



Irish Foster Care Association A-Z of Fostering

2013

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Irish Foster Care Association

Established in 1981, the Irish Foster Care Association is the representative body of foster carers in Ireland. Its membership is broad based and includes general/relative carers who have contracts with the HSE and 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 confirming 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.

The term 'foster carer' throughout this leaflet 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. Areas of particular relevance to relative carers are noted throughout the sections.

At the time of printing the process of setting up a Child & Family Agency separate from the HSE is underway; for the purpose of this leaflet the terms Health Board, HSE and Child & Family Agency are interchangeable.

Definition of general and relative carers:

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 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 16 weeks of a child being placed and approval as a relative carer in accordance with the Child Care (Placement of Children with Relatives) Regulations, 1995.

Introduction

This document has been produced as a guide on topics relevant to all those involved in foster care. It is not an exhaustive list and will be added to as required. Please contact the IFCA Office if there is a particular topic you have identified that is not covered or you feel requires further information.

Abuse

A number of children and young people coming into care will have suffered one or more forms of abuse at different times. Child abuse can be categorised into four different types: neglect, emotional, physical and sexual.

Definitions:

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning.

Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust.

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others.

For further information see: Children First: National Guidance for the Protection and Welfare of Children: pages 19-20.

Accidents

It is essential the foster carers keep a written record of any accident in which a child in their 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 an injury weeks after. Serious incidents (serious bruising/cuts other than the day to day knocks children encounter in every day play) should be reported to the child's social worker. 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 who have not availed of the Amendment to the Child Care Act should not sign medical consent. Young people sixteen years or over can give their own consent to medical treatment. Always inform the child's social worker as soon as possible.

Access

The National Standards for Foster Care, 2003 define **Access** as the meeting of children in care with their families and others who are significant figures in their lives and **Contact** as the arrangements made in order for children to keep in touch with their families and significant others from whom they are separated.

Traditionally, access is seen as meaning visits for children with their birth families whereas contact is a much broader concept including exchange of cards/letters /photos/ telephone contact/ sharing of school reports/ etc.

There is no 'magic formula' for access, each child is unique and each family circumstance is different. Whether access arrangements are set out by the social work team or are court ordered, the detail of same should be agreed with the social work department, birth family, the foster carers and the young person/ child, (age and stage appropriate).

If at any time you feel the access plan is not working for you or if your family circumstances change making it difficult for you to comply with access arrangements, you should:

- Contact the child's social worker and your own link worker to inform them as soon as possible.
- Discuss possible alternative arrangements being very clear about your availability or non-availability to fulfil access.

Foster carers are not required to pay the costs associated with access such as payments to birth parents or for venue. They are, however, expected to transport the child to and from access visits, where it is possible and appropriate to do so. Foster Carers are encouraged to ensure, where appropriate, that their foster child has some small monies for their own use when attending access.

At all times where supervision of access is required this is the responsibility of the child and family social worker, child care worker or access worker.

Note: It is not the role or responsibility of the foster carer to supervise access.

The Child & Family Agency is legally obliged to ensure Court ordered access is carried out; failure to do so would result in the HSE being in contempt of court. In rare circumstances a Court may order a foster carer to carry out access, failure on the part of the carer to comply with the access arrangements could result in the foster carer being in contempt of court, if this is the case please talk to your link worker and the child's social worker.

For further information see: IFCA Leaflet on Access

Adoption

Adoption and fostering are different, both in practice and in law. Adoption is the process whereby a child becomes a member of your family whereas fostering means taking care of someone else's child in your own home on behalf of the HSE who retain responsibility for the child. Adoption creates a permanent, legal relationship between the adoptive parents and the child. A small number of children and young people in foster care may be suitable for adoption. This option needs to be discussed with the child's social worker in the first instance.

Aftercare

Planning for the future for young people in care should commence as early as possible in their teenage years but at the latest upon reaching their 16th birthday. Regardless of a young person's plans or chosen path, supports should be made available to them, when appropriate.

The HSE should be in contact with the fostering family and young person (when they turn 16) to engage in an after care plan for the young person. This plan commences once the young person reaches 18. It is critical that plans are made to smooth the young person's transition to independence.

The HSE Leaving & Aftercare Services Policy and Procedure Document states under it's 'Statement of Purpose: that:

The HSE is committed to promoting and achieving the best outcomes for young people in care. In keeping with the role of a "good parent" the HSE is committed to maintaining support to care leavers, through the delivery of programmes, which enable young people to adequately prepare for leaving care, and in ensuring consistency of support to these young people in post care up to 21 years of age. In doing so the HSE seeks to promote better outcomes, which can be measured and defined as:

- The young people leaving care have developed the necessary life and social skills
- Young people have developed a level of resilience to cope with the adversities that many young care leavers face in post care life
- Young people are encouraged and supported in training, employment and continuing in further and higher education
- Young people establish themselves in suitable accommodation which can afford them stability and integration into communities
- Young people have appropriate social networks.

This will be achieved by:

1. The delivery of preparation and leaving and aftercare support for each young person aged 16 upwards, based on assessment of their needs and underpinned by a written leaving care plan, which will be reviewed regularly.
2. The appointment of designated leaving and aftercare personnel who will coordinate the assessment, planning, review process and monitor progress and outcomes for these young people.
3. By working in partnership with key state, voluntary and community agencies to meet the assessed needs of these young people.
4. Maximise support available to each young person and to preserve significant attachments.
5. Through the participation of the young person in their Leaving and Aftercare Plan.

If a young person continues their education to third level they will be supported by the HSE up to the age of 23yrs.

For further information see: HSE Leaving & Aftercare Services National Policy and Procedure Document, 2011.

Allegations

All children in care, their parents, carers, staff or anyone with a bona-fide interest in the welfare of the child is entitled to make a complaint or express a grievance. All allegations of abuse of a child in care must be reported to the Child Protection team under Children First National Guidance for the Protection and Welfare of Children, 2011.

When 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 or not.

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.

Foster carers against who allegations have been made should be treated with dignity and respect throughout the process of assessment and, if applicable, Garda investigation.

Support:

For children: it is vitally important that children receive support throughout the process when they make a complaint or allegation or when they raise a difficulty in their placement. Children need to know they have been heard and they need to be informed of the outcome of their complaint or allegation.

For carers: facing an allegation or complaint is very difficult for a carer and the process can be very stressful. Carers need support throughout the process and after the assessment is concluded. Carers should be made aware of the following:

- Reports will be treated with the utmost regard to confidentiality and carers should be informed of this.
- The fostering link worker will support the carers through the process of the assessment.
- The fostering link worker will keep the carer updated as to the progress of the assessment and may be involved in aspects of the assessment process.
- Foster carers will be treated with respect and dignity throughout the process.
- Carers will be informed of the existence (if not already known) of the Irish Foster Care Association whom they can contact for support and advice.

Outcome of allegations

Allegations can be found to be:

- Proven – An 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 a foster child might make a false allegation of abuse

- Children can misinterpret an innocent action.
- As a way of drawing attention to previous abuse for the first time because the carer is trusted
- As a way a young person can exercise some control over their life.
- To try and end a foster placement without losing face.

What can we do to reduce risks?

- Recognise the people in the foster carers' home who are potential risks or may be vulnerable to 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 appropriate insurance cover.
- Work closely with the HSE/agency and keep communication open.

For further information see section in this document on Safe Care and the IFCA Safe Care booklet.

Appeal Process:

All HSE areas must have an appeals process in place for foster carers against whom allegations of abuse or neglect have been made and who are unhappy with the outcome of the assessment. Appeals should be sent initially to the relevant Principal Social Worker and carers can also appeal to the Area Manager. Foster carers should be given information about the HSE complaints procedure: Your Service, Your Say which has a formal process for receiving complaints and dealing with appeals.

Allowances

The foster care allowance is *in respect of and for the benefit of the foster child* and therefore must be used to meet the day to day costs associated with looking after a foster child. It is not a payment or salary to foster carers.

There are no discretionary payments (exception- educational school fees, if in the care plan) or medical expenses not covered by the General Medical Card. Foster/relative carers should be receiving the following allowances (as at June 2013):

0-12 years – €325.00
12-18 years – €352.00

The allowance should cover the provision of the following, although this is not an exhaustive list:

- Appropriate clothing and footwear
- Personal care items and toiletries
- Appropriately decorated bedrooms and bed linen
- Hobbies and sporting activities
- Holidays and summer camps
- Pocket money (see section on Pocket Money, page ??).
- Special occasions such as religious celebrations, birthdays, Christmas etc
- School transport and any educational requirements including grinds (does not include educational assessments)
- Treats and toys
- Gifts for the birth family (see section on Gifts for the Birth Family, page ??).
- Travel bag/case (the use of black bags/plastic bags is strictly forbidden for children's clothes)
- They should be expected to cover the costs of transporting the children to and from access, unless the access is of 150km or more round trip whereby an allowance of .32cent per km will be paid. This will be reviewed on a case by case basis.

Where children in foster care are adopted, the legalisation states that the HSE may continue the fostering allowance. If the allowance is continued, it will be reviewed annually.

Amendment to Child Care Act

Foster Carers/Relative Carers have the opportunity to apply for greater autonomy in decisions relating to children in care resulting from two new provisions, section 43A and 43B, which have been inserted in the Child Care Act 1991. These came into effect on

December 15, 2008.

On the application of a foster parent or relative with whom the child has been placed, the court may grant an order under this section, but only if it is satisfied that—

- (a) the foster parent or relative has been taking care of the child for a period of not less than five years beginning on the date of placement in accordance with this Act and ending on the date of application
- (b) the granting of the order is in the child's best interests
- (c) the Health Service Executive has consented in advance to the granting of the order,
- (d) the Health Service Executive has, on behalf of the foster parent or relative—
- (e) (i) If the child is in its care under section 4, obtained the consent to the granting of the order of a parent having custody of the child at the relevant time or of a person (other than the foster parent or relative) acting *in loco parentis* to the child, or
 - (ii) If the child is in its care under section 18, given notice of the application to a parent having custody of the child at the relevant time or of a person (other than the foster parent or relative) acting *in loco parentis* to the child, and
 - (iii) The child's wishes have, in so far as is practicable, been given due consideration having regard to the age and understanding of the child.

The new provisions following successful application by Foster Carers/Relative Carers will give them authority in the following areas:

- Consent to medical treatment, including medical assessments etc.
- The application for passports,
- To make decisions in respect of children in their care as if they had like control of the natural parents for the purposes of safeguarding and promoting the child's health development or welfare, but subject to the legislation and regulations in force, for example, day-to-day issues relating to a child's care such as, permission to go on school tours and attend concerts etc.

Appeals

Most decisions made by a HSE social worker/committee/panel can be appealed. All HSE regions have an appeal officer, however, any appeal, in the first instance should be made to the person concerned or line manager in **writing**.

For further information see; Allegations – Appeal Process, page 6

Apprenticeships

See **Third Level Education**.

Assessment & Approval

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the Child & Family Agency Foster Care Committees prior to any child or young person being placed with them.

The assessment will require:

- Garda vetting.
- Child protection checks.
- Medical reports: physical and mental health.
- Public Health Nurse's report if applicable.
- Name of two referees who are not related to the applicant. Where applicants have previously worked or currently work with children, an additional 3rd reference will be requested by the social worker from their employer seeking their opinion on their

suitability to foster. Referees will be interviewed briefly by the social worker.

Other documentation required includes but is not limited to:

- Birth, Marriage Certificate or Separation/Divorce documentation.
- Statement of earnings from employers or social welfare number.

An analysis of the above gathered information is presented in a standardised report with a recommendation made in relation to the suitability of the potential foster carer to meet children(s) assessed need and meet the criteria for fostering. The report is compiled by the social worker and quality assured by their team leader and/ or principal social worker and presented in person to the Foster Care Committee. Fostering applicants are given the opportunity to see and sign the report prior to the report being sent to the committee and invited to make comments on same. Applicants have the option to meet the Foster Care Committee which will consider their application.

They will be advised beforehand that there are three possible outcomes from the presentation of their assessment report:

- The application can be recommended.
- It may be refused.
- The assessing social worker may be asked to provide more information.

No assessment will take place until the Garda vetting of potential carers has been completed and cleared by the supervising foster care team leader.

Emergency approval is only permissible in the circumstance of relative care and involves:

- Completion of a Garda vetting form.
- Completion of child protection checks.
- Initial screening of the home environment to ensure it fulfils certain minimum suitability standards, i.e. safety and living conditions (space, hygiene).
- Interview with all adults in the home.
- Interview of at least one referee.
- Proof of ability to provide care and facilitate school attendance.

The assessment process considers all persons residing within the potential carer's home, including birth children, both over and under age 18 years.

