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Professional Discussion/ Questions Workbook Record

Foster carer/Staff member's Name:

Assessor/Trainer/Tutor's Name:

Areas to be covered by the discussion

Areas to be covered by the discussion	Units	
Understand requirements for health, safety and risk management in fostering services settings for children and young people	1	1.1 Summarise key points of the legislative framework for health, safety and risk management in foster care settings for children and young people 1.2 Explain how current health and safety legislation, policies and procedures are implemented in the work setting 1.3 Explain how health and safety is monitored and maintained in the work setting 1.4 Explain how people in the work setting are made aware of risks and hazards and encouraged to work safely
Be able to support children and young people to manage risk	2	2.1 Analyse the value of risk and challenge for a child or young person's development and enjoyment of life 2.2 Explain why it is important to take an approach to risk that avoids both excessive risk-taking and excessive risk aversion 2.3 Work with children or young people and others to establish shared agreement on how to manage risks 2.4 Support children or young people to manage risk in their own lives, considering their age, abilities, needs and stage of development 2.5 Describe potential conflicts between the rights and choices of children and young people and legal requirements for health and safety and well-being
Be able to manage risks to health, safety and security	3	3.1 Describe factors to consider- ensuring the living environment is healthy and safe 3.2 Undertake health and safety risk assessments 3.3 Use the recommendations of risk assessments to manage hazards: within the work setting in off site visits 3.4 Explain how health and safety risk assessments are monitored and reviewed
Understand how to respond to accidents, incidents, emergencies and illness in fostering services settings	4	4.1 Explain the policies and procedures to follow in response to: accidents incidents injuries illness other emergencies 4.2 Describe the procedures for recording and reporting: accidents incidents injuries illness other emergencies

1. What is a risk assessment and what's involved?
• Is there a difference between an assessment of needs and a risk assessment?

Explain how current health and safety legislation, policies and procedures are implemented in your fostering setting

3. Explain how health and safety risk assessments are monitored and reviewed

4. Explain how the sample risk assessment policy would support a foster carer response to:
• accidents • incidents • injuries • illness • other emergencies?

Risk Assessment Case study exercise©

Barbara and Bradley

Barbara Marley and Bradley Murray have been foster carers for over ten years. They have lived together for the past 13 years and have 2 children, Carol aged 12 and Michael, aged 6 years.

Barbara works full-time as a project leader at a youth centre. Bradley is at home full time. Bradley was a painter decorator but gave this up when Michael was born so that Barbara could return to work soon after giving birth.

Carol is known to be doing very well at school, whilst Michael has a statement for dyspraxia, some developmental delays, and some behavioural concerns. Michael has been bullied at school, and for a while Barbara took time out of work to act as a classroom helper to make Michael feel more secure at school. Bradley is also on the Parents Teacher Association.

Some of tensions about Michael's circumstances have had a slight impact on the couple's relationship.

Fostered children Leon, aged 10 and John, aged 4, presently live with the fostering family. The fostered children share a bedroom. John is a very active child; he attends nursery and has contact 3 times a week with various family members. John also has severe eczema and is very attached to Bradley. John's social worker has linked John's very close attachment to Bradley with the relationship John had with his previous main caregiver (his father). John's father died 2 years ago.

Leon has been having difficulties at school. He has been excluded on several occasions, for what teachers describe as his rude behaviour to them and his peers, as well as refusing to do his classroom work, and being disruptive in class.

Leon has said to his social worker that he feels that his carers are always watching him, because they think he may hit the other children who live in the fostering household. Before Leon moved in with the carers, some 3 years ago, his mother accused him of hitting his younger brother, Moses. Leon's younger brother (Moses) is living with his mother.

The foster carers' yearly annual review is a couple of months away and in preparation for their review they have told Andrea, their supervising social worker that they have an excellent working relationship with her and her support is very useful. However, whilst Bradley has met his personal development targets –Barbara has not attended any training and development events related to fostering over the past year.

In addition to this Leon's social worker stated that when she visited the fostering household (three months ago) the bathroom in the fostering household has tiles missing from the wall. The social worker has also recorded that the bathroom floor and walls are dirty and promote poor standards of hygiene. This social worker said that Leon's bedroom could benefit from being redecorated. Since this complaint the foster carers have upgraded the bathroom toilet, basin and bath suite and the bathroom has been tiled.

