster Care Association is a Company Limited by Guarantee with a Charity Number.



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IFCA Services

IFCA provides a forum where all who are interested and/or involved in foster care can come together to support one another, air their views and, where necessary, campaign for improvements in child care policy and regulation. IFCA provides a range of services to its members:

Information and Guidance

IFCA is a valuable source of information for all involved in foster care. The IFCA Helpline is a first point of contact for foster carers and all those with a query or question about fostering. *See more under Support Service.*

IFCA members are kept up to date on the work of the Association and developments in fostering through the IFCA Ezine that is circulated via email at least quarterly. A second publication, the IFCA Newsletter is aimed not just at our membership, but at the wider fostering community and focuses on practice and policy issues.

IFCA has developed leaflets and booklets on topics relevant to foster care and we also source books of interest to people involved in foster care.

Support Service

IFCA volunteer support workers provide a professional and high quality support service. The service is confidential, responsive and personal. All IFCA support volunteers have completed a Certificate in Counselling & Psychotherapeutic Skills & Practice course.

The Irish Foster Care Association provides a Telephone Helpline from Monday - Friday from 11am to 3pm.

Telephone Helpline (01) 458 5123 (also email: support@ifca.ie)



The Telephone Helpline operates from the IFCA office in Tallaght providing a first point of contact for foster carers and all those with a query or question about fostering. The Helpline can provide practical information and advice regarding any aspect of fostering as well as a supportive listening ear. All calls are held in strict confidence but confidentiality may need to be waived in the event of a risk of harm to yourself or another individual.

Referral Service

For matters of a more complex nature, more prolonged or detailed assistance may be required. When appropriate, our helpline volunteers will consult with the Support Service Development Worker to determine if further support can be offered by means of a referral to a specific support volunteer.

Support Volunteers

In addition to its existing branch and regional structure, IFCA has expanded its panel of specially trained support volunteers located in all parts of Ireland. All our support volunteers are themselves either long standing experienced foster carers or possess significant relevant experience and expertise in their own right. Our support volunteers will be available to assist and support carers over time with more complex issues or matters of a longer duration. The support services of the Irish Foster Care Association are designed to assist all carers experiencing difficulty by:

- Providing an objective, non-judgemental, and supportive environment in which to discuss and explore issues of concern
- Providing balanced, good quality advice and information regarding all aspects of foster care
- Facilitating improved communication and dialogue between all concerned
- Assisting foster carers in identifying constructive strategies for resolving their concerns
- Supporting carer confidence in working towards positive solutions.



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Learning

As you build your experience in fostering, you can continue to develop your awareness and skills by taking part in a range of learning activities available through your IFCA branch and national office and, through your local Tusla Fostering Team. By taking part in support groups, workshops, seminars and conferences etc, you can belong to a learning community that keeps you up to date with new developments in foster care practice and supports you to meet any challenges you may face.

You can check out upcoming learning opportunities on the IFCA website, www.ifca.ie.

IFCA Branch Support

IFCA has 31 voluntary branches around the country that meet on a regular basis and organise activities such as coffee mornings, meetings, support groups, information sessions, social events, training and learning opportunities etc. Becoming an active member of your local IFCA branch can provide you with an important opportunity to:

- Meet local foster carers and people with an interest in foster care in your area
- Discuss issues relating to foster care and receive advice on where to seek further assistance in relation to these issues
- Access high quality peer support which can range from formal support groups or buddy systems to informal coffee mornings etc. Research shows that peer contact fulfills a number of important support needs and can serve to counter the sense of isolation that foster carers can experience



- Have your voice heard and advocated for at local, regional and national level within IFCA and, through IFCA, with the relevant decision makers in foster care
- Receive information on current developments in fostering and IFCA's role in advocating and campaigning for change
- Receive information on IFCA's services, upcoming local/national seminars and training, learning and social events.

To find your local branch please go to the IFCA website www.ifca.ie or contact the office for further details.

Please contact the IFCA office for further details on any of the above.

Irish Foster Care Association, Unit 23, The Village Green, Tallaght, Dublin 24

Tel: 01 4599 474 Helpline No. 01 458 5123 info@ifca.ie www.ifca.ie



Appendix 1

National Standards for Foster Care, 2003

Standard 9: A Safe and Positive Environment

Foster carers' homes provide a safe, healthy and nurturing environment for children or young people.