Qualities Applicants are expected to demonstrate:

- A healthy respect and love of children/ young people
- Flexible attitudes and non-judgmental perspective on life.
- Ability to negotiate and compromise when faced with change, stress and challenge.
- Ability to understand and accept a child who has been abused or neglected.
- Ability to understand and accept the circumstances of the child's parents.
- Ability to accept the child's behaviour as a communication of their feelings.
- Ability to help the child understand the reason for the separation from their parents without prejudice.
- Openness to training to increase their skills and knowledge about foster care once they have a child placed.
- Openness to involvement with social workers who supervise and support foster care placements.
- Openness to support regular contact between the child and their birth family.

For more information see HSE Foster Care Committees, Policy, Procedures and Best Practice Guidance.

Background information to be given at placement

The following provides a checklist of essential information about the child and their family that the placing social worker must provide to foster carers.

All such information is confidential and should be treated respectfully.

- Legal name of the child (in writing, with correct spelling) and the name the child is known by, together with a copy of their 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.
- Place of the child in the family (e.g. eldest, youngest).
- Routines (e.g. sleeping, bathing, food – likes/dislikes).
- Comfort issues (e.g. special teddy, blanket, soother, light left on at night).
- 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 the cost claimed back from the HSE.
- 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 these?
- What are the access arrangements (e.g. venue, transport, regularity)? Who, when and where for each.
- Contact arrangements need to be clarified (e.g. telephone calls, letters, e-mails, websites).
- 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 the time of placement.

Baby sitting

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.

Belongings

National Standards for Foster Care, 2003 1.11 states:

‘Foster carers recognise the importance of personal items from the children’s past for their sense of self and assist the children to retain letters, cards, photographs and other precious keepsakes’.

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.

Bereavement

If a foster child dies in care, the foster carer must inform the child’s social worker or duty worker immediately, if out of hours the Gardai should be contacted. It is the responsibility of the HSE to inform the relevant parties involved. Counselling may be provided by the HSE. If a child’s birth parent or a sibling dies while the child is in care, the child’s social worker is responsible for supporting the child through the bereavement.

Birth Family

Birth families may be the only continuous people in a child’s life particularly if the child has multiple moves in care combined with changes of social worker. Birth families can provide continuity for a child which is linked to a sense of identity and can help develop self-esteem. When you foster a child carers must accept the child’s genetic inheritance, family history and his/her experiences before they come into care as well as the continuing relationship between the child and his/her family. Unless there is a good reason not to, foster carers should encourage this relationship to ensure the child does not feel torn between two families.

Birth Certificate

A copy of the child’s Birth Certificate will be on file in the social work dept. You should have a copy given to you at the time of placement. You will need it to enrol a child in school, to apply for a medical card, child benefit etc.

Blood-borne Viruses: HIV & 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) and 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.

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 AIDS (acquired immune deficiency syndrome). There is as yet no cure for AIDS but there are antiretroviral 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 Ireland are screened for HIV);
- By invasive medical/dental treatment using non-sterile instruments/needles;
- By tattooing, cosmetic piercing or acupuncture with unsterilised needles or equipment;
- By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.

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.

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 & C transmission.

Immunisation against hepatitis B

Hepatitis B infection can be prevented by immunisation.

Breakdown

See Disruption

Bullying

Bullying can be defined as 'deliberately hurtful behaviour repeated over a period of time when it is difficult for those bullied to defend themselves'

Many looked after children experience bullying at school, in the local area and sometimes from other children in the foster home.

Bullying can include the following:

- Name calling and teasing
- Threats, extortion and theft
- Physical violence
- Damage to someone's belongings
- Leaving people out of social activities deliberately and frequently
- Spreading malicious rumours
- Bullying by mobile phone text message or e-mail

Looked after children are often targets for bullies.

- The child feels and/or appears different.
School life can highlight difference, for example they may arrive at school by taxi, they may not be able to participate in after school clubs, and they may be withdrawn from some lessons to attend meetings/ reviews.
- The child may not be achieving as well as others in their class.
- The child may have had multiple moves of carer/school.
- The child may not have an established friendship group.
- The child may not want other children to know that they are looked after.
- The child may feel isolated and believe that they have no-one to talk to at school.

Difficult and distressing life experiences can lead some children to develop poor self-esteem and a corresponding lack of "coping" strategies. The damage inflicted by bullying is frequently underestimated. It can cause considerable stress to children to the extent that it affects their health and development, or at the extreme causes them significant harm, which may include self harm.

Make sure you are watchful for bullying, talk to your foster child about bullying and work through how they would respond. Ask about school and school friends on a regular basis.

Any incidents of bullying should be recorded in your diary.

Some signs of bullying can be:

- Excuses for not wanting to go to school
- Unexplained bruises
- Torn clothing
- Need for extra money
- Continually losing belongings
- Problems sleeping
- Sudden loss of appetite
- Sudden academic problems
- Sullen/withdrawn behaviour or temper outbursts
- Unusually hungry at the end of the school day (lunch money being taken)
- Rushing to the bathroom after school (fear of going to the school toilets).

What to do if you think your foster child is bullying or being bullied:

- Continue to act on the advice from the child's social worker and other professionals on ways to help build the child's self-esteem.
- Help the child establish a script to use to help explain why they are living with foster carers.
- Encourage friendships and invite school friends home. There is strength in numbers and children need to stay near to other children even if they are not close friends. Bullies quickly target a child who is alone.
- Build social skills. Problem-solve difficult social situations and practice suitable responses over a meal.
- Do not reject a child who is a bully; reject the behaviour. Explain how the behaviour makes other children unhappy and help them develop alternative strategies to feel better about themselves and to express their unhappiness.
- Give the child praise each time they are co-operative or are kind to someone.
- Consult with the child's social worker and make an arrangement for both of you to see the child's class teacher or year head.

Car Seats

Foster carers must comply with the law in relation to use of car seats and safety belts for any child they carry in their vehicle.

Never use a rear facing seat in the front passenger seat if an air bag is fitted.

Care Order's

The State's responsibility to safeguard and promote the welfare of children whose parents fail in their duty falls to the HSE by virtue of the Child Care Act 1991. The Act confers both a statutory power and duty upon the HSE to protect children and to promote their welfare. The following sections of the Act relate to the Care Order's obtained by the HSE in relation to children in care.

Section 4 – Voluntary Care: a birth parent(s) agrees to the care of their child(ren) being transferred to the HSE as they are not in a position to provide their child with the care and protection required.

Section 12 – Power of the Gardaí: where a Garda believes that there is '*an immediate and serious risk to the health or welfare of a child*', and the child is removed from that situation by the Garda, '*the child shall as soon as possible be delivered to the custody of the HSE*'. The HSE either delivers the child to the custody of its parent(s) or person(s) acting in

loco parentis, or it makes application to the District Court for an Emergency Care Order hearing within three days.

Section 13 – Emergency Care Order: the District Court can grant an Emergency Care Order where the HSE brings the case of a child where *‘there is a serious risk to the health or welfare of the child’* that led to the child being placed in the care of the HSE or if the removal from the HSE’s care would cause such a risk to the child. The District Court Judge can give directions with respect to *‘the access, if any, which is to be permitted between the child and any named person and the conditions under which access is to take place’* and can give directions with respect to *‘any medical or psychiatric examination, treatment or assessment of the child’*.

Section 17 – Interim Care Order: a District Court Judge can grant an Interim Care Order (with directions as per Section 13) if s/he is satisfied that *‘the child has been or is being assaulted, ill-treated, neglected or sexually abused’* or if *‘the child’s health, development or welfare has been or is being avoidably impaired or neglected or the child’s health, development of welfare is likely to be avoidably impaired or neglected’*.

Section 18 – Care Order: a District Court Judge can grant a Care Order (with directions and for reasons similar to those at Section 17). Under a Care Order the HSE shall have *‘like control over the child as if it were his/her parent(s) or guardian(s) and do what is reasonable, for the purpose of safeguarding and promoting the child’s health, development and welfare’*.

Care Plan

Every child in care is legally required to have a Care Plan and a Placement Plan. A Care Plan is a written document that contains all the important information on the child, i.e. family details, who they live with, where they go to school, access arrangements with family and how their health, well-being and education are to be promoted.

Required information in a Care Plan includes:

- The child’s wishes and views – what they would like/want.
- The immediate, medium and long-term goals and arrangements for the care of the child, including:
 - The child’s maturity, social ability, personal and social development, legal status, nationality, race, religion, culture and language.
 - Medical history, medical assessment and current medical needs including immunisation details.
 - Educational history, needs and current educational placement.
 - Details of the child’s family and household, including siblings.
 - Arrangements for promoting and maintaining access and contact with the parent(s) and anyone else with parental responsibility.
 - Arrangements for access and contact with siblings who are also in care but not placed with the child.
 - Information about the child’s interests and hobbies.
 - Details of any Court Orders and any directions by the Court that may impact on the Plan.
 - Details of the Placement Plan and why the placement was chosen.
 - Consider the wishes and feelings of significant people about the arrangements for the child.
 - The actions needed to support the child’s needs, including the needs of a child with disabilities.

A Care Plan should be written using open, clear language, free from jargon, so it can be understood by children, families and carers. Particulars of the Child Care Plan agreement are made known to the child, parents and, where appropriate, foster carers and link worker. Reasons for not doing so are recorded on case files. The Care Plan should remain focused on the needs of the child, as identified through on-going assessments and consultation with the child, birth family and others who are relevant to the child's life (extended family, carers and Guardians ad Litem).

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 a Conference should be held:

- When it appears that a child may need some kind of protection plan, 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 child who is subject to a child protection plan and who has been removed from home, there is a proposal to return that child home, whether for overnight stay or by way of home visit trial.
- When there is a proposal to cease the child protection plan for a child.

Who should attend the Conference?

The 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.

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 they should contact their social worker

What will happen at the Conference?

When the relevant people are gathered together the first thing that should happen is that the purpose of the 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 Conference will invite the people attending to share information, medical, psychological and social.
- The Conference will assess whether the child or children are at risk.
- The 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 Conference will decide whether to start or cease a 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 conference should make arrangements to inform the parent(s) about the substance of the discussion and the decisions reached.

Challenging Behaviour

Children can sometimes exhibit behaviour that can be difficult to manage; this behaviour can include the use of bad language, throwing objects, being disruptive in the home and refusing to co-operate with simple tasks or instructions. This behaviour is often a result of early formative life experience and is a way of coping with what the child sees as a difficult situation. For many children it is a way of trying to gain some control and predictability over their lives. It is important to remember in managing challenging behaviour that it is the behaviour that is unacceptable and not the child involved.

Guidelines on coping with challenging behaviours

- 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 she/he 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. 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 then be quiet; move away physically or change the subject. Choose a calmer time to tell a child what the results will be if she/he 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 link worker or the child’s social worker.

It is vitally important that any episodes of challenging or threatening or dangerous behaviour, including going missing, are recorded by the carer and reported to the link worker and child’s social worker. This can often help in identifying “Triggers” for behaviour and help plan for managing possible future episodes.

Changes in circumstances – foster carers

The link social worker should be informed of any significant changes in the foster carer’s household. For example, if foster carers separate, 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 this. 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 link social worker.

In some cases foster children will register with sporting/social groups using the foster carers' surname, this is ok as long as the group is aware of the child's birth surname and that the foster carer's surname is used as a 'known as'.

Child & Family Agency (HSE)

The HSE is a large and complex organisation that provides health and personal social care services to people living in the Republic of Ireland. 2013 sees a change in the structure of the HSE with the set-up of the new Child and Family Support Agency and the disaggregation from the HSE of children and family services.

The new Agency will encompass child welfare and protection services, child and family related services including pre-school inspections and domestic, sexual and gender-based violence services and, it is hoped, community based psychology services. *For more on 'Who works in alternative care/Child & Family Agency' see Social Workers, Page 64.*

Children First

National Guidance for the Protection and Welfare of Children, 2011. These guidelines are intended to assist people in identifying and reporting child abuse and to improve professional practice in both statutory and voluntary agencies and organisations that provide services for children.

If you have concerns about a child but are not sure what to do, or if you are worried about a child's safety or welfare, you should contact your local HSE Children & Family Services or the Children First designated person in your organisation – IFCA: Diarmuid Kearney. If you think a child is in immediate danger and you cannot contact the HSE Children & Family Services, you should contact the Gardaí at any Garda station.

Child Benefit

Foster carers should be advised that the following procedures are now in place.

1. Where a child is placed in voluntary care and the mother has not abandoned or deserted the child and is contributing to the child's support, Child Benefit may continue to be paid to the mother for the first 6 months that the child is in foster care and transferred to the foster mother from the 7th month.

2. Where a child is placed in voluntary care and the birth mother is not contributing to the child's support, Child Benefit is paid to the foster mother from the month after the child was placed with them.
3. Where a child is placed in care subject to a court order, Child Benefit is paid to the foster mother from the month after the child was placed with them.