Tasks

Using the course example risk assessment policy and supporting appendices attempt the appropriate risk assessment for each child in placement?

What are the risk assessment issues specifically related to fostering household members?

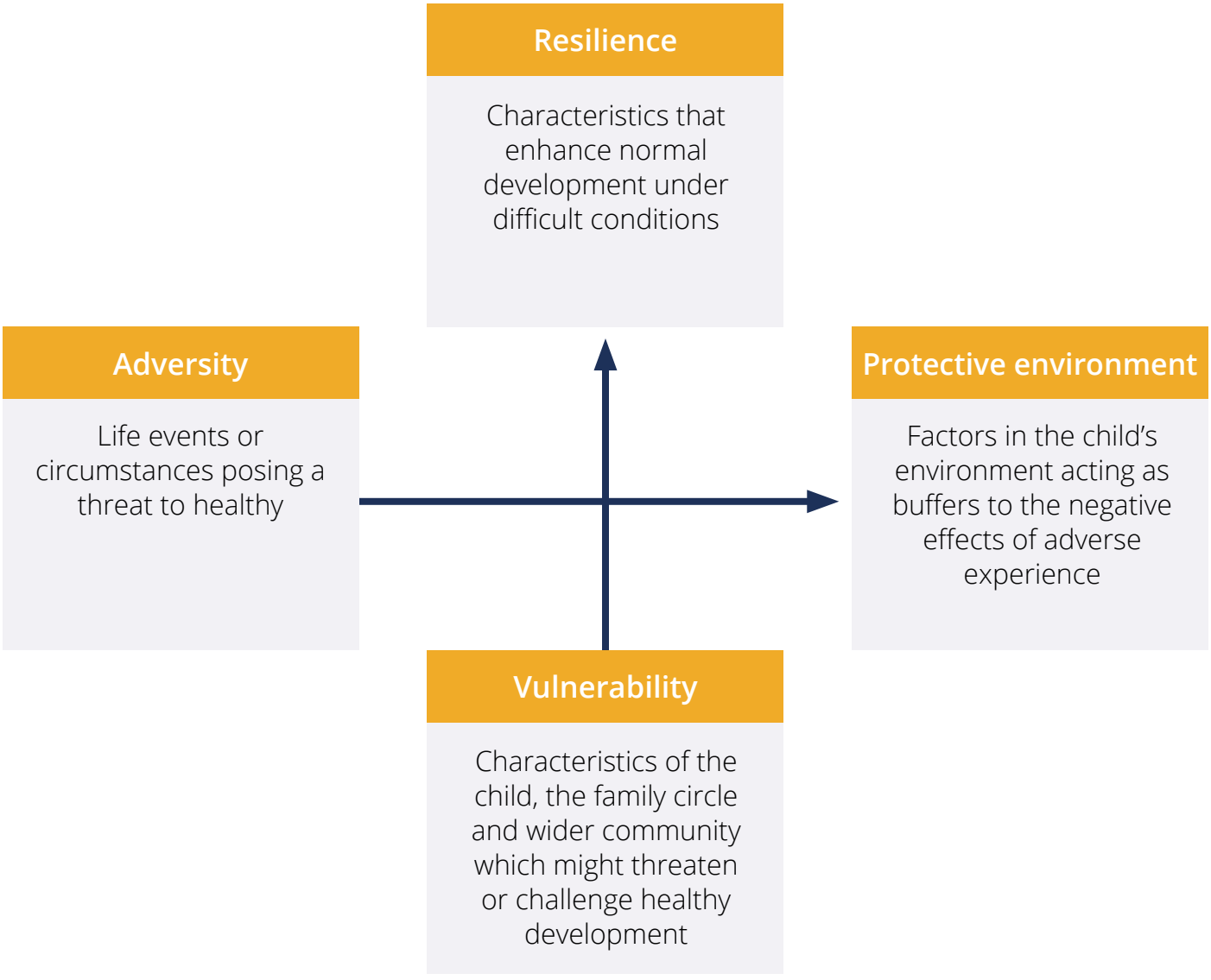
Assessor/Trainer/tutor/ Supervising Social Worker signature		Date	

Assessing risk and resilience factors

The Resilience Matrix, developed by Daniel and Wassell1 provides practitioners with a framework to begin to weigh up the particular risks against protective factors. The Matrix enables practitioners to weigh up the strengths and risks already identified from the Common Assessment Framework and any other specialist assessments.