Criteria

- 9.1 Children are cared for with affection. They are valued, accepted and supported. Their welfare is promoted, and their developmental needs are met.
- 9.2 Foster carers provide a stimulating environment and opportunities for play and learning.
- 9.3 Children are supported and encouraged to maintain family links, friendships and interests, unless this is not in their best interests, and are encouraged and supported in making new contacts.
- 9.4 Children have adequate, appropriate and well-maintained clothing.
- 9.5 Children are provided with an adequate, appropriate, nutritious and varied diet that takes account of personal preferences, cultural, ethnic and religious considerations, and any special dietary requirements.
- 9.6 Health boards ensure that the foster care accommodation, furnishings and facilities:
 - are safe;
 - are adequate and sufficient for the number of people living in the home;
 - are maintained to a good standard of cleanliness and hygiene;
 - reflect the children's need for privacy and space.
- 9.7 Foster carers' homes and their immediate environments are free of avoidable hazards that might expose children to risk of injury or harm.
- 9.8 Health boards ensure that, where foster carers provide transport, vehicles are safe and that legal requirements are met.



Standard 10: Safeguarding and Child Protection

Children and young people in foster care are protected from abuse and neglect.

Criteria

Safeguarding

- 10.1 Link workers ensure that the preparation of foster carers includes guidance and training in:
 - caring for children who have been neglected or abused;
 - safe care practices;
 - recognising and reporting signs of abuse;
 - understanding and managing challenging behaviour;
 - maintaining a record of the foster placement.
- 10.2 Link workers advise foster carers on the appropriate use of sanctions and ensure that they understand that corporal punishment in any form, for example, slapping, smacking, shaking or any form of humiliating treatment is unacceptable and prohibited.
- 10.3 Foster carers and social workers are aware of the particular vulnerability of children in care to bullying and abuse; procedures are in place to identify, record and address any instance of bullying or victimisation.
- 10.4 Foster carers are given full information in writing about the children to enable them to protect the children, the foster carers themselves, their own children or other children who may have contact with children in their foster care. This information is treated in confidence and stored securely.
- 10.5 Link workers ensure that clear guidelines are given to foster carers on what they are required to do if children go missing from their care.
- 10.6 Generally, no more than two children are placed in the same foster home at any one time, except in the case of sibling groups and these are not placed with other fostered children. The foster care committee must approve any departure from this practice in advance of the placement.



- 10.7 Foster carers are informed of their right to refuse to accept a placement and understand that health boards respect their decisions.
- 10.8 Health boards ensure that foster carers have ready access to respite care, counselling and out-of-hours consultation and advice services as agreed in the care plan.
- 10.9 The child and family social worker ensures that the children are taught appropriate self-care and self-protection skills.

Child Protection

- 10.10 An allegation of abuse or neglect or suspected abuse or neglect in relation to children in foster care regarding past or current incidents, involving persons known or unknown to the children, are dealt with under child protection procedures that comply with Children First, the National Guidelines for the Protection and Welfare of Children (1999).
- 10.11 Whenever an allegation of abuse or neglect or suspected abuse or neglect is raised the HSE carries out an assessment of possible risk to all children in the foster placement. This assessment informs the decision whether to maintain the placement. The assessment team includes a qualified practitioner from outside the community care area.
- 10.12 Children in foster care are given an explanation of any allegation of abuse or neglect or suspected abuse or neglect where appropriate.
- 10.13 Children in foster care who disclose abuse or neglect are assured that their concerns are taken seriously and acted on. They are offered continuous support and are kept informed of developments throughout the process of assessment and, if applicable, Garda investigation. They are provided with counselling and/or therapy to help them to deal with what has occurred and with the consequences of disclosure.



