

Foreword

Welcome to our revised Foster Care Handbook. It was first published in 1996, and since then we have made every effort to produce new editions in a more user-friendly way. This latest 2012 version should help you find the information and advice you need as quickly as possible. We've also put a version on our Fostering website, with links to more detailed information which we hope will be useful.

Please let us know what you think of this Handbook – and feel free to make any suggestions about improving it.

We value the work you undertake for us and hope this document will help you to continue to provide us with the quality service on which we and the children depend.

Thank you for all of your work and commitment.

- The purpose of this Foster Care Handbook is to provide information and guidance to ALL Foster Carers, which include Mainstream, Family and Friends, Family Care Worker Scheme, Remand and Devon Young People's Accommodation Service (DYPAS) and staff on fostering issues.
- This Handbook will 'signpost' Carers and staff to additional sources of information.
- Devon is working towards a service which exceeds all the National Minimum Standards and Regulations for Foster Care 2011. If you want to know more about the National Standards please contact your local Fostering Team – or Sally Fitton, Operations Manager, Fostering.
- Online Handbook

See this Handbook on our Website at: www.devon.gov.uk/fostering

Feedback

We welcome your comments on this Handbook, please send them to:

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FOSTERING SERVICES – THE LEGAL CONTEXT

National Minimum Standards for Fostering Services

The National Minimum Standards and the Fostering Services Regulations 2011 form the basis of the regulatory framework under the Care Standards Act 2000 for the conduct of fostering services.

Ofsted regularly inspects all fostering agencies to ensure that these standards are being met. Ofsted requires all Foster Carers to co-operate reasonably, and to allow themselves to be interviewed and visited.

Every Fostering Service is required to have a clear statement of its aims and objectives and of the facilities and services it provides.

What are the National Minimum Standards?

The development of National Minimum Standards for foster care are among a number of national initiatives designed to produce better outcomes for children and young people cared for away from home.

The Standards:

1) *The child's wishes and feelings and the views of those significant to them*

- Children know that their views, wishes and feelings are taken into account in all aspects of their care; are helped to understand why it may not be possible to act upon their wishes in all cases; and know how to obtain support and make a complaint.
- The views of others with an important relationship to the child are gathered and taken into account.

2) *Promoting a positive identity, potential and valuing diversity through individualised care.*

- Children have a positive self view, emotional resilience and knowledge and understanding of their background

3) *Promoting positive behaviour and relationships*

- Children enjoy sound relationships with their foster family, interact positively with others and behave appropriately.

4) *Safeguarding Children*

- Children feel safe and are safe. Children understand how to protect themselves and are protected from significant harm, including neglect, abuse, and accident.

5) *Children Missing from Care*

- Children who go missing from foster placements are protected as far as possible and responded to positively on their return.

6) *Promoting good health and wellbeing*

- Children live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access the services to meet their health needs.

7) *Leisure activities*

- Children are able to enjoy their interests, develop confidence in their skills and are supported and encouraged to engage in leisure activities.
- Children are able to make a positive contribution to the foster home and their wider community.

8) *Promoting educational attainment*

- The education and achievement of children is actively promoted as valuable in itself and as part of their

preparation for adulthood. Children are supported to achieve their educational potential.

9) Promoting and supporting contact

- Children have, where appropriate, constructive contact with their parents, grandparents, siblings, half-siblings, wider family, friends and other people who play a significant role in their lives.

10) Providing a suitable physical environment for the child in care

- Children live in foster homes which provide adequate space, to a suitable standard. The child enjoys access to a range of activities which promote his or her development.

11) Preparation for a placement

- Children will be provided with a profile in respect of their prospective Carer prior to the placement commencing. Children are welcomed into the foster home and leave the foster home in a planned and sensitive manner which makes them feel loved and valued.
- Children feel part of the family. They are not treated differently to the Foster Carer's own children living in the household. The child's needs are met and they benefit from a stable placement.