The Matrix is used to assist practitioners in making sense of the relationship between the child's vulnerability or resilience and the world around them, which in turn may highlight areas of risk requiring more comprehensive or specialist assessment and analysis. The Matrix can be used to examine and weigh factors in relation to:

- Vulnerability and unmet needs.
- Adversity.
- Strengths or protective factors.
- Resilience.



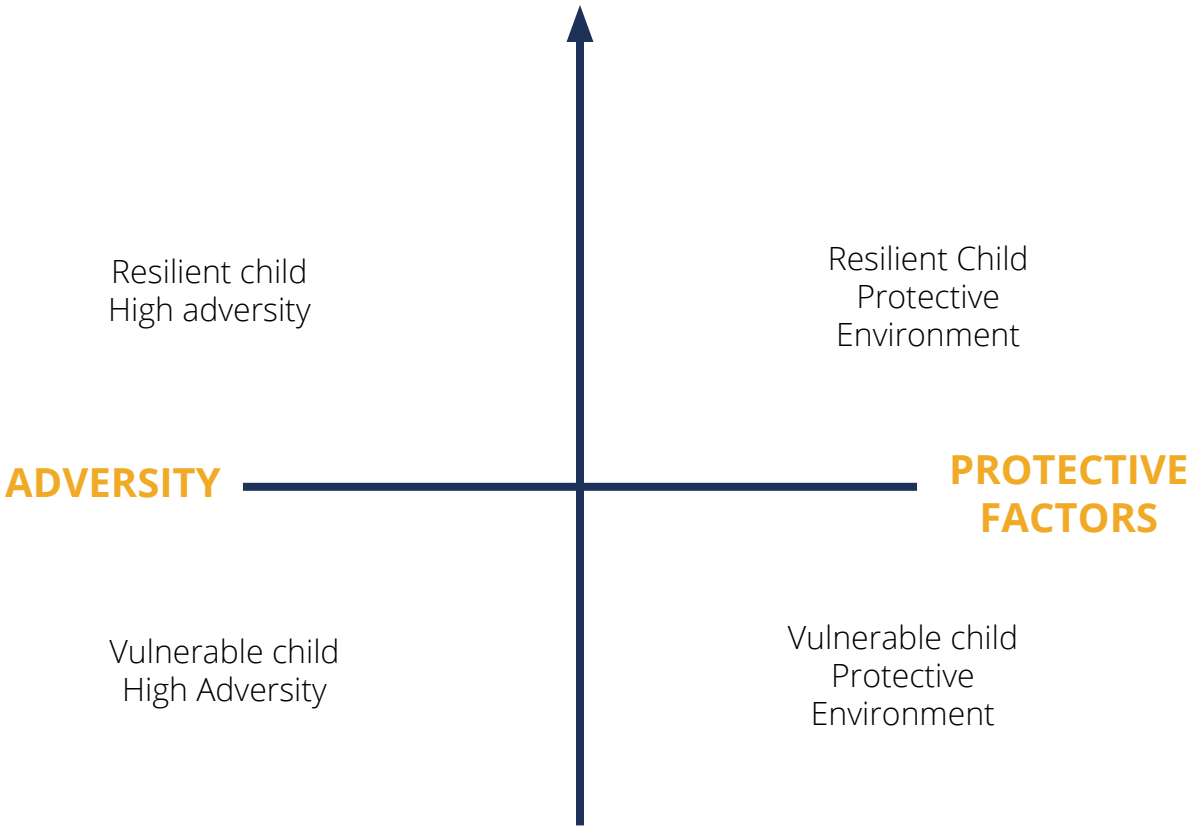
[1] Daniel and Wassell, (2002) Assessing and Promoting Resilience in Vulnerable Children Vols. 1, 2 & 3, London & Philadelphia, Jessica Kingsley Publishers Ltd. See also: Daniel, B., Wassell, S. and Gilligan, R. (1999) Child Development for Child Care and Child Protection Workers, London and Philadelphia, Jessica Kingsley Publishers Ltd.