Foster carers are advised to submit their Child Benefit claim immediately after a child is placed in their care. The Dept. of Social Protection will then forward documentation to the child's social worker for completion and make a decision as to when the child benefit is paid. Payment of Child Benefit is decided by Dept. of Social Protection legislation and is not a decision of the social worker or Child and Family Agency.

Child Care Act

The State has unequivocal duties to children who are not receiving adequate care and protection. Such obligations arise from the Constitution of Ireland and are on a statutory footing in the form of the Child Care Act 1991. The State's responsibility to safeguard and promote the welfare of children whose parents fail in their duty falls to the Health Service Executive (HSE) by virtue of the Child Care Act 1991. The Act confers both a statutory power and duty upon the HSE to protect children and to promote their welfare.

Consent

The Child Care Act 1991, the Children Act 2001 and the Mental Health Act 2001 define a 'child' as a service user under the age of 18 years of age, other than a service user who is or has been married.

Section 23 of the Non-Fatal Offences Against the Person Act 1997 provides that a person over the age of 16 years can give consent to surgical, medical or dental treatment and it is not necessary to obtain consent for it from his or her parent or guardian. This section covers any procedure undertaken for the purposes of diagnosis and any procedure that is ancillary to treatment, such as administration of anaesthetic.

This means that, in the context of criminal law, consent to medical treatment by a 16 and 17 year-old has the same status as if he or she were an 18 year-old. While currently there are no legal provisions in Ireland for minors under 16 years to give consent on their own behalf, it is nonetheless good practice to involve the minor in decisions relating to them and to listen to their wishes and concerns in terms of their treatment and care.

Where a child over 16 years of age refuses to consent to a medical examination/treatment and is in the care of the HSE, the HSE may apply to the District Court under Section 47 of the 1991 Act seeking directions of the Court.

In respect of children who are in voluntary care, consent is required from the child's parent or guardian unless a Court order has been made dispensing with that person's consent. If there is no parent/guardian, or that person is unavailable, the HSE must make an application to the District Court under Section 47 of the Child Care Act 1991 authorising the relevant social worker to give consent.

In relation to children who are subject to Interim and Emergency Care Orders, an application can be made to the District Court pursuant to the Child Care Act 1991 in regard to medical treatment.

In relation to children who are subject to a full Care Order, although it is good practice to seek the consent of the parent/ guardian, the HSE is authorised pursuant to Section 18 of the Child Care Act 1991 to consent to any necessary medical or psychiatric treatment, assessment or examination. However, different procedures apply to admission and treatment under the Mental Health Act 2001.

For children who are in foster care for 5 years or more, in accordance with Section 43A of the Child Care Act 1991, a foster carer or relative may make an application, and be granted an Order, giving them like control over the child as if they were the child's parent, provided that:

- the child has been formally placed in their care for 5 years or more;
- the granting of the Order is in the child's best interests;
- the HSE consents to the making of such an Order;
- parental consent is obtained for children in voluntary care or on temporary orders;
- parents are given notice of the application in the case of children who are the subject of full Care Orders;
- the wishes of the child have been given due consideration, as appropriate.

The effect of such an Order will be to grant such foster carers the right to do all that is reasonable to safeguard and promote the child's welfare, health and development. This includes the giving of consent to any necessary medical or psychiatric assessment, examination or treatment, and to the issuing of a passport.

In the case of any child in an emergency life-threatening situation, the welfare of the child is the paramount consideration and the doctrine of necessity will apply, whereby a medical practitioner may dispense with the requirement for consent.

Contraception

Family planning advice is available and the young person should be advised of same, age and stage appropriate. This is a sensitive subject and some foster carers may find it difficult to discuss with the young person, the carer should discuss with their link worker and the child's social worker.

Complaints

As a foster carer if you have a complaint you should put it in writing to the following in ascending order:

- Your social worker.
- Team Leader
- Principal social worker
- Fostering Manager/Child Care Manager
- Area Manager

If unsuccessful or unhappy with outcome you can initiate a complaint through the HSE's Complaint's Procedure: 'Your Service, Your Say'.

- Ombudsman for Children (as a last resort)

Confidentiality

When a child is placed with you, the child's social worker will share with you full 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 (see 'Background Information to be given at Placement'). 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.

Contact

To be read in conjunction with 'Access'.

Contact can have significant impact on the foster child and fostering family. Contact by letter, cards, school reports etc. is easy to manage and can be very beneficial to the child. However in this age of electronic communication it can be difficult to manage online and mobile phone contact especially if the child is old enough to have access to technology. 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.

Contract

The Placement of Children in Foster Care Regulations 1995, clearly states that every foster carer must have a contract for each and every child in their care. This is a **legal requirement**. There are separate contracts for each child placed in foster care, whether with relatives or with general carers. The contract sets out the agreement made between the HSE/Private Agency and the carer, outlining duties and responsibilities for both parties. A copy of the contract is given to the carer and one is kept on the child's file. A further copy is sent to the HSE's Fostering Payments Section to enable payment of the allowance to the carer to be processed.

Corporal Punishment (see section on Discipline)

Corporal punishment is not an acceptable form of discipline for children in care or any child; **it is strictly forbidden**.

Court Appearance

In certain circumstances foster carers may be requested to give evidence to the courts. Attending court can seem a daunting experience. However, the social worker for the child and the foster carer's link worker will offer advice and support and help to prepare the carer before the court date.

Foster carers are expected to keep accurate records during any placement. These records will be important in preparing for a court appearance or responding to complaints/allegations or other issues that the carer needs to respond to.

Criminality

Young people in care, as all young people, can become involved in criminal activity. Foster carers are the primary carers for these young people and, with the support of the young person's social worker, should be there for them through the process whatever it entails, i.e. interviews with Gardai, court appearances, etc.

For further information see 'Juvenile Liaison Officer, page 45

Damage to Property

There may be occasions where young people in care cause damage to the foster carer's property/contents or that of their neighbours/friends.

All foster carers should ensure they have adequate house insurance in place and should inform their insurance company they are fostering. Damage to foster carer's property/contents should be claimed under their house insurance.

Note – No insurance will cover wilful damage to property/contents.

In a situation where a foster child causes damage to the property/contents of another person, if that person makes a claim against the carer, the HSE insurance will cover any liability judged against the carer. If they do not make a claim the HSE insurance will not automatically cover the cost of the damage – the foster carer can apply to the HSE and they will judge each case on its merit.

Dental Care

Dental treatment at your local HSE clinic is free of charge as each foster child has his/her own medical card. Foster carers cannot sign for any invasive treatment.

De-Registration

The HSE holds a Register of all approved foster carers who are fostering on behalf of the Agency and Private Foster Care Agencies. In certain circumstances it might be necessary for HSE/Private Foster Care Agency 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.

The Child Care (Placement of Children in Foster Care/with Relatives) Regulations 1995 do not provide for the removal of carers from the panel of approved carers. However, the Child Care Act, 1991, sets out that where a child is removed from the custody of a foster carer or relative, any contract between the HSE and the carer is terminated immediately upon removal of the child (Section 43 (5)).

Where the outcome of an assessment/investigation of abuse or neglect (National Standards 10.19) suggests that the HSE can no longer ensure that carers have the capacity to meet the child's needs as required under the 1995 Regulations, the Foster Care Committee (FCC) is required to reconsider or change their approval status on the recommendation of the local social work department in line with the HSE responsibility to provide children with safe, good quality care. The FCC carries the responsibility to change the approval status, being the body which recommended the carers for placement on the panel in the first instance.

No final decision to change their approval status on the panel of approved carers can be made until the carers/relatives are afforded an opportunity to make a written submission and/or to have an oral hearing with the FCC. The chairperson of the FCC will invite the carers/relatives to attend a special meeting of the FCC to discuss the reason for the recommendation to change their status on the panel of approved carers within 28 days.

The committee to meet the carers will be composed of the Chairperson and Secretary, Principal Social Worker and one other committee member. Carers/relatives are offered the option of submitting a report to represent their views to the committee in advance of this meeting. They are advised of their right to be accompanied by a support person at this meeting. Carers should be informed that confidential matters will be referred to during the meeting. Carers/relatives are formally notified of the FCC decision in writing within seven working days. A report on the outcome of the meeting and the reasons for the decision made will be furnished to the carers/relatives.

Should the original recommendation be upheld, the carers/relatives are informed of their right to proceed to an appeal hearing. This hearing will be dealt with by an independent FCC. Carers/relatives have three weeks of being informed of the decision to lodge an appeal with the FCC. An Independent Appeal Committee will hear this appeal within 28 days. This committee will comprise of a Chairperson, Secretary, Principal Social Worker, Team Leader and two other committee members. Consultation outside this forum may occur in the event of the need for expert opinion or additional information.

The Independent Appeal Committee will base their decision on:

- Full review of the FCC file.
- Oral evidence from the Chairperson of the original FCC, the assessing social worker and other relevant members of the original FCC, at the discretion of the Independent Appeal Committee.
- Oral and/or written submissions from the carers. Carers attend separately to the social worker.

Written feedback will be addressed to the chairperson of the original FCC and to the carers/relatives within 14 working days.

Following due procedures, where the FCC makes a decision to change their approval status on the panel of approved carers after the appeal hearing, the secretary of the FCC informs the local area, the carers/relatives, the foster care monitor and HSE Service Area Manager or designate and the Regional Child Care Manager.

Dinner Money

Children's' school dinner money or the cost of packed lunch must be paid from the foster care allowance. This should not come out of the child's pocket money.

Disability

Some children in care will have special needs and ideally, foster carers are specifically recruited to provide specialised care to these children. Foster carers caring for children with special needs should be clear, from the point of placement, of the needs of and the Care Plan in place for the child. If the child has a severe disability will the HSE cover the cost of replacement of wheelchairs/car seats other necessary equipment, is the child linked with relevant external services, if necessary will additional supports be provided to the carer?

Foster carers caring for children with a disability may apply for Domiciliary Care Allowance; this does not affect the Foster Care Allowance or Child Benefit.

Medical criteria

To qualify for Domiciliary Care Allowance a child must have a disability so severe that it requires the child needing care and attention and/or supervision substantially in excess of another child of the same age.

Eligibility for Domiciliary Care Allowance is not based on the type of impairment or disease, but on the resulting lack of function of body or mind which means the child needs extra care and attention. The Department's Medical Assessor will take the following into account before giving his/her opinion on whether the child meets the medical criteria:

- Review the history of the case
- Consider all medical reports received
- Have regard to the description of the care and attention required by the child given by the parent or guardian.

Application is made to the Department of Social Protection.

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

Disclosures:

It is possible that a child might tell a foster carer about abuse they have suffered that no one knew about before.

- It is important 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, contact a duty social worker or if necessary the Gardai

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 are not the keepers of a foster child's secrets.

Discretionary Payments

Most discretionary payments have been incorporated into the fostering allowance with the exception of additional educational needs, other than grinds, agreed in advance and medical treatments not covered by the general medical card. Applications for either of the above must be made to the child's social worker for agreement in advance of commencement of activity/treatment.

Disruption of Placement

Not all placements have a happy ending, it is a fact that some placements do not work out with the end result that the child has to move on. Disruption is the term used for the premature ending of a planned placement of a child in foster care.

Disruption in foster care is a process which frequently entails a series of difficult events involving the child, his/her foster family and birth family. Only in an extremely serious situation will a disruption arise from an isolated incident. Following a disruption in placement a disruption meeting must be convened. The challenge in convening a disruption meeting is to manage and engage individuals, some of whom may be in a heightened state of emotion; bring them together to share their thoughts, feelings and ensure that all in attendance have their voice heard and positions acknowledged. It is often extremely difficult to work with children, carers and birth families after a disruption in foster care.

Responding to 'Difficulties in Placements':

The Report of the Working Group on Foster Care: Foster Care a Child Centred Partnership (2001) states that "in general, minor problems relating to day-to-day issues in foster care should be resolved in a partnership spirit between the parties involved" (Section 8.35)

Difficulties in placements are usually things the child may not like about living in the foster home. Reports of difficulties can come from a wide variety of sources; from the child, the social worker, the foster carer or another professional.

Foster carers should be encouraged to accept that:

1. The placement has not worked for a valid reason or combination of reasons. It is not the first time such a situation has occurred and it will not be the last.
2. It may be agreed that it is in the best interests of the child to move on. All members of the foster family should be helped to understand this.
3. The foster family's initial motivation to help this child needs to be reactivated to prepare for moving on.
4. Careful planning for the future must take cognisance of the hidden factor – the one which contributed to the disruption of this placement. All involved must be helped to understand what happened and why.

Disputes

Unfortunately it is not always possible to work in partnership with social workers and others involved in the child's life and disputes will arise.