- 10.14 The parents or guardians of the children are informed of any allegation within three working days of it being received, unless to do so would prejudice any Garda investigation or put the children at risk.
- 10.15 Foster carers against whom allegations of abuse have been made are informed in writing of:
- the allegation made against them, unless to do so would prejudice any Garda investigation or put the children at risk;
 - the assessment procedure and regular updates of its progress;
 - the outcome of the assessment and of any Garda investigation
- 10.16 Foster carers against whom allegations have been made are treated with dignity and respect throughout the process of assessment and, if applicable, Garda investigation.
- 10.17 Health boards have appeals mechanisms in place, in accordance with Standard 25, for foster carers against whom allegations of abuse or neglect have been made and who are unhappy with the outcome of the assessment.
- 10.18 Where allegations of abuse or neglect or suspected abuse or neglect are being assessed and/or investigated health boards offer the foster carers and all children and young people in the home appropriate counselling and support.
- 10.19 The foster care committee reconsiders the foster carer's approval once the assessment and, if applicable, the Garda investigation is concluded.
- 10.20 Health boards maintain detailed records of assessments and Garda investigations of abuse involving foster carers and the outcome of these and, where appropriate, use these to inform its approach to training, support and supervision etc. of foster carers.



Appendix 2

Checklist of what the placing social worker must provide to foster carers prior to placement:

- Legal name of the child, written down (correct spelling) and the name the child is known by and a copy of birth certificate.
- Date of birth and age of the child.
- Has the child been in care previously? If so, ask for the contact details of previous carers.
- Details of the birth parents, if appropriate
- Name, age and present address of siblings
- The contact details of the duty social worker who placed the child in care, the child's social worker, team leader, and access worker/care worker.
- Place of the child in the family, e.g. eldest, youngest.
- Routines i.e. sleeping, bathing, food (likes/dislikes), comfort issues (special teddy, blanket, soother, light left on at night etc)
- Description of the child's personality (that avoids subjective or judgemental commentary)
- What geographical area the child is from?
- Some details of the child's family and why the child came into care.
- The name of the child's doctor.
- Has the child been medically assessed before being placed? This is the responsibility of the HSE social worker. If they have not, you can make an appointment for the child to be seen by their own GP. If the child does not have a medical card a receipt should be retained and claim the cost back.
- Are there any concerns regarding the child's behaviour, health etc?



- Does the child have any allergies or special dietary requirements?
- Are there any cultural requirements regarding diet, hair or skin care practice?
- What are the school arrangements; who is responsible for organising this?
- What are the access arrangements, venue, transport, regularity? Who when where?
- Contact arrangements need to be clarified e.g. phone calls letters emails, websites etc
- Is access supervised?
- Are there any high-risk issues you need to know about?

For example:

- Is there a known or suspected history of child sexual abuse?
- Is this placement as a result of a breakdown in a previous placement?
- Has child/young person made allegations in previous placements?
- Known risk factors such as sexualised behaviour, missing and absconding episodes, addictions, aggressive behaviour from the child.
- Known risk factors from birth family, peers or others within the community. Strategies for dealing with risk factors should be shared with the carer by the social worker prior to or at time of placement.

Appendix 3

Information Foster Carers should record.

1. Examples of the content, which should be recorded by a foster carer

Note: Only record information that is truthful and accurate.

- Child's achievements and development.
- All visitors having significant contact with the foster child.
- All family contact.
- Child's response to contact with family and relatives.
- Any significant changes in a child's health.
- Any changes, good or bad, in a child's behaviour.
- All modifications in medication (prescribed or not).
- Medical or dental appointments.
- Damage or modifications to the child's physical environment which could affect their safety, behaviour or quality of life.
- Any incidents involving the foster child at school.
- Bruises, scratches, bumps, infections, etc. which the child might have, either by accidental injury, self-injury or any difficult to explain behaviour (from the point of view of an outside observer who might suspect poor care, negligence or even abuse) and any witnesses.
- Outside agencies or professionals contacted for advice (for example, GP, Hospital), the time of contact, contact person's name and telephone number and advice given as close to verbatim as possible.
- Any information or allegation that has a serious potential impact on the foster family.



2. How to record

- Avoid opinion – just keep to the facts.
- Keep all the information in one place and recorded in date order.
- Make it clear and legible – scribbles can be hard to understand as time goes by.
- Include anything that you think is relevant, even if it seems insignificant.
- Note how reliable you think the information is and identify any information which seems to contradict it.
- Qualify any fact or opinion by noting its source and identify any information that backs up what you note down.
- Make a note of people who have witnessed events and record information that backs up what you note down.
- If you pass on any notes to the link worker, keep a copy for yourself so your own record is always complete. It will also be handy at meetings, in case you have to make an affidavit or give evidence in court.
- Make an arrangement to have your notes read, signed and dated every so often by your social worker or link worker.

References

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