Variables
- Timing & age
- Multiple adversities
- Cumulative protective factors
- Pathways
- Turning points
- A sense of belonging

RESILIENCE

- Good attachment
- Good self-esteem
- Sociability
- High IQ
- Flexible temperament
- Problem solving skills
- Positive parenting
- Attractive

Intervention
- Strengthen protective factors and resilience
- Reduce problems and address vulnerabilities
- Achieve initial small improvements



Adversity
- Life events/crisis
- Illness loss bereavement
- Separation/family breakdown
- Domestic violence
- Asylum seeking status
- Serious parental difficulties e.g.: drug abuse/alcohol misuse
- Parental mental illness

VULNERABILITY

- Poor attachment
- Minority status
- Young age
- Disability
- History of abuse
- Innate characteristics in child/ family that threaten / challenge development
- A loner/isolation
- Institutional care
- Early childhood trauma
- Communication differences
- Inconsistent/neglectful care

Protective Factors
- Good school experience
- One supportive adult
- Special help with behavioural problems
- Community networks
- Leisure activities
- Talents and interests

Gordon, R. et al, (2000) The Child's World Training & Development Pack, NSPCC

Risk and resilience factors identified by research literature

Resilience

- Good attachment
- Good self-esteem/positive outlook
- Goals and aspirations
- Sociability. Social networks outside the family. Belonging to organised, out of school activities
- Peer acceptance and friendship
- High IQ (attainment as proxy)
- Good school experience
- Regular attendance at school
- Flexible temperament
- Problem solving skills
- Positive parenting
- Leisure activities
- Talents and interests
- Cognitive ability to rationalise drug/alcohol problems in terms of illness
- Being taught different ways of coping and being sufficiently confident to know what to do when parents are incapacitated
- An ability to separate, either psychologically or physically from the stressful situation

Protective environment

- One consistent supportive adult
- A mentor or trusted adult with whom the child is able to discuss sensitive issues
- Supportive older sibling
- Special help with behavioural problems
- Community networks
- Sympathetic, empathic and vigilant teachers
- Sufficient income support and good physical standards in the home
- Practical and domestic help
- Regular, long-term support for the family from services
- Parent acknowledges the difficulties and is able to access and accept treatment
- An alternative, safe and supportive residence for mothers subject to violence and the threat of violence
- Regular medical and dental checks including school medicals
- Factual information about puberty, sex and contraception

Adversity

- Life events/crisis
- Illness/loss/bereavement
- Separation/family breakdown
- Domestic violence
- Asylum seeking status
- Serious parental difficulties e.g. drug abuse/alcohol misuse
- Parental mental illness
- Bullied

Vulnerability

- Poor attachment
- Young age (under 6)
- History of abuse
- Innate characteristics in child/family that threaten/challenge development
- A loner/isolation
- Institutional care
- Early childhood trauma
- Communication differences/problems
- Inconsistent/neglectful care
- Physical disability/learning disability/ behavioural problems
- Perceptions of provocative behaviour by child
- Powerless (highly dependant and susceptible to others)
- Defenceless (unable to defend self against aggression)
- Non assertive/passive

Poor home environments may impact on outcomes for children

The Department of Health framework for assessing children in need and their families (2000), using Davis CE, Hutt S J, Vincent E & Mason (1984). The young child at home, Home condition assessment provides a useful concern indicator scale that indicates the following home conditions as potential health risks:

- Smell (eg. stale cigarette smoke, rotting food)
- Kitchen floor soiled, covered in bits, crumbs etc
- Floor covering in any room soiled as above
- General decorative order poor-obviously in need of attention (e.g. badly stained wall paper, broken windows)
- Kitchen sink, draining board, work surfaces or cupboard door have not been washed for a considerable period of time
- Other surfaces in the house have not been dusted for a considerable amount of time
- Cooking implements, cutlery or crockery showing ingrained dirt and these items remain unwashed until they are needed again
- Lavatory, bath or basin showing ingrained dirt
- Furnishings or furniture soiled
- Informant's or children's, clothing unwashed, or matted and un-brushed
- Garden or yard uncared for and strewn with rubbish