Foster carers need to be seen as a resource to the foster care service and an essential partner in providing a service to children in care. Osmond et al. (2008)¹ argue that foster carers should be recognised as an essential component of the therapeutic alliance

¹ Osmond, Jennifer. Scott, Teresa. Clark, Julie. 2008 *The knowledge of caring: revisiting the need for knowledge support of carers*. Child & Family Social Work Journal. Blackwell Publishing Ltd.

and fully fledged members of the child treatment team. Social workers must work in partnership with foster carers in the best interests of the child in care. Foster carers who feel their ‘involvement in fostering has been a positive and enriching experience’² are those who have felt respected and valued by the child and family and link social workers they have contact with. A good working relationship with social worker or link worker will have a positive impact on the child in care as well as the foster carers.

‘Good communication promotes openness and trust and is the foundation of positive relationships.’³ Foster carers must be able to raise issues with social workers without fear of the consequences. Foster carers who took part in the IFCA ‘*Voice of foster carers*’ survey spoke of ‘their wariness of being completely “*honest*” and “*open*” with their social worker regarding some difficulties they were experiencing’.

If open communication is not possible then disputes will arise.

Domiciliary Care Allowance.

See Disability.

Drug Abuse

Drug and alcohol abuse is an increasing problem amongst young people with many being tempted to take or experiment with drugs regardless of their home and social 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 link 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 can be easily confused with normal issues of growing up in teenage years and normal adolescent development. It is important not to jump to the wrong conclusion, but speak to the child’s social worker or your link worker if you are concerned.

Eating Disorders

Children and young people have very different eating habits and preferences. Some will have large appetites whilst others may be reluctant to eat much, which can be common at the start of a placement. These differences are to be expected, and usually should not be a cause for concern. Some eating problems are serious and can have a damaging effect on

² Irish Foster Care Association. Irwin, B. MSc (Counselling Psychology) "Voice of foster carers" 2009

³ Ibid

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 ('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, or use food to comfort or distract themselves. They may become very overweight, which can lead to serious medical problems for the future.

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

- 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 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.

Education

It is well documented and evidenced that the educational performance and attainment of children in care is well below children not in the care system. This can be associated with a lack of consistency in the child's life resulting in multiple placements and change of schools. Early intervention in a child's education often prevents future problems and signals that their education is important. Taking positive action and avoiding delay should be a shared objective of everyone.

Education is a universal entitlement and is a fundamental right for all children. Attending school is an important part of everyday life and can provide a point of stability for children in care who have had their lives disrupted and live apart from their families. It is vital, where possible, for children to remain in their existing school, where they may have a network of friends and support. Carers may be required to transport children to school and any difficulties should be highlighted at Placement Planning Meetings.

Foster carers can provide much needed stability and encouragement by working in partnership with schools and other children's services to improve education attainment for children placed with them. Carers should be consulted and involved in all aspects of the child's education.

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 recognise their achievements no matter how small.
- Responding quickly to requests from school for meetings.

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 (National Educational Welfare Board).
- Not taking family holidays during term time.

Carers should provide an appropriate learning environment with:

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

Carers should take a positive interest in the young person's education by:

- Attending parent's evenings and encouraging where appropriate birth parent's involvement.
- 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 following schemes may be of value to children in care.

HEAR (Higher Education Access Route) is a scheme which has been set up by some colleges and universities to offer admittance at reduced points to school leavers from socio-economically disadvantaged backgrounds. There are certain criteria to be met in order to be eligible for the scheme. Financial, social and cultural indicators must be considered in deciding if the young person is entitled to a reduced points place and extra college support.

Evidence would show that young people from disadvantaged backgrounds are less likely to do well at school and this scheme is aimed at those young people to encourage them to go on to college.

The student must be under the age of 23 as at the 1st Jan of that year, and must have completed the Leaving Certificate. (There are other schemes for Mature and FETAC students)

If the young person has their own Medical Card or are dependent on their parents' or guardians' Medical/GP Visit Card, then they should fill out a HEAR HSE form available at your local HSE office. (Medical or GP Visit Card must have been in date at 31st Dec last to qualify).

Young people who have been in foster care may be eligible for this scheme. They should talk to their Social Worker or After Care Worker and get more information and application forms etc. at www.accesscollege.ie

DARE (Disability Access Route to Education) is a college and university admissions scheme which offers places on a reduced points basis to school leavers with disabilities. DARE is for school leavers who have the ability to benefit from and succeed in higher education but who may not be able to meet the points for their preferred course due to the impact of their disability.

DARE has been set up by a number of colleges and universities as studies have shown that a disability can have a negative effect on how a student does at school and whether they go on to college.

For more information, details on language exemptions, and application forms etc., contact www.accesscollege.ie

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 Gardaí, or any incident which you feel requires urgent attention you should contact the social worker immediately.

During normal office hours you should contact the child's social worker. If they are unavailable ask to speak to his/her team leader. If this is not possible, speak to the 'duty' social worker.

For further information on children missing in care see section on Missing in Care

EPIC

EPIC (formerly IAYPIC) is an independent association that works throughout the Republic of Ireland, with and for children and young people who are currently living in care or who have had an experience of living in care. This includes those in residential care, foster care, hostel, high support & special care. EPIC also works with young people preparing to leave care and in aftercare.

EPIC has been set up to:

- Give a voice to what young people with care experience are saying
- Explain the rights of young people in care
- Give information, advice and support to young people with care experience
- Help people who work with young people in care to involve them more when decisions are being made about them.

This is done by:

1. Working directly with young people who are in Care or have Care experience
2. Working with organisations that work with young people in care

Equal Opportunities

HSE Equalities Statement:

Throughout the process of ensuring the safety and welfare of children, all children and families will be treated equally irrespective of race, culture, ethnicity, age, disability, gender, religion or sexual orientation, and professionals will be respectful of differing family patterns and lifestyles.

- All children need a positive identity, therefore, when a child needs substitute family care, his/her interests may be best served by a placement with a family which reflects his/her own in terms of race, culture, religion and language and can therefore help them build a positive sense of their own identity.
- Sibling groups should be kept together whenever possible and where they include both black and white children, a family should be sought which can meet the needs of both children.
- Placement for children from black and minority ethnic groups must ensure that there are clear plans for the children. Parents' wishes and feelings about the placement must be ascertained and given due consideration. However, if the needs of the child are in conflict with the wishes of the parents the needs of the child must be prioritised.
- A detailed exploration of applicants' understanding of diversity must be an integral part of the assessment and approval process for foster carers. The assessment report must include comments on the suitability of applicants to care for children in a multiracial society. Applicants who are unable to demonstrate an awareness, understanding and commitment to the needs of children from all racial, cultural and religious backgrounds at the end of the assessment process will not be approved.
- Where there are existing trans-racial placements it is essential to ensure that foster carers receive appropriate anti-racism training.
- Carers should encourage a black child to develop a positive black identity and to meet black people who can act as positive role models. Foster carers should provide multi-cultural toys, books, cards etc.
- All foster carers and staff are expected to attend training on equality and valuing diversity.

Equipment

Foster Carers are expected to provide the basic accommodation and safety equipment that may be needed to carry out their role.

Beds/bed linen/duvets/pillows

Wardrobes

Chest of drawers

Car seats

Buggy's/cots/high chairs etc.

Baby equipment/pushchairs/ stair gates/ fireguards/cots etc. should conform to standards set by the National Standards Authority of Ireland (NSAI) or the EU (CE mark).

Ethnicity

Culture is the characteristics of a particular group of people defined by different factors, e.g. memories, common experience, background, language, racial identity, class, religion and family attitudes etc.

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 link worker. It may also be necessary to discuss the child's cultural needs with the child's parents or relatives.

Sickle Cell Disease:

Sickle cell disease is an inherited blood disorder that mostly affects people of African ancestry but also occurs in other ethnic groups, including people who are of Mediterranean and Middle Eastern descent. Normal blood cells are smooth, round, flexible and shaped like the letter O. However, if your child has sickle cell disease, his red blood cells are abnormally shaped and can become stiff, sticky and shaped like the letter C, causing a variety of problems. This abnormality can result in painful episodes, serious infections, chronic anemia, and damage to body organs.

These complications can, however, vary from person to person depending on the type of sickle cell disease each has. Some people are relatively healthy and others are hospitalized frequently. But thanks to advancements in early diagnosis and treatment, most kids born with this disorder grow up to live relatively healthy and productive lives.

Family Welfare Conference

Family Group Conferencing originated in New Zealand in the 1980s. It was an innovative response to the increasing number of Maori children in state care. The model was designed to give families an opportunity to make their own decisions about the safety and welfare of their children. Ireland adopted the Family Group Conference style of intervention following a visit to New Zealand by Mr. Frank Fahy T.D. The model became an integral part of the new Children Act 2001, where the model known as Family Welfare Conferencing was given a firm foundation in law.

The Children (Family Welfare Conference) Regulations 2004 regulate the organising and running of a Family Welfare Conference. Section 4 of the Regulations state:

4. In any matter relating to –
 - (a) the convening of a family welfare conference,
 - (b) the proceedings of a family welfare conference,
 - (c) inviting persons to attend a family welfare conference,
 - (d) drawing up recommendations in respect of a child,

the co-ordinator and the participants in the family welfare conference shall, having regard to the rights and duties of parents, whether under the Constitution or otherwise –

- i. regard the welfare of the child as the first and paramount consideration, and
- ii. in as far as is practicable and subject to the obligation on the part of the health board (HSE) to promote the health, safety, development and welfare of the child, give due consideration, having regard to his or her age and understanding, to the wishes of the child.

A co-ordinator is appointed to chair a Family Welfare Conference and they have responsibility, in consultation with the child in respect of whom a family welfare conference is being convened and his or her parents or guardian where it is reasonably practicable, for setting the date, time and place of the conference, who shall be entitled to attend and the procedures to be adopted at the conference. A record of the Family Welfare Conference shall be kept on the child's file.

A Family Welfare Conference (FWC) can be convened for varying purposes:

- In the case of a child being taken into care, a FWC can be convened with objective of identifying an extended family member to care for the child. Under these circumstances birth family and extended family members would be invited to attend as would social workers associated with the family, representatives from the child's school (if applicable), families GP, Gardaí (if applicable) and others involved with the family, i.e. speech therapists, psychologists, etc.
- If a difficulty arises in a fostering placement a FWC can be convened to review the care of the child in the future. Depending on the circumstances of the placement family members, significant in the child's life, would be invited to attend together with the foster carers, social workers involved in the placement and relevant others as listed above.

Files/Records

It is the policy of the HSE Children & Family Social Services that authentic, reliable and usable records are created, which are capable of supporting business functions and activities for as long as they are required. Effective records management is an important component of good social work practice.

Records are recorded information, in any form, created, received or maintained by an organisation or person in the transaction of business or conduct of affairs and kept as evidence.

A **case file** contains information that is kept when HSE Children and Families Services have considered it necessary or appropriate, to record information at the stage following a report to the department.

There are two distinct purposes to good record keeping.

1. They are a corporate memory, providing evidence of actions and decision and represent a vital asset to support daily functions and operations.
2. It is a record of a child's life and journey through care.

Separate case files are maintained on the child's family and the foster carers.

Good case recording:

- provides an accurate and timely record of HSE Children and Families Services involvement with children, families and carers;
- provides service users with a record of events in their life;
- helps workers in the processes of assessment, planning, review or investigation;
- shows how decisions are made and who is involved in making them;
- provides a record of the services or interventions arranged and their take-up;
- shows how service users (children and families) have been involved in their assessment, support planning, review or investigation;
- demonstrates how the services provided/received have contributed to the actual achievement of desired outcomes;
- provides an essential tool for managers to monitor and evaluate performance and quality assurance;
- provides information and evidence to assist enquiries into complaints, appeals, investigations, audits and independent or serious case reviews;
- assists continuity when workers are unavailable or change.

Effective case recording and records management is part of the service offered to children and their families: They

- should be informed of HSE Children and Families Service policy on case recording;
- should be helped to understand the purpose and content of their case record and invited to contribute towards it;
- should be informed of their right of access to their case record and of the procedures for doing so;
- should be encouraged and supported in reading their records, correcting errors and omissions, and recording personal statements, including any dissent;
- the views of children families and carers should be evident on case files and be related to the sequence of decisions taken and arrangements made. Case records should contain details of when children and families and carers have seen and been offered and/or given copies of papers;
- should be informed about decisions and outcomes of requests for service;
- should be given information about how to make a complaint or appeal and this should be recorded in the case record.