12) Promoting independence and moves to adulthood and leaving care

- Children are prepared for and supported into adulthood so that they can reach their potential and achieve economic wellbeing. Foster Carers who offer placements to young people aged 13+ are provided with Preparation for Adult Life Training.

13) Recruiting and assessing Foster Carers who can meet the needs of children and young people in care

- The fostering service recruits, assesses and supports a range of Foster Carers to meet the needs of children they provide care for and is proactive in assessing current and future needs of children.

14) Foster Care Panels and the Fostering Service's Agency Decision Maker

- The Foster Care Panel and Agency Decision Maker make timely, quality and appropriate recommendations/decisions in line with the overriding objective to promote the welfare of children in foster care.

15) Matching the child with a placement that meets their assessed needs

- The responsible authority has information and support from the fostering service which it needs to facilitate an appropriate match between the Carer and child, capable of meeting the child's needs and consistent with the wishes and feelings of the child, so maximising the likelihood of a stable placement.

16) Statement of purpose and children's guide

- Children, their parents, Foster Carers, staff and the responsible / placing authority are clear about the aims and objectives of the fostering service and what services and facilities it provides.
- The fostering service's operation meets the aims and objectives in the Statement of Purpose.

17) Fitness to provide or manage the administration of a fostering service

- The fostering service is provided and managed by those who are suitable to work with children and have the

appropriate skills, experience and qualifications to deliver an efficient and effective service.

18) Financial viability and changes affecting business continuity

- The fostering service is financially sound.
- Where a service is to close or substantially change, there is proper planning, to make the transition for children, Foster Carers and staff as smooth as possible.

19) Suitability to work with children

- There is careful selection of staff, fostering households, volunteers and the central list of persons considered suitable to be members of a Foster Care Panel and there is monitoring of such people to help prevent unsuitable people from having the opportunity to harm children.

20) Learning and development of Foster Carers

- Foster Carers receive the training and development they need to carry out their role effectively.
- A clear framework of training and development is in place and this is used as the basis for assessing Foster Carers' performance and identifying their training and development needs.

21) Supervision and support of Foster Carers

- Foster Carers receive the support and supervision they need in order to care properly for children placed with them.

22) Handling allegations and suspicions of harm

- Allegations and suspicions of harm are handled in a way that provides effective protection and support for children and the person making the allegation and at the same time supports the person who is the subject of the allegation.

23) Learning, development and qualifications of staff

- Children and Foster Carers receive a service from staff, volunteers and Foster Care Panel members and decision makers who have the competence to meet their needs.

24) Staff support and supervision

- Staff and volunteers are supported and guided to fulfil their roles and provide a high quality service to children.

25) Managing effectively and efficiently and monitoring the service

- The fostering service is managed ethically, effectively and efficiently, delivering a service which meets the needs of its users.

26) Records

- Records are clear, up to date, stored securely and contribute to an understanding of the child's life.

27) Fitness of premises for use as fostering service

- The premises and administrative systems are suitable to enable the service to meet the objectives of its Statement of Purpose.

28) Payment to Carers

- Payments to Foster Carers are fair and paid in a timely way.
- Foster Carers are clear about the fostering service's payment structures and the payments due to them

<http://www.devon.gov.uk/index/childrenfamilies/fostering/fosterCarersinformation.htm>

29) Notification of significant events

- All significant events relating to the health and protection of children in fostering placements are notified by the registered person to the appropriate authorities.

30) Family and Friends as Foster Carers

- Family and Friends Foster Carers receive the support they require to meet the needs of children placed with them.

31) Placement Plan and Review

- Children are cared for in line with their Placement Plan/Short Break Care Plan.
- The fostering service takes action to chase up outstanding reviews or visits from the responsible authority, contributes to those reviews and assists the child to contribute to their reviews.

www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00029-2011

DEVON COUNTY COUNCIL FOSTERING SERVICE

Statement of Purpose

Devon County Council believes that most children's needs are best met within their own families. However, we recognise that this is not possible for some children and in such cases we will endeavour to find high quality local placements within a family setting. Devon Fostering Service provides alternative care arrangements and offers family environments for children and young people up to 18 years old, either on a temporary or permanent basis.

