

Safe Care Plan

In accordance with the Fostering Services Regulations 2011 and National Minimum Standards 2011

- Household policy
- Child/young person's individual policy

Name of Carers:

Name of child/young person:

Objective:

'Children feel safe and are safe'

- 1. Baby sitting arrangements:**
(who will look after me when my foster carer(s) are not available)

- 2. Smoking, alcohol and other illegal substances:**
(what do I understand and agree about this with my foster carer(s))

- 3. Child/young person is unwell. NMS 6**
(what do I do if I am feeling unwell)?

- 4. Administering medication, first aid and dealing with accidents NMS 6.11**
(what should I do if I have to take medication or have an accident)?

- 5. Rules about showing affection:**

- 6. Managing Behaviour. NMS 3**
(what are the consequences if my behaviour is not ok)?

- 7. Appropriate Dress around the home**
(what are the rules about what clothes I should wear around the home)?

8. Bedroom. NMS 10.6

(where will I sleep and am I able to share)?

(What time do I have to go to bed)?

(Can I go into anyone else's bedroom)?

9. Bathroom and toilet use

What are the rules for using the bathroom and toilet?

10. Photographs:

What are the rules about taking photographs and videos?

11. Computer and Internet use: NMS 4.4

When will I be allowed to use the computer and the internet? Will I be supervised?

12. Safety outside of the home:

What are the rules about going out and who do I tell that I am going out?

13. Activities: NMS 7

Will I be involved in choosing the activities and who will be involved?

14. Sex and sexuality:

How this will this be discussed?

15. Recording and Information: NMS 26

What information is kept on me while I am in this placement and how do I know no – one else in the home will see this information?

16. Missing: NMS 5

If I do not come home on time or stay away who will you inform?

17. Household Pets:

Am I allowed to care for any pets in the home?

18. Any other Matters:

Signed by:

- Child/ Young Person**.....
- Foster Carer(1)**.....
- Foster Carer(2)**.....
- Foster Carer(s) sons/daughter**.....
- Supervising Social Worker**..... *Nga Pease*
.....

Date.....

NB: to be reviewed:

- **Annual Foster Care Review**
- **Statutory Child Care review**
- **Placement Support/Disruption Meeting**