According to *Children First: National Guidance for Child Welfare and Protection* 5.21.4 (2011), each child should have an individual file containing the following:

- a summary sheet containing family details;
- a record of all enquiries made about the case and the response obtained;
- a record of all contacts between the worker and the child and his or her parents/carers;
- a record of all contacts between the worker and other professionals, including working arrangements and agreements;
- a summary, updated regularly, on recent events and their significance;

- a report of all Court proceedings, child protection conferences, reviews and any other meetings, as well as any other relevant documentation in the worker's possession;
- details of assessment and outcomes;
- a record of any decisions made;
- a copy of any child protection plans, and child care plans;
- a copy of all correspondence about the case;

Other information required include:

- up to date approved contact list for the child;
- absence management plan as per 'missing in care protocol'
- medical and social reports on the child, including background information on the child's family;
- description of the child and an up to date photo;
- a copy of any court order relating to the child or of parental consent to the child's admission to the care of the board, as appropriate;
- a birth certificate of the child;
- a note of every visit to the child and the foster parents in accordance with article 17;
- a note of every review of the child's case pursuant to Article 18, 19 or 20 of these Regulations, together with particulars of any action taken as a result of such review and;
- A note of every significant event affecting the child.

Files contain details of children's lives and should be created in a way that they are meaningful for children.

First Aid & Medication

Fostering households should have a basic first aid kit available to deal promptly with minor injuries. 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. This should be discussed at placement.

Safe storage of medication is essential, ideally in a locked cabinet out of sight and reach of children. 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 medication for children and advice on the arrangements by which they can administer medication not on prescription. Carers should never administer unlicensed medication to a child in care without written permission from the child's social worker and GP or other person who approved the medication, e.g. (non-national children may be on medication not recognised in this country or a child that comes into care may be on an alternative or trial treatment/medication). 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. Carers should speak to the pharmacist regarding all medication to familiarise themselves with it and the correct use of it, storage, etc.

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/guardian gives 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.

Foster Care

Foster care is the preferred option for children who cannot live with their birth family because of abuse and/or neglect experiences and their birth family's inability to care for them due to a combination of difficulties in their own lives. Foster care gives children a second chance at living in a family for however long they are apart from their parents.

What children in care need most is to live with a family that can care for them for as long as they must be apart from their birth families, whether this is for a few days, months or several years. Carers who can make this commitment save children the extra trauma of having to move in care, a factor which is significant in determining the degree to which they benefit from living in care. While foster care applicants express preferences for a particular category of care which must be heeded, it is important that social workers talk to applicants about the value for children of not moving about in the care system. Every move in care, even when planned by social work departments, serves to re-enforce children's views that they cannot be cared for, with repercussions for the next family they move to.

There are several types of foster care:

Short-term placements provide temporary care for a child separated from their birth family. The child may, after a period, move back to their family or move on to a long-term family or an adoptive family.

Long-term care is needed for children who are unlikely to be able to live with their birth family and who, for a variety of reasons, cannot be adopted. Many children in long-term care become so much a part of their foster family that they continue to live with them until their independence, just as the birth children of the foster family do. However, a child may still move back to their birth family from a long-term placement.

Emergency care is where a child comes into care or needs to move placement very quickly and is placed with 'emergency carers'.

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'.

Day foster care is an alternative form of care that provides a support system in the community. The child is spared the upset of separation from their family, they can go home each evening and yet they benefit from the additional care offered in the foster home. There is minimal disruption to family life, while the parents can obtain practical help, advice and support from the foster carers.

Parent and child placements arise where it is judged to be in the best interests of the child that a young mother and her baby would be placed in foster care.
(For more information see HSE National Policy, Procedures and Best Practice Guidance on the Status and Care of Babies of Young Parents in Care 2013)

Special foster care is a provision for children and young people whose behaviour is such that it poses a real and substantial risk to their health, safety, development or welfare. This type of care is provided by carers who are specifically trained and skilled to care for children with high-level needs.

Foster Care Monitor

Foster Care Monitor refers to the person who is appointed to quality assure and monitor foster care services separate from the HSE line management structure. The monitor ensures compliance with statutory requirements and standards and ensures equity of service provision.

Freedom of Information

The Freedom of Information Act came into effect on 21 April, 1998 and was amended on 11 April 2003. This Act gives you the right to access records held by Government Departments and certain public bodies. You do not have to give a reason as to why you want to see any records. The Government Department or body must give you an explanation if you are not given what you ask for. A decision on your application must normally be made within 4 weeks.

What can I ask for?

You can ask for the following records held by Government Departments or certain public bodies:

- any records relating to you personally, whenever created;
- all other records created after 21 April, 1998;
- A "record" can be a paper document, information held on computer, printouts, maps, plans, microfilm, microfiche, audio-visual material, etc.

When you make a request you must:

- submit the request **in writing** along with the appropriate fee, if applicable, to the Public Body that holds the records you are looking for
- specify that the request is being made under the Freedom Of Information Act

- **be clear** enough so that the public body to whom the request is addressed understands what records are being requested. In cases where the public body is not clear what records are being requested, it must assist the requester to put his/her request in such a way that the records being sought can be identified.

Garda Vetting

Garda vetting is required for all foster carers and household members aged 16 years and over and on adults who have significant unsupervised access to foster homes. Garda vetting must be updated every three years as part of the foster carer review.

Gifts for the birth family

Foster carers should try to ensure that the foster child/young person has a token/small gift for their birth family at Christmas, birthdays, mother's/father's day or for other significant events in the child's family's life. This should be done in consultation with the child where age appropriate.

Guardian ad Litem

The Guardian ad Litem Service provides children involved in family law proceedings with an independent voice in court. A Guardian Ad Litem is an experienced and qualified person, with expertise in working with children.

A Guardian ad Litem is appointed by the Court and advises on what is in the best interest of the child concerned. The Guardian ad Litem also makes the judge aware of the child's own wishes. The Guardian ad Litem consults with the child, the child's family, and any other organisations who know the child and the family. These consultations are crucial to ensure that the child's best interests are presented independently to the Court.

The Guardian ad Litem Service can make a real difference - in the best interests of children and in the interests of justice in promoting better outcomes for children who are subjects of legal proceedings.

It is always the Judge who decides if a Guardian ad Litem will be appointed and who it will be. However, anyone involved in certain types of cases can make an application to the court for the appointment of a Guardian ad Litem.

Some examples where a Guardian ad Litem may be considered:

- Where the HSE have applied to the court for a Care Order, an Interim Care Order or a Supervision Order on a child
- Where the child is likely to be placed in long-term care, or where brothers and sisters might be separated
- Where the child's wishes differ significantly from their care plan
- Where there is a substantial dispute over the care plan - especially when there are changes in access between a child and their family
- Where a child's liberty is at issue because of behaviour problems, such as special care applications

- Where a parent is unable or unwilling to fully participate in the proceedings, or where there are significant nationality, language or cultural differences

Hair Care

It is good practice before changing a hair style of a child that you check with your link worker or the child's social worker that this would not create undue distress to the child's birth parents or family. This can be a delicate area and carers will be expected to use their judgement, experience and discretion. If in doubt; consult!

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.

Health

Standard 11 of the National Standards for Foster Care, 2003 states that "The health and developmental needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development". Standard 11.10 requires that "Foster carers take all reasonable measures to promote the health and development of children placed in their care".

Foster carers need to be informed of any medical or development needs of a child being placed with them at time of placement to ensure they are in a position to meet the specific needs of the child.

Foster carers should keep a record of all illnesses/accidents/falls that befall a child in their care. Serious incidents should also be reported to the child's social worker immediately. For guidance on dispensing of medication see above 'First-Aid & Medication'.

HIQA

The Health Information and Quality Authority (HIQA) is an independent organisation with the legal power and responsibility to monitor and inspect and number of services provided by the HSE to children and young people in Ireland.

HIQA inspects children's residential centres, special care units and foster care settings against the National Standards for Children's Residential Centres and *National Standards for Foster Care Services*, produced by the Department of Health and Children (DoHC).

These standards set out how children should be looked after in these social care centres.

Inspectors from the Authority visit centres to check that children are being looked after properly, in line with our standards. Children and parents can read the standards to see what should and shouldn't be happening in places where children are being looked after.

HIQA also interviews foster carers as part of the foster care reviews.

Holidays

If foster carers are taking a holiday abroad with a foster child, the carer must give the child's social worker plenty of notice of their plans and must have permission from the HSE and/or their parents/guardian to take the child out of the jurisdiction. It is advisable to have a letter confirming that the child is in care and that you as their carer has permission to leave the country with them.

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, i.e. behavioural difficulties, history of absconding, health concerns etc.

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

See more under **Insurance: Travel Insurance**, page 43.

Hospital

If a child is admitted to hospital in an emergency or if admittance to hospital is planned for an elective procedure, the foster carer must inform the child's social worker immediately. The birth parent's/guardian should also be informed by the foster carer/ social worker whichever is relevant.

Immunisation

All children must be immunised as per best practice medical guidelines. However, children placed with foster carers must not be given inoculations without prior consultation with the child's social worker and/or permission of their birth parents.

Information & 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 a 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 demonstrated by sharing an active interest, supervision and developing the young persons' ability to keep safe can be very useful.

Foster carers are encouraged to assist children in developing skills in the use of communication technology whilst taking sensible precautions to protect young people from potential harm in the rapidly changing field of technology. As part of protecting young people, foster carers should ensure that no photos are posted online that would identify a child/young person as being in care. Foster children can make contact with birth and extended family members through social media sites therefore, foster carers need to ensure the privacy of family members by ensuring relevant privacy settings are set up on social media accounts.

Dangers of Communication Technology

- Contact online or by phone with people who may wish to harm the young person.
- Content- 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 and parental controls should be set 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:

- **Safe-** Staying safe involves being careful and not giving out your name, address, mobile phone number, photograph, school name or password to people online.
- **M**eeting 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.
- **A**ccepting e-mails 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.

Inheritance

Should a foster carer wish to provide for a foster child on his/her death they will have to make a Will and name the foster child. The foster child will qualify for the Group A threshold under the Capital Acquisition Tax (CAT) Consolidation Act 2003 if they were placed in the care of the deceased foster carer (disponer) under the Child Care (Placement of Children in Foster Care) Regulations, 1995 or the Child Care (Placement of Children with Relatives) Regulations, 1995 or if they have resided with the deceased foster carer for a period of five years before he or she reached 18yrs of age and must have been under the care of and maintained by the foster carer at the foster carer's own expense. The CAT division of the Revenue Commissioners have confirmed that where foster care payments are received for the care of a foster child during the life of the disponer, this will not invalidate a claim for a Group A threshold by the foster child. A foster child will have to obtain the testimony of two independent witnesses to corroborate that they were in the care of the disponer for a period of five years prior to they reaching 18 years of age. Acceptable witnesses would include individuals such as social worker, Gardai, doctor or school principal.

Group A threshold as from December 2012 is €225,000.

Insurance

HSE Insurance:

Public Liability Insurance has been arranged by the HSE for foster carers.

This insurance covers the legal liability of foster carers for accident or injury to a foster child in their care caused by negligence. In other words, it must be shown that a foster carer is in some way at fault where injury occurs to a foster child.

The cover provided will operate if a foster carer is held legally liable by the courts arising from a claim by a Third Party (including birth parent) in respect of accidental third party personal injury/third party property damage arising from the negligence of the foster carer whilst carrying out their duties/activities. (Property includes buildings, contents, vehicles and personal property).

The policy does not cover:

- Injury/illness arising out of wilful acts by the foster carer, e.g. sexual abuse.
- Motor accidents occurring in RTA situations (matter for motorists own motor insurance policy)
- Damage to the foster carer's own property.

Motor/Home Insurance:

Foster carers retain responsibility for arranging appropriate insurance on their own properties such as motor car, house and contents etc.

As it is the driver who is covered under Motor Insurance there is no obligation on a foster carer to inform their motor insurers that they are fostering, it is your own discretion should you decide to do so. However, it is important that foster carers should inform their house insurance company that they are fostering.

IFCA Insurance:

IFCA has Public Liability Insurance covering meetings and activities of the National Organisation and meetings and activities held by IFCA Affiliated Branches and Regions. Regular meetings are automatically covered but branches/regions must inform the office of other activities being held in advance of the event to ensure cover is in place.

IFCA also has Professional Indemnity Insurance that indemnifies IFCA in respect of any wrongful act by IFCA representatives in the course of delivering services provided by the Association and its' representatives.

Other insurances held by IFCA relate to the governance of the Association, i.e. Directors & Officers Liability Insurance and an All Risks Policy that includes Property, Business Interruption, Computer Equipment, Money, Employers Liability and Legal Expenses cover.

A Legal Expenses Insurance Scheme is available to members of IFCA. This scheme covers a member's legal liability in the event that an allegation, in relation to their fostering activities, made against them or a member of their family results in legal proceedings being taken against them.

To be eligible to join the scheme you must be an up-to-date member of IFCA. If an event arises as a result of the insured person's activities as a foster carer, the policy covers the insured person's legal rights prior to the issue of proceedings when dealing with the Gardai and costs incurred as a result of being prosecuted in a court of criminal jurisdiction. Cover must have been in place on the date when the alleged incident occurred. The Insurers must be notified as soon as possible if the insured thinks there is a possibility that they may require legal representation; members should not contact a solicitor until they have spoken with the Insurers.