The principles underpinning Devon Fostering Service as set down in the Children Act 1989 and the United Nations Convention on the Rights of the Child (see Appendix E). Devon Fostering Service is governed by a set of National Minimum Standards and Regulations for Fostering Services 2011. As such it is regulated and inspected by Ofsted.

As part of that legislation, Devon Fostering Service is required to produce "a clear statement of the aims and objectives of the fostering service and of what facilities and services they provide". This statement of purpose must outline the vision of the service, its structure, the identified needs and our policies and procedures.

Aims and Objectives

Devon County Council's Strategic Plan 2011 – 2015 'Backing Devon' highlights its priorities as:

- Remove barriers to growth
- Protect and support the most vulnerable
- Promote early action and provide greater choice and control
- Help communities help themselves
- Make the most of Devon's natural assets

You can view this plan by using this link: <http://www.devonstrategicplan.info>

The fostering service supports and contributes to this mission by providing an effective, efficiently managed, high quality foster care service within available resources, to meet the needs of children as identified through the stages of assessment planning and review, and with the aim of ensuring the best possible outcomes for children in foster care.

The fostering service has a key role in supporting Devon County Council as the Corporate Parent for children who cannot live with their own families.

Devon County Council upholds the right of every child to grow up in a stable and loving family environment. We recognise that a child's best interests are usually met within their birth family or extended family. Mindful of this we provide services to keep children at home or reunite children with their families at the earliest appropriate opportunity.

Where a child or young person cannot live with their family, we aim to provide high quality care in a family setting.

The Fostering Service is committed to achieving positive outcomes for children as set out by the government in 'Every Child Matters: Change for Children':

- Be healthy

- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well being

Devon Fostering Service makes an important contribution to the Council's overall performance agenda as set out in the Strategic Plan 2011 – 2015:

Please visit the website for full Statement of Purpose at www.devon.gov.uk/fostering or contact your local fostering team.

Training for Foster Carers

Devon's Fostering Service recognises that fostering has become increasingly demanding and complex. The service is committed to providing good quality training that is accessible and relevant to all Foster Carers. Training is viewed as an important element of support to Foster Carers and comprehensive pre and post approval training is available on an ongoing basis.

Training is provided to:

- help Foster Carers to develop and improve their skills
- improve knowledge, develop and refine skills
- establish an explicit, positive framework of values which promotes equality of opportunity
- encourage Foster Carers to be aware of the effects of discrimination in all parts of the community, recognising that they care for children, many of whom face discrimination as a part of everyday life
- ensure that all Foster Carers are competent and confident in safe caring and in protecting children from harm
- help Foster Carers to promote the health and education of children and young people

Foster Carers are encouraged and supported to take responsibility for their own professional development. This is practically supported through the creation and updates of Individual Development Plans as part of annual reviews. Children and young people have the opportunity to feed back their views about their Carer to the Foster Carer's annual review.

The Training Programme is reviewed constantly and is also subject to a formal annual review.

In addition to being expected to complete the mandatory training courses for their respective tier payments, all Foster Carers must complete the Children's Workforce Development Council (CWDC) Standards for Foster Care Training, Support and Development.

Children's Workforce Development Council – CWDC

In 2008 the CWDC introduced standards for Foster Care with an expectation that all new Carers will have evidenced their skills, knowledge and experience within 12 months of approval.

There are seven standards covering the main areas of the Foster Carer role and they set out what Foster Carers should know, understand and be able to do. The standards are designed to support Carers in their role and to provide a framework for professional development. All Carers have a CWDC workbook to complete and a portfolio folder for their personal development.