If the Insurers agree to start legal proceedings and it becomes mandatory for the insured person to be represented by a lawyer, the Insurers will engage a Solicitor to act on behalf of the insured person or, in some circumstances, may accept the appointment of a Solicitor known to the insured person. The limit of indemnity is €65,000.

Phone lines are manned by solicitors qualified to answer your queries from 9 – 5, Monday – Friday. Out of hours, the service is manned by a call centre that logs all calls and refers the relevant details to a duty solicitor who returns a call to the member within 2hrs.

This policy also gives foster carers access to a 24hr. Legal Advice Helpline and a Counselling Helpline that provide help on any issue; neither helpline is limited to fostering issues.

Private Medical Insurance:

All children in care are entitled to the General Medical Card however, if foster carers wish, they can include their foster child on their Private Medical Insurance Policy.

Travel Insurance:

If you are planning a holiday with your foster children there are a number of issues you need to consider.

Firstly you need to ensure you have permission to take the child(ren) on holidays with you, whether it be in Ireland or abroad you must have permission from the HSE, birth parents or guardians whichever is applicable. If travelling abroad you should have a letter from the HSE giving you permission to take the foster child(ren) out of the jurisdiction.

Second consideration is the need to ensure that medical costs incurred when abroad are covered. You can apply for a European Health Insurance Card for each person in your family (including foster children). As an Irish resident you are entitled to get healthcare through the public system in countries of the European Union (EU), European Economic Area (EEA) or Switzerland if you become ill or injured while on a temporary stay there.

You can apply for an EHIC through your local health office or online at: <http://www.hse.ie/eng/services/list/1/schemes/EHIC/>

Your third consideration should be travel insurance. If you want to provide insurance cover for your family against the cost of other medical expenses, assistance, cancellation, loss of personal property, personal liability, legal expenses, travel delay, personal accident, lost passport, missed departure, repatriation etc., you should take out a specific Travel Insurance Policy. There are various types of policies and cover available and you need to ensure you are fully covered as per your requirements before agreeing to purchase any policy. Some airlines include travel insurance option as part of the process of purchasing flights, most of us probably just ‘click’ on the option but how many of us read the terms and conditions before ‘clicking’ that button? Does the policy on offer cover all the options listed above or just your flights? If you have multi-trip policy through your bank, medical insurance company etc. does it cover everything you want, is it limited to specific areas/holidays? You need to read the policy fully to ensure all options you require are covered be it the policy offered by the airline or a specific insurance company.

Foster children – are they covered by Travel Insurance Policies?

Foster children are not always covered by the policy as they may not be included in the definition of family or close relative. You need to read the policy and if a foster child is not named on the policy discuss with the insurance company. This issue has been raised with Travel Insurance companies by IFCA and members in the past and fortunately, with the legalities of foster care having been brought to their attention, this situation has improved; many insurance companies now include foster children under the definition of family or close relative but it is still important that you check in advance of accepting the policy.

This is just a brief outline of the whole area of travel insurance, each family will have different circumstances and different needs, each insurance policy will have different benefits, exclusions etc.; you need to check who and what is actually covered by the policy you are considering so you and your extended family can have an enjoyable holiday free of insurance worries!

Juvenile Liaison Officer: (JLO)

The Children Act 2001 formally established Ireland’s Juvenile Diversion Programme. The aim of this programme is to prevent young offenders in Ireland from entering into the full criminal justice system by offering them a second chance. The intended outcome of the Programme is to divert young people from committing further offences. Where a young person comes to the notice of the Garda Síochána because of their criminal activity, they may be dealt with through the Diversion Programme.

The Programme facilitates young people who are under 17 years of age but can be extended to those under 18 years of age. Sections 17–51 of the Children Act 2001 set out the role and remit of the Juvenile Diversion Programme. Sections 123–127 of the Criminal Justice Act 2006 amended the 2001 Act in March 2007 to allow the programme cater for children who accept responsibility for their anti-social behaviour. While the 2006 Act raised the age of criminal responsibility to 12 years of age it also allowed the programme to cater for children aged 10 or 11 years.

The Juvenile Diversion Programme is administered by specially trained gardaí called Garda Juvenile Liaison Officers (JLO). These gardaí are specially trained to deal with young people and their families in relation to crime-prevention, the operation of the diversion programme and all other areas involving young people and the criminal justice system. Each Garda District in Ireland has a juvenile liaison office and it is their responsibility to maintain informal contacts with young people at risk and to liaise with teachers, Health Service Executive staff, school attendance officers and other gardaí in their local area.

How does the diversion programme work?

The idea behind the Juvenile Diversion Programme is to allow for young people who commit criminal offences to be dealt with by means of a *caution* instead of the formal process of charge and prosecution. A caution is a warning by the Garda Síochána against committing certain types of behaviour.

The child, where appropriate, is placed under the supervision of a JLO.

The programme allows for a conference(s) to be held which can mediate between the child and the victim, if appropriate, and draw up an action plan for the child.

Who decides whether a child should be admitted to the programme?

In advance of admission to the programme, a JLO is assigned to assess the suitability of the young person for inclusion in the programme. Before the young person is considered for admission, he/she must admit involvement in the offence. Following this assessment, a decision is then made as to whether or not to administer a caution.

It's important to note, the final decision as to whether or not a young person is cautioned lies not with the Garda Síochána, but instead with the Director of the National Juvenile Office. In cases, however, which involve serious crime, consent to issue a caution must first be obtained from the Director of Public Prosecutions. If the Director of Public Prosecutions decides a young person is not to be included in the Juvenile Diversion Programme because of the serious nature of the crime then, the young person is dealt with through the criminal justice system by way of charge and prosecution.

In carrying out an assessment for admission to the programme, the JLO consults with the young person's parents or guardians and may also consult with the victim. While the consent of the victim is not required for a caution to be made, the consent of the parent or guardian is normally required.

What conditions must be met for admission to the programme?

The Director of the National Juvenile Office decides whether or not a child is to be admitted to the programme once the preconditions have been met, except in cases of serious offences where the decision lies with the Director of Public Prosecutions as mentioned previously.

There are three basic criteria laid down which must be satisfied in order to be eligible for admission to the programme:

- The child must accept responsibility for his or her criminal behaviour.
- The child must consent to be cautioned and where appropriate, to be supervised by a juvenile liaison officer.
- The child must be of or over the age of criminal responsibility and under 18 years of age. Under the Criminal Justice Act 2006 children aged 10 or 11 are eligible for the programme.

The Director is obliged to direct a JLO to give notice in writing to the parents or guardian of a child who is admitted to the programme. This notice includes the type of criminal behaviour in respect of which a caution is to be given. It also states whether or not the caution is to be formal or informal. The parents or guardians are obliged to attend the cautioning process.

While the notice is to be given in writing the Director ensures the notice is given in language which can be understood by the parents or guardians and this may mean that the notice be given in the mother tongue of the parents or guardian. The notice shall also be available in Irish for children from Gaeltacht areas or whose first language is Irish.

Is there any protection for children participating in the programme?

Any child who has been admitted to the Garda Juvenile Diversion Programme is protected from prosecution for the criminal behaviour which resulted in his/her admission to the programme. Any acceptance by the child of responsibility for their criminal behaviour in respect of which they have been admitted to the programme will not be available in any civil or criminal proceedings against that child. However, under Section 126 of the Criminal Justice Act 2006, it may be used where a court is considering the sentence to be imposed in respect of an offence committed after admission to the programme.

The identity of any child who is either admitted to or considered for admission to the programme is not disclosed publicly. Any person who publishes or broadcasts such information is guilty of an offence.

Are there different types of caution?

Two types of caution may be given; formal or informal. The decision as to whether to administer a formal or informal caution is made by the Director of the Programme and will depend on the seriousness of the child's criminal behaviour.

How is a formal caution delivered?

The formal caution is given by a Garda inspector or more senior. Those present when the caution is delivered must include the child, the child's parents or guardian and a JLO. The Director of the Programme may also invite the victim of the crime to attend.

There is no specific format (that is, wording or procedure) for administering the caution. The officer who gives the caution, however, normally discusses the criminal behaviour and highlights to the child the seriousness of his/her actions. The child may be invited to apologise to the victim and where appropriate to make financial or other reparation to the victim. The formal caution normally takes place in a Garda Station to highlight the seriousness of the situation to the child.

How is an informal caution delivered?

The informal caution given for less serious criminal behaviour may be given at the child's home or in a Garda station. It is administered by a JLO. The only persons obliged to attend while the caution is being given are the parents or guardian of the child. There are no provisions for attendance of anybody other than the parents or guardians and the child.

Supervision: Who decides on the level of supervision?

Every child who receives a formal caution through the Garda Diversion Programme is placed under the supervision of a JLO for twelve months. The level of supervision is normally a matter decided by the JLO.

Section 28(2) of the Children Act 2001 sets out the various matters which must be considered in deciding the appropriate level of supervision. These include the:

- Seriousness of the child's behaviour
- Level of support given to, and the level of control of, the child by the parents or guardian
- Likelihood of the child committing further offences
- Directions from the Director regarding the appropriate level of supervision.

What does the supervision involve?

Supervision normally involves the JLO being pro-active in relation to the child's behaviour. It won't normally involve the child reporting to the JLO at specified times and allows the child the opportunity to return to his/her normal routine, without the intrusion of being forced to attend meetings on a regular basis.

It is important, however, for the child to realise his/her behaviour is being monitored for the period of supervision.

Supervision does not normally result from an informal caution. Only in exceptional circumstances does a supervision period of six months apply after an informal caution.

Conferences: What is a Juvenile Diversion Programme Conference?

A key part of the Garda Juvenile Diversion Programme is the facility to hold a meeting (or conference) to discuss the welfare of a child admitted to the programme. These conferences are established in law through Section 29 of the Children Act 2001.

The conference may mediate between the child and the victim (where appropriate) in accordance with the terms of the programme. Conferences also formulate an action plan for the child. They must uphold the concerns of the victim and have due regard to his or her interests.

Legislation

The State has unequivocal duties to children who are not receiving adequate care and protection. Such obligations arise from the Constitution of Ireland and are on a statutory footing in the form of the Child Care Act 1991. The duties to safeguard the welfare of children must, however, be met in a manner that respects the rights of the children themselves, their parents and the family unit as a whole. A difficult balance to achieve, Article 41 of the Constitution 'recognises the family as the natural primary and fundamental unit group of Society' and therefore 'guarantees to protect the Family in its constitution and authority'.

The Supreme Court has held that the welfare of the child is best served within the confines of the family unit and has endeavoured to protect this group from attack. Article 41.3.1 affords the family untrammelled protection: ‘The State pledges itself to guard with special care the institution of Marriage, on which the Family is founded, and to protect it against attack.’

The State’s responsibility to safeguard and promote the welfare of children whose parents fail in their duty falls to the Health Service Executive/ Child & Family Support Agency by virtue of the Child Care Act 1991. The Act confers both a statutory power and duty upon the HSE to protect children and to promote their welfare.

Child Care Act, 1991

The 1991 Act confers both a statutory power and duty upon the HSE to protect children and promote their welfare.

Section 3 of the Child Care Act, 1991 imposes an express statutory function on the HSE to identify children considered to be at risk, including those who are as yet unascertained.

3.-(1) it shall be a function of every health board to promote the welfare of children in its area who are not receiving adequate care and protection.

(2) In the performance of this function, a Health Board shall –

- (a) take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children in its area;
- (b) having regard to the rights and duties of parents, whether under the constitution or otherwise-
 - (i) regard the welfare of the child as the first and paramount consideration, and
 - (ii) in so far as is practicable, give due consideration, having regard to his age and understanding, to the wishes of the child; and
- (c) have regard to the principle that it is generally in the best interests of a child to be brought up in his own family

Child Care (Placement of Children in Foster Care) (Placement of Children with Relatives) Regulations, 1995.

The Child Care (Placement of Children in Foster Care) Regulations and the Child Care (Placement of Children with Relatives) Regulations 1995, outline the duties imposed on the HSE (Health Board) in relation to foster care. Section 4, ‘Welfare of child’, sets out the HSE’s responsibilities in relation to the child.

4. In any matter relating to –

- (a) the placing of a child in foster care, or
 - (b) the review of the case of a child in foster care,
 - (c) the removal of a child from foster care in accordance with these Regulations,
- a health board shall, having regard to the rights and duties of parents, whether under the Constitution or otherwise –
- (i) regard the welfare of the child as the first and paramount consideration, and

- (ii) in so far as is practicable, give due consideration, having regard to his or her age and understanding, to the wishes of the child.

National Standards for Foster Care, 2003

The National Standards for Foster Care, launched in 2003 were developed following the Report of the Working Group on Foster Care, 'Foster Care: A Child-Centred Partnership', in 2001 which highlighted concerns about the quality of foster care services provided in Ireland. The Standards were developed to promote a consistent quality of care in foster care services and it is against these standards that HIQA (Health Information and Quality Authority) inspects the service delivered by the HSE/C&FSA in the 26 counties.

For more information see National Standards page 52.

Life Story Work

It is important that children and young people have a good understanding of their background and foster carers can help this process by working with the child putting together a Life Story Book.

Some suggestions for the content of a child's Life Story Book:

- 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

Social workers also have a key role to play in life story work with children in care as they can talk to the child about the reasons for their admission to care and have access to social work files which are not available to other professionals or foster carers for confidentiality reasons.

Remember it takes time to gather information especially if there are gaps in a child's story; there can be a lack of photographs or documents from significant periods of the child's life. Life Story work can be painful for the child as it can bring up difficult memories. There may be situations where the child destroys the work already done so keeping copies of photos and information is important and should be agreed with the child at the start of the work.

Medical Card

Every child in care is entitled to a General Medical Card. A doctor's acceptance form has to be signed by the G.P and the form sent to the Central Application Unit or alternatively, application can be made online.

Medical Examinations

The National Standards for Foster Care, 2003, Standard 11.3 states that “Children undergo a medical and developmental examination on admission to care except where the health board is satisfied, having regard to available information and reports, that such an examination is unnecessary (*Child Care (Placement of Children in Foster Care) Regulations 1995, Part III, Article 6 (1)* and *Child Care (Placement of Children with Relatives) Regulations 1995, Part III, Article 7 (1)*)”.

If a child has not been medically assessed before placement the foster carer 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 the cost claimed back from the HSE.

See sections on **Health** and **First Aid & Medication** for more information.

Memorabilia Box

Some children will have items that are of great sentimental value to them, keeping them safe may be very important for the child’s identity and self-esteem. This can be done in the form of a Life Story Book or Memorabilia Box.

For more information see Life Story Work, page 49.

Missing From Care

Every child in care has an Absence Management Plan. This is a HSE Children and Family Services tool to assess risk of the event of a child going missing. It also informs carers of actions to be taken in the event of this occurring. The HSE Children and Family Services 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.

Division of Responsibilities:⁴ HSE Children and Family Services and its Agents

⁴ Children Missing from Care: A joint protocol between an Garda Síochána and the Health Service Executive Children and Family Services, 2012. Chapter 4; Division of Responsibilities

- 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 HSE Children and Family Services remains responsible for the child who is missing from care. The HSE Children and Family Services will determine, in collaboration with the Gardai, 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
- 4.7 The HSE Children and Family Services 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 HSE Children and Family Services and its agents to inform the Gardai of the **return** of the child.

Names

See *Changing a Child's Name*, page 19.

National Standards for Foster Care

The National Standards for Foster Care, launched in 2003 were developed following the Report of the Working Group on Foster Care, 'Foster Care: A Child-Centred Partnership', in 2001 which highlighted concerns about the quality of foster care services provided in Ireland. The Standards were developed to promote a consistent quality of care in foster care services and it is against these standards that HIQA (Health Information and Quality Authority) inspects the service delivered by the HSE/C&FSA in the 26 counties.

Summary of the National Standards for Foster Care, 2003:

SECTION ONE

THE CHILDREN AND YOUNG PEOPLE

1. Positive sense of identity

Children and young people are provided with foster care services that promote a positive sense of identity for them.

2. Family and friends

Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.

3. Children's rights

Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner,

and have their views, including complaints, heard when decisions are made which affect them or the care they receive.

4. Valuing diversity

Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.

5. The child and family social worker

There is a designated social worker for each child and young person in foster care.

6. Assessment of children and young people

An assessment of the child's or young person's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.

7. Care planning and review

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

8. Matching carers with children and young people

Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people.

9. A safe and positive environment

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

10. Safeguarding and child protection

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

11. Health and development

The health and developmental needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development.

12. Education

The educational needs of children and young people in foster care are given high priority and they are encouraged to attain their full potential. Education is understood to include the development of social and life skills.

13. Preparation for leaving care and adult life

Children and young people in foster care are helped to develop the skills, knowledge and competence necessary for adult living. They are given support and guidance to help them attain independence on leaving care.

SECTION TWO

THE FOSTER CARERS

14. Assessment and approval of foster carers

14a. Assessment and approval of non-relative foster carers

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board prior to any child or young person being placed with them.

14b. Assessment and approval of relative foster carers

Relatives who apply, or are requested to apply, to care for a child or young person under Section 36 (1) (d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board.

15. Supervision and support

Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high quality care.

16. Training

Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.

17. Reviews of foster carers

Foster carers participate in regular reviews of their continuing capacity to provide high quality care and to assist with the identification of gaps in the fostering service.

SECTION THREE

THE HEALTH BOARDS

18. Effective policies

Health boards have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.

19. Management and monitoring of foster care services

Health boards have effective structures in place for the management and monitoring of foster care services.

20. Training and qualifications

Health boards ensure that the staff employed to work with children and young people, their families and foster carers are professionally qualified and suitably trained.

21. Recruitment and retention of an appropriate range of foster carers

Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

22. Special foster care

Health boards provide for a special foster care service for children and young people with serious behavioural difficulties.

23. The foster care committee

Health boards have foster care committees to make recommendations regarding foster care applications and to approve long-term placements. The committees contribute to the development of health boards' policies, procedures and practice.

24. Placement of children through non-statutory agencies

Health boards placing children or young people with a foster carer through a non-statutory agency are responsible for satisfying themselves that the statutory requirements are met and that the children or young people receive a high quality service.

25. Representations and complaints

Health boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.

Ombudsman for Children

The Ombudsman for Children's Office (OCO) was set up to make sure that the government and other people who make decisions about young people really think about what is best for young people.

Role of the OCO is set out in the Ombudsman for Children Act 2002.

The main areas of work of the OCO are:

- Independent complaints handling
- Communication & Participation
- Research & Policy

This means that the OCO can:

- Support people, including children and young people, to find out more about children's and young people's rights;
- Find out what's important to young people and let the Government and others know what matters to young people themselves;
- Carry out research to get a better understanding about what is really important in children's and young people's lives;
- Give advice to the Government and others about doing what's best for children and young people;
- Receive and, where possible, look into complaints made by young people or by adults on young people's behalf.

Emily Logan is the current Ombudsman for Children.

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 his or her 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, i.e. guardianship.

Passports

See *Holidays* on page 41

Pets

Foster carers who have a dog which comes under the Control of Dogs Legislation 1991, must submit a declaration to show that they will exercise proper precautions in the interest of safe care of children placed in foster care. Applicants are requested to complete a questionnaire on Pet Care which applies to dogs and other animals in their care. This is presented for consideration by the Foster Care Committee as part of their assessment.

Placement Plan

A Placement Plan outlines the plan for the child/young person in care, it is the 'action' plan agreed at the Child in Care Review.

For more information see Care Plan, page 16.

Pocket Money

It is recognised that each child is different and each foster parent has differing views on pocket money.

While it is respected that pocket money may not be a practice in certain families the HSE Child and Family Services advises that children over 12 are given some pocket money. This is to teach them the value of money and to encourage saving for personal items. If there are any queries or concerns about this issue, they should be discussed with the Child's social worker or the fostering link worker.

The HSE Child & Family Services expects that in relation to pocket money, as in all other areas of the child's life, foster children are treated the same as the foster carer's birth children.

Policies & Procedures

IFCA Policies & Procedures – please contact the IFCA office for list of same or copy of specific document.

Private Fostering Agencies

There are a number of private fostering agencies in Ireland. Private fostering agencies work in partnership with the HSE to place children and young people with fostering families registered with them. All private fostering agencies must have a Service Level Agreement with the HSE prior to placing any children in its service. Monitoring of placements is the responsibility of the HSE social worker from the area from which the child is placed. All foster carers recruited by private fostering agencies must be approved by a HSE fostering committee.

Racism

Each individual will have a different understanding, awareness, experience and attitude about racism. However, as foster carers 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 from Black and Minority Ethnic Communities.

It is important to understand what exactly constitutes racism and similarly the understanding of labels associated with Black people. It is equally important to appreciate that each Black person 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.

Foster carers and HSE staff send powerful messages about how to treat people who are different and marginalised. In this context, staff must act as positive role models to young people, if the placement embraces difference as positive and enriching, young people will take their cue from staff and carers on this. Foster carers views on racism will be explored during the assessment process.

Records (see Files/Records)

Religion

It is important for a child's identity and possible reunification with his/her birth family that a child's religious practices and beliefs are maintained during a period of separation from their birth family. Foster carers cannot change a child's religion and should encourage religious practice where this has been previously established.

Although you may not have strong religious convictions yourself, the foster child or his/her birth family may have. Under these circumstances it is part of your role to encourage the child placed with you to practice his/her 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. Any religious practice issues should be covered pre-placement. If you remain unsure about a child's religious practice contact your link worker.

Ireland has embraced to a large degree the multicultural aspects of all nationalities that have decided to secure residency in our country. This has had in some cases a knock on situation to the Foster parent with respect to religion. The rights to determine religion is one of the rights all natural parents retain. In many cases parents do not express a strong preference, but when they do, this must be respected in the choice of family for the young person in care and perhaps special arrangements may have to be implemented by the HSE to accommodate these special needs and cultural differences. These needs should be determined at the time of the child's placement rather than at a later date.

Relationships

Belonging is extremely important to a teenager. They have a need to belong to a group and be accepted by them. They will be particularly concerned about the opinions, attitudes and feelings of friends rather than parents. Close friendships help the adolescent deal with his/her own complex feelings and those of others.

The adolescent who is ill at ease, lacks self-confidence and reacts with timidity, nervousness and withdrawal or by being overly aggressive will court rejection by their peers.

Similarly the adolescent who is self-centred and unable or unwilling to perceive and act to meet the needs of others, who is sarcastic, tactless, inconsiderate and contributes little to the success of group efforts will receive little consideration in return. The unpopular teenager will perhaps end up being isolated by his/her peers which can lead to difficult times for the child and the foster carer and understanding peer pressure issues are an

important aspect of caring for a teenager.

Reviews

There are three different formal reviews in which foster carers may be involved, the foster carer's reviews, the child's review and a disruption review/placement assessment.

The foster carer's review

A foster carer review is held one year after the first placement and then every three years thereafter. 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. Reviews can be held more frequently if there are concerns or significant changes in a foster care's circumstances.

The foster carer's link 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.

A foster carer's review is an opportunity for the carer to discuss any issues which may be of concern to them or to celebrate achievements that may have occurred over the last year; foster carers should think carefully about the issues they would wish to raise. It is an opportunity to comment upon the support received from the fostering service and the child's social worker; these comments can be put in writing to the review. Carers can also discuss their approval status and any changes to placement patterns or age range of children cared for.

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 there has been a disruption in placement or an allegation made against the carer a review will be carried out to assess the impact the event and/or subsequent investigation has had on the carers and to evaluate their ability to continue fostering. Again it is important that foster carers' are fully engaged with the review process and ensure their views are recorded in the final report that goes to the Foster Care Committee. If it is decided that the foster carers are no longer suitable it will be discussed with the carers and the reasons for terminating the agreement will be explained. Where there is a disagreement an appeal's procedure is available.

The foster child's review

The foster child's review is part of a continuing planning process. It is an opportunity to examine the child's Care Plan, assess the progress made in implementing the Plan 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 parents, the foster carers, school teachers, the child's social worker, Team Leader 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 link worker is aware that a review is being planned. The review should seek a wide range of views on all aspects of the child's welfare, health and education needs, etc. The contents of the review are recorded in writing. The first review should take place *'(a) at intervals not exceeding six months during the period of two years commencing on the date on which the child was placed with the foster parents (the first review to be carried out within two months of that date), and*

(b) thereafter not less than once in each calendar year'. This is a minimal requirement as per the Child Care (Placement of Children in Foster Care) Regulations, 1995; 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.

Prior to the review being held, various review forms are distributed to be filled in by the foster carers, the child, school and any other agencies that may have a direct impact on the well-being of the child. On occasion the written reviews are read out at the meeting. A set of minutes of the meeting should be forwarded to each person for their records some weeks later.

Respite

These guidelines apply to:

- Respite from home where child protection and welfare concerns exist.
- Respite from care in relation to children in general foster care and in care with relatives under Section 36 of the Child Care Act (1991)
- Respite from residential care (to experience family life)

Respite should not to be confused with normal family situations such as baby sitting or weekends away where carers leave a child with a family member.

Definition of Respite Care:

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'.

It is acknowledged that respite care can play an invaluable role in supporting children to remain at home and in preventing placement breakdown. It provides children and carers with support in particularly difficult circumstances.

Respite is not a 'right' for the foster carer but must form part of the child's care plan. It is acknowledged that respite can be provided on an emergency basis. All respite agreement must be signed off at team leader level.