The seven standards are:

- **Standard 1:** Understand the principles and values essential for fostering children and young people
- **Standard 2:** Understand your role as a Foster Carer
- **Standard 3:** Understand health and safety and healthy caring
- **Standard 4:** Know how to communicate effectively

- **Standard 5:** Understand the development of children and young people
- **Standard 6:** Safeguard children and young people (keep them safe from harm)
- **Standard 7:** Develop yourself

Changes in Approval

When there are significant changes in a Foster Carer's approval, for example, from temporary to permanent care or widening age range, such matters should be referred to the Foster Care Panel for recommendation regarding re-approval.

De-registration

- Where Carers decide to withdraw from fostering, for example, due to retirement or changes in personal circumstances this should be put in writing to their local Practice Manager. The letter will be presented to the Foster Care Panel along with a brief report from the Supervising Social Worker. A formal letter of de-registration will be sent confirming that they are no longer Foster Carers.
- Where DCC has reason to de-register Carers against their wishes, the Carers should be given full details as to why in the form of a report to the Foster Care Panel. Carers can provide their own report to the Panel and can attend the Panel and bring someone to support them if they wish.
- Following the Panel's recommendation to de-register a Carer, the Agency Decision Maker will either endorse or overturn the recommendation and the Carers will receive a Qualifying Determination letter detailing the reason for the decision.
- If Carers are not satisfied with the outcome, they have a right to appeal the decision within 28 days of the receipt of the letter to either the second DCC Foster Care Panel or the Independent Review Mechanism. A

further recommendation will then be made to the Agency Decision Maker

Independent Review Mechanism

- **IRM** is a review process which prospective or existing Foster Carers can use if they do not agree with the Qualifying Determination given to them by their Fostering Service provider. This means the outcome made by the Fostering Service provider that it does not propose to approve a person as suitable to foster or proposes to terminate or change the terms of approval of an existing Carer.
- It would be hoped that most difficulties and disagreements would be resolved prior to reaching this stage.

- Further information can be found at

www.independentreviewmechanism.org.uk

Issues affecting Foster Carers

Foster Carers and the Smoking of Tobacco

The National Minimum Standards for Fostering Services 2011 emphasise the importance of health promotion awareness for Foster Carers in relation to their own health and that of children in their care. Given the increased evidence it will become more difficult for Local Authorities to justify placing children in environments where they are exposed to the impact of passive smoking.

Devon's Fostering Service Smoking Policy <http://devonchildcare.proceduresonline.com/pdfs/3.11.9%20Smoking%20fc.pdf> follows the BAAF recommendations 'Reducing the Risks of Environmental Tobacco Smoke for Looked After Children and their Carers', to ensure that priority is given to protecting the health of children and their Carers. These are:

- Children under five should not be placed with Carers who smoke because of the potential risk to health –this is because of the particularly high risks for very young children and toddlers who spend most of their day physically close to their Carers.

- All children with a disability which means they are unable to play outside, children with respiratory problems such as asthma and those with heart disease or glue ear should not be placed with smoking families.
- Local Authorities and other fostering service providers should move progressively to a situation where no more smoking Carers are recruited. BAAF is mindful of the importance of not disrupting stable placements

Supervising Social Workers are to inform existing Foster Carers who smoke to:

- Do so outside of the home;
- Not smoke in front of or in the vicinity of, children and young people in placement;
- Keep cigarettes, matches, and lighters safely out of the reach of children and young people;
- Not supply children or young people with cigarettes or tobacco;
- Not allow children or young people to smoke in the foster home.

The Supervising Social Worker is to check and challenge the Foster Carers if any of the above appears to be occurring.

Annual reviews are to address the Foster Carer's management of smoking and a smoking management plan must be completed by the Supervising Social Worker.

Foster Carers who smoke, cannot be approved for or have placement with them for any reason, children aged 5 years and under or those aged five years and above if they have respiratory conditions.

- All older children who are able to express a view must be given a choice to be placed with a non-smoking family.
- Stopping smoking will protect not only the health of children but also the health of the Carers. Agencies have a responsibility to ensure that where

there is a relationship between a child and Carer that this is maintained as long as the child needs it. All agencies should therefore encourage all their Carers to stop smoking by providing advice and support.

- To encourage all Children in Care (CIC) and Care Leavers not to smoke.

Foster Carers – Drugs and Alcohol

Foster Carers must be aware that whilst they are responsible for the care of other people's children, they must take account of the use of prescribed drugs and the use of alcohol.

Drugs

Where Carers are prescribed drugs for purposes of treatment, they must ensure that they are properly secured in a locked medicine cabinet and present no risk to fostered children/ young people. If the drugs need to be kept in the fridge, a lockable cash box is a useful way of keeping them secure.

The illegal use of drugs by Foster Carers whilst they are responsible for the care of children/young people is likely to result in de-registration. Such matters will be referred to the Head of Social Care Provision and the Foster Care Panel.

Foster Carers must not collude in any way with the taking of drugs by young people in their care. Carers must advise a young person's Social Worker and their Supervising Social Worker of any concerns they have regarding their use of drugs.

Alcohol

Foster Carers must ensure that if they are drinking alcohol, this does not result in the inability to be responsible for children in their care.

Foster Carers should be aware that many children/young people will associate alcohol with violence as a result of their personal experiences, and therefore may be fearful when they see Carers drinking.

Foster Carers should not encourage children/young people to drink or purchase

alcohol under the legal age limit. Where Carers are aware that young people in their care may be drinking alcohol, they should advise the child / young person's Social Worker.

Foster Carers who are also Childminders

It should be ascertained whether applicants who wish to foster are registered as a Childminder or have had an application to become a Childminder refused.

Where applicants are currently childminding, they must be advised that:

- Under Childminding Regulations there are limits on the numbers of infants/children under eight years old who can be looked after at any one time.
- Ofsted will be advised of the fostering application and a reference sought from them.
- That their work as childminders will be considered as part of the Foster Carer assessment and during subsequent Foster Carer reviews.
- Devon's Fostering Service's experience is that complex childminding arrangements do not fit well with fostering, particularly where there are many children involved or children minded over long periods of time. Also risks to child minded children need to be considered during the assessment to ensure that child in care who may pose a risk to others are properly matched. This may, for example, determine the age group for which a Carer is approved to foster.

Foster Carers and Firearms

- At the point of the initial assessment of Prospective Carers, applicants must be asked whether they hold or have access to firearms. This is particularly pertinent in a rural county such as Devon.
- Where applicants confirm that they hold firearms, a current firearm certificate must be seen and a copy placed on file.

The assessing Social Worker must see where all guns and ammunition are stored. They must be separately secured in such a way that they could not be accessed by children or young people.

- Foster Carers must not involve children or young people in their care in any use of firearms, including 'beating' on a shoot, without the written permission of their parents and the Social Worker.
- As part of the Foster Carer annual review, the security of arms and ammunition and the ownership of a current firearms certificate must be verified. Any concerns about the storage, use of firearms or lack of a certificate must be immediately reported to the Fostering Operations Manager and respective Fostering Practice Manager.
- Assessing/Supervising Social Workers must be confident that applicants/Carers are fully aware of the risks of firearms and use them in a responsible manner. The holding of firearms must be recorded in the Foster Carer assessment report to panel and the Foster Carer annual review report.
- No child or young person should be placed with applicants where guns are being held in an unsafe way, or where there is no current firearms licence.
- The Police should be notified where applicants are found to have firearms and no certificate.

Retirement Age of Foster Carers

The Fostering Service reviews all Carers annually to re-assess their suitability to undertake the fostering role for which they are currently approved. As Foster Carers become older, their ability to undertake more strenuous, demanding forms of care may decline. This should be openly and sensitively considered with them, both at reviews and at the end of challenging placements.

The Foster Carer approval should reflect their abilities, skills, physical health and mental health. Foster Carers are not

required to retire at any particular age, however, should significant health issues be noted at a review, a further medical should be sought and advice taken from the Medical Advisor (where necessary) to inform their future role and approval.