It is expected that foster children will accompany their carers on family holidays save in exceptional circumstances, giving recognition to the needs of the foster child. It is vital that assessing social workers inform applicants of the need for full family inclusion for foster children which encompasses taking them on holidays unless it is agreed at care planning or reviews that an exception can be made in the child's interest.

It is the responsibility of the child and family social worker to ensure that children and young people are informed about circumstances in which they will be sent to respite carers.

"Young people may not always be given a choice about going on respite, especially in emergency situations. However, their feedback indicates a clear need for information, preparation and reassurance about where they are going and when they will be returning".

Consultation with young people on respite care. 2007 IAYPIC (EPIC)

Underlying Principles:

- Respite care for children in care needs to form part of the child's care plan to ensure respites are in the best interests of the child and that they are never used as

a punitive measure. Its purpose will be explained to the child in order to assist him/her to gain most benefit from it.

- When respites are arranged on a planned basis the young person and the respite carer should be afforded an opportunity to meet prior to respite taking place where possible.
- All relevant information on the child will be given to the respite carer to assist their understanding of the child and their response to meeting the child's needs. See document on child's details for respite template
- Where possible, respites that occur on a regular basis should be provided by the same carer in order to provide continuity for the child.
- The purpose of the respite should be reviewed as part of the child care review on a regular basis to ensure that it is meeting the foster child's needs.

Rights & Responsibilities of foster carers

Foster carers have the RIGHT:

- To be treated with dignity, consideration and respect by HSE staff
- To a supportive relationship from the HSE
- To feel safe in their role as a foster carer
- To be trained in the foster carer role as members of a team
- To give input into the decisions regarding the child in their care and to be treated as a member of the team in developing care plans for the child
- To a clear explanation or description of their role as a foster carer and the role of the child's family and the HSE
- To receive pertinent information about the child in their care
- To continue their own family patterns and traditions
- To refuse to accept a child into their family if they feel they cannot meet the needs of the child or the placement will affect the well-being of the family
- To be notified, in advance, of any Court action, Case Conference or Review concerning a child in their care, to be present where appropriate and to be have the final outcome communicated
- To be included in the permanency consideration, including aftercare, for the child who is in foster care.

The RESPONSIBILITY:

- To advocate for children in their care
- To respect a child's biological family, traditions, culture and values
- To gain further knowledge and expertise regarding the care of a child in care by attending on-going training
- Of all to work cooperatively as members of the child's team and
- To ensure the child's health and safety needs are met.

Safe Care

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 practise 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.

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 should be in an appropriate child or booster seat. Older children must wear seat belts. It is usually a good idea to put young people in care in the back of a car.
- 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.

Babysitting:

See page 12.

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 an appropriate contact. This needs to be child - led.

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, 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.

Adult males in the foster home should try to ensure they are not left alone with a foster child. If driving your foster child, always try to ensure another child or adult travels with you.

For further information see IFCA Safe Care Booklet.

Safety First

Every year more than a million children are taken to A&E due to accidents that occur with in the home. Many more are treated at home or visit their GP after an accident at home. Many of these incidents and injuries could have been avoided.

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 very small gaps and may trap themselves. 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 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 and open fires present a significant hazard. Carers should at all times 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.

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. It is not safe or appropriate for older children to supervise a younger sibling whilst taking a bath. Supervision must be provided by the carer or a nominated responsible adult person.

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, experiment and explore the world they live in and carers should seek to encourage this natural curiosity and desire to learn. Responsible adult 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.

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

Savings

Some foster parents/carers want to save money during the foster placement to help the child financially when they reach 18 years of age. There is no obligation on foster carers to save for children in their care.

Carers should discuss with the bank or Credit Union the legal aspects regarding ownership and signatories of any saving account prior to opening one.

Sexuality

Sexuality can be an emotive area for some people and attitudes are often characterised by the use of stereotypes. Many people make different choices about their partners, often in the face of considerable prejudice and hostility. Happiness for all of us depends upon being accepted for who we are and this includes our sexuality and choices we make regarding our partners. It is not acceptable for foster carers to demonstrate prejudice in respect of sexuality as developing sexuality in adolescence can be a confusing and difficult time for many young people.

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.

If as a carer, you need advice or support you should contact your link worker.

Smoking

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.

The HSE Child and Family Service requires foster carers to provide a smoke-free environment for all children in care.

Social Welfare Payments

Receipt of the foster care allowance does not impact on social welfare payments. A foster carer on social welfare payments is entitled to claim the child dependent amount relevant to the payment.

The fostering allowance is not reckonable income for most housing benefits or rent allowance.

Some foster carers may qualify for Family Income Support (FIS). *(See Department of Social Protection website for more information)*

Social Workers

Each child or young person in the care of the HSE has an allocated social worker as required by the national standards for foster care and residential care

The social work role includes:

- Ensuring compliance with statutory requirements, regulations and standards.
- Ensuring that the welfare of the children is promoted and that they are protected from abuse.
- Ensuring that children in care understand the safeguarding role of the social worker who is allocated to them.
- Arranging and carrying out assessments.
- Drawing up care plans and ensuring decisions are implemented as per targets / timelines set.
- Placing children in appropriate alternative care that matches their assessed need.
- Arranging care plan reviews and ensuring decisions are implemented.
- Ensuring the voice of the child is clearly heard throughout the care planning and placement planning process.
- Ensuring that the views of families are taken into account and that they are supported to participate in the care planning process.
- Visiting children in their alternative care placements best practice indicate should be within the first week of placement but at a minimum, within the first month, then at least every three months during the first two years of placement and at intervals not exceeding six months thereafter. Social worker's should meet with children in private at each of these visits as outlined by the Child Care (Placement of Children in Foster Care) and (Placement of Children with Relatives) Regulations 1995, and the Residential Care Regulations 1994. Working in partnership with families to maintain links and facilitate access where this is in the best interests of the children.
- Taking appropriate action in response to significant events and keep carers/families and guardian ad litem's informed where appropriate.
- Ensuring access to specialist services. Some children have a range of complex needs that demand a multi-agency and inter-disciplinary response. In such cases a meeting should be convened with all relevant agencies and professionals to agree how these needs are going to be met.
- Coordinating the input of other professionals and agencies.
- Keeping an up-to-date case file in respect of each child. ■
- Ensuring that children and young people understand their rights in relation to making complaints, accessing their files and being listened to.
- Establishing working relationships with significant people in the child's life, e.g. foster carers, relative carers, key worker, fostering link worker, and residential manager.
- Ensuring that young people are treated with respect and dignity at all times.

Role of the Link Social Worker:

The fostering social worker (Link worker) is the social worker with responsibility for carrying out the assessment of general and relative care applicants, delivering pre and post placement training and who has responsibility for the on-going supervision and support of carers post approval.

Standard 15 of the National Standards for Foster Care, 2003 lists the responsibilities of link workers as including:

- organising training;
- providing regular supervision and support for foster carers and their children;

- ensuring that foster carers understand, accept and operate within all relevant standards, policies and guidance of the health board;
- ensuring that foster carers receive all relevant information and advice about the children including: background history, health, education, cultural, ethnic, religious, and sexual development issues, vulnerabilities and risks, and information regarding neglect or abuse the children may have suffered;
- providing foster carers with specific written information on, and explanations of, health board procedures should a complaint or allegation be made against them and the supports available in such an event;
- providing foster carers with specific written information on health board procedures to be followed should a child go missing from their care;
- ensuring that counselling is available to foster carers and their children where a placement breakdown has occurred, or after other critical events.

Role of the Team Leader:

The team leader is responsible for managing the team assigned to them and ensuring that statutory requirements in relation to children in care and / or carers are met.

Duties and responsibilities:

- Quality assurance of the work of the team.
- Overseeing the work of social workers in meeting the statutory requirements including care planning, child in care reviews, visiting of children, facilitation of reasonable access, assessments of carers, training, and provision of link social work services as relevant. The role of the social worker for children in care and their families is outlined in Standard 5 of the National Standards for Foster Care. The responsibilities of the Link Worker are outline in Standard 15.3 of the National Standards for Foster Care.
- Management of caseloads of children and carers.
- Reporting to the PSW on the need to know issues within the team.
- Supervision of social workers and other workers as appropriate on the team including advice and support when necessary.
- Ensuring children's views are heard and recorded in their case files by the social workers.
- Monitoring case recording and carrying out file audits when required.
- Available for consultation with staff.
- Responding to complaints and allegations.

Role of the Principal Social Worker:

The Principal Social Worker is responsible for effectively managing social work practice in accordance with childcare legislation, standards, HSE policies and procedures as well as overseeing the delivery of a high quality service for children, families and carers within their department

Duties and responsibilities:

- To maintain an overview of the provision of services to children in alternative care, birth families and carers.
- Ensuring roles and responsibilities of all staff on their team are understood by all relevant parties.
- Supervision of Team Leaders including advice and support when needed.
- To provide relevant up to date information on the child in care and fostering services in the area.
- Promoting a culture of participation by children and young people in the service.

- Working in regional and local management fora to ensure the strengths, needs and gaps of the service are clearly identified.
- Liaison with other agencies including formal liaison with the Gardai, as required.
- Contributing to policy formulation.
- Responding to complaints and allegations.

All staff working with children in care, their families and carers should have:

- An ability to work with children and adults within the child care service.
- An ability to work as part of a team.
- A good working knowledge of legislation, standards and HSE policies and procedures.
- A willingness to keep up to date with current professional knowledge and current theory and practice in their relevant field of work.
- Good organizational skills and administrative ability including report writing skills.

It is essential that fostering link workers and child and family social workers work collaboratively in children's interests. The child and family worker has overall responsibility for the child in care and the link worker supports and supervises the carer to provide good enough care. Their common responsibility lies in promoting the children's best interests and ensuring that their lives in care adequately respond to their identified needs which led to admission.

Special Needs

'Special needs' is a term used in clinical diagnostic and functional development to describe individuals who require assistance for disabilities that may be medical, mental, or psychological. People with autism, Down syndrome, dyslexia, blindness, ADHD, or cystic fibrosis, for example, may be considered to have special needs. Special needs can also refer to special needs within an educational context. Children in care may have special needs. It is vital that foster carers are made aware, in advance of placement if a child being placed with them has or could have special needs so the carer can make an informed decision as to their capability to meet the needs of the child.

Children with severe special needs should be referred to relevant services at the earliest possible stage to ensure they are connected with services that will support them into adulthood. Generally there are no additional allowances available if you are fostering a child with special needs unless the child requires special equipment due to their needs; this would be negotiated with the HSE on a case by case scenario.

Supervised Access

See section on Access on page 5.

At all times where supervision of access is required this is the responsibility of the child and family social worker, child care worker or access worker.

Note: It is not the role or responsibility of the foster carer to supervise access.

Support Groups

The HSE facilitates support groups in many areas. The purpose of a support group is to allow carers discuss issues/concerns in a safe environment, to receive peer support from other carers in their area and the social workers facilitating the group.

Supported Lodgings

Supported Lodgings is the provision of accommodation, support and a family setting to young people who cannot live at home, but are not ready to live independently. The provider of Supported Lodgings will work in partnership with the young person and the young person's social worker, in preparing them for independent living at a future date.

Supported Lodgings should only be considered for young people, aged 16 and above, who are deemed, through a thorough assessment process capable of living independently without a full range of supports. Children under 15 are not to be accommodated in supported lodgings. As each young person in Supported Lodgings will be in the care of the Health Service Executive, they will be subject to the normal care planning and review processes. Supported Lodging assessment reports are therefore required to be presented to the foster care committee for approval as it is a form of foster care for young people in care.

Tax

The fostering allowance is not reckonable income for the purpose of income tax (as per Section 11, Finance Act 2005. The Foster Care Allowance includes the Clothing and Footwear Allowance. (Back to school allowance).

Third Level Education

If a foster child continues to third level education they will be supported by the HSE up to the age of 23yrs. All children in care will be eligible for the Third Level Grant; applications for same are made through SUSI (Student Universal Support Ireland). When the young person is registering their application on SUSI they should click on the 'Estrangement' box when details of parent/guardians is sought to ensure details of their foster carers' income is not requested. Young people in care with medical cards will be exempt from fees when signing up to do a PLC course.

If the young person continues to live in their foster home while in third level education an aftercare/education allowance will be paid; it will be divided between the carers and the young person with the young person's allowance being reduced by the grant received and the carers receiving the bulk of the allowance to provide accommodation etc. for the young person.

Young people doing apprenticeships will also be supported through their apprenticeship with similar rules applying in relation to the aftercare/education allowance.

Training

See above **Third Level Education**.

Ward of Court

When a child is made a Ward of Court, all matters affecting the child's upbringing becomes the responsibility of the court. The court determines matters such as the child's residence, education, maintenance, holidays etc. A Third Party, usually the Health Service Executive will seek custody of a child against a parent or parents, or seek to obtain protection for a child against the actions of a parent, by bringing wardship proceedings in the Circuit or High Court.

Wills

See **Inheritance** *Page 42*.