Any alteration of approval to reflect the Carers' health and ability should be a shared process and be reported to the Foster Care Panel. Where Carers are likely to dispute any change in their approval due to health issues, advice should be sought from the Medical Advisor as to how to proceed and whether further medical evidence is required.

Foster Carers, Lodgers, Foreign Students and Holiday Schemes

Clarification on position regarding placements:

1) The number of fostering placements allowed with explanation of exclusions and exceptions

- a) Only a maximum of three children under 18 years
- b) Excluding those children on Special Guardianship Orders or Residence Orders
- c) Exception is if a child is placed on an exemption
- d) Exemptions can only be made for up to 6 days on an emergency basis
- e) Sibling groups are only classed as 'one' placement, where they are the only children in the placement
- f) Regardless of status, fostering also need to consider:
 - o Number of Carers
 - o Competing needs of children (including fostered children, Carers own children or other dependents)
 - o Risk Assessment and Management Plans
 - o Matching issues

- o Views of all parties involved

g) Foster Carer must inform the Local Authority if there are any intended changes in the composition of his or her household

h) Foreign students staying with Foster Carers in their homes would not be compatible with the considerations that need to take place in the matching process. Any risks posed by foreign students to Children in Care or vice versa would be unknown. In addition, given no information would be available in respect of foreign students, the service would be unable to risk assess the situation. Therefore, the matching process for placements would not be able to take place.

2) Accommodation for Fostered Children and Children in Supported Lodgings.

Where there is entirely separate self contained units, there may be some flexibility with regards to number of children exceeding the limit of 3. However, there are factors that would have to be considered:

- A self contained unit needs to be completely self contained for the young people to live independently of the rest of the household. This would include their own front door, kitchen and laundry facilities, bedroom/lounge area and bathroom.
- Though the arrangement may have the potential to be more flexible, there would still be a need to take into account the same factors:
 - o Number of Carers
 - o Competing needs of children (including fostered children, Carers own children or other dependents)
 - o Risk Assessment and Management Plans
 - o Matching issues

- Views of all parties involved

3) Devon County Council Employees who Foster

Foster Carers/DCC employees:

- As a large employer, Devon County Council has adopted a policy that employees can be Foster Carers, unless they are staff (qualified or unqualified), employed by the Fostering Service, including DYPAS.
- This allows potentially successful fostering families to be recruited from amongst the majority of DCC staff.
- Particular consideration should be given when social care staff are recruited as Carers, for example DCC Social Workers and Community Care Workers.
http://devonchildcare.proceduresonline.com/chapters/p_fost_serv_conflict.html
- Placement of children from the same local area as the Carer/employee's workplace should be carefully risk assessed by the Fostering Service prior to placement. Issues of confidentiality, access to electronic records, risk to the Carer/Carer's family, complications regarding impartiality for court work and implications of allegations against the Carer employee are examples of areas for consideration. Any assessment and planning in relation to these areas for potential conflict should be carefully recorded on the Conflict of Interest Statement and, if the placement proceeds, included as part of the placement agreement documentation.
- It is not appropriate for a Carer employee to be the nominated Social Worker for the child in his/her care, or to be directly involved in any care planning/reviewing for that child (e.g. as ISRO, Practice Manager etc).
- When considering an application to foster, the worker needs to consider the Corporate Conflict of Interest Policy and discuss it with their line manager.
- During the assessment process, the Social Worker should pay particular

attention to any conflict of interest between work and fostering. He/she should seek the views of the applicant's line manager to ensure that areas of potential conflict have been fully discussed. Areas could include access to information, demands of their job, or conflict for the person as either a worker, Foster Carer if allegations are made against them.

- The type of child, age and number of children are always looked at during assessments, but special attention needs to be given to this to ensure that work and fostering are compatible.

Fostering Tasks and Services Provided

Mainstream Foster placements

Devon's Fostering Service offers respite, temporary, permanent and emergency placements in our three Mainstream Support Teams for children and young people of all ages. Emergency placements are carefully monitored to ensure that they do not progress beyond the limit of 6 days. The service also provides the following:

Family Care Worker Scheme (FCWS)

The Family Care Worker Scheme provides foster placements for young people, aged 8yrs and above whose assessed needs cannot be met by traditional foster care or residential placements.

The service is provided by approved DCC Foster Carers who have been assessed to meet DCC's Carers Progression Scheme Tier 3 competencies and who can undertake specific task-focused work, working to deliver an individual care and treatment plan.

One Carer must be without paid full-time, part-time, voluntary, or sessional work.

The child/young person must have his/her own bedroom.

The types of placement offered within the scheme are:

- Short/medium term task-focused placements (max. 2 years duration)

- Bridging placements to provide time-limited work, focused on rehabilitation to parent; bridging to permanence via fostering/adoption or bridging to independence (14+).
- Short term assessment placements for children with complex needs following diversionary planning where there is an active Care Plan for a move – max. 3 months duration.
- Respite/support placements to support children/young people in 38 week per year residential educational settings.
- Respite/support placements to provide for emergency breakdown within the scheme.
- Long term permanent placements for children whose assessed behaviour /emotional profile means their need for permanence could not otherwise be supported in a family environment – this request must be endorsed by agreement of the ISRO.

Family and Friends

Family and Friends foster care is when close relatives or connected people of a child – grandparents, aunts, uncles, sisters, brothers, step-parents, family friend, Teaching Assistant etc – come forward to care for that child when he or she is no longer able to live with his or her birth parents.

The families and friends who offer this type of care, want to ‘keep the family together’. Being a Family and Friends Carer also helps children and young people keep in contact with their wider family and social networks. Family and Friends Carers make a major commitment when offering the child a home for as long as she/he needs it.

Children tell us they prefer to be cared for within their own family when they can’t live with their parents. They feel more secure and feel they ‘belong’.

If relatives/friends do not come forward, then the child would need to come in to the care of the Local Authority. They may then be looked after by Foster Carers, placed in residential care, or adopted.

Devon County Council is able to support, help and assess Family and Friends Carers in most situations where the Children and Young People’s Service has been involved with the family and the child.

Remand

Custody is often inappropriate and frequently damaging for young people. And the more damaged they become, the more likely they are to re-offend. The Remand Fostering Scheme aims to break that cycle by offering young people a stable family environment where they have the time and the support to re-think their lives. Over the years the scheme has consistently reduced the numbers of young people receiving custodial sentences and the rates of re-offending.

The role of the Foster Carer is always challenging, even for those with experience of working with young offenders, but it makes an invaluable contribution to the lives of many young people who would otherwise be lost in an institution.

Family Finding

Permanence in fostering offers the security of a child’s physical, social and psychological wellbeing throughout childhood and into adulthood through consistent care, stable relationships and a secure family base. It improves placement stability and offers an alternative, permanent option to adoption, Special Guardianship or Residence Orders for some children.

The Family Finding Team which specialises in permanent fostering consists of three part-time Family Finding Supervising Social Workers, each attached to the three local area fostering Support Teams. The Family Finding Team aim to:

- ensure good planning and matching for all permanent placements
- reduce the risk of children drifting in the system
- improve children’s outcomes by increasing placement stability

- involve Carers in making positive decisions about the children they care for
- encourage Carers to plan for placements and not just react to demands
- improve Foster Carer recruitment and retention

Devon Young People's Accommodation Service (DYPAS)

The role of DYPAS is to provide vulnerable young people aged 16+ with a safe, healthy and nurturing environment and individual care. DYPAS recruits from a variety of backgrounds and assesses its own Carers. They welcome young people as part of their family, give advice and guidance, help them access community activities and services, and assist them in preparing for independent living by actively promoting educational, training and employment opportunities.

Within this service there are a small number of dual registered Carers (DYPAS/Mainstream, DYPAS/FCWS, DYPAS/Remand) who fall under the Fostering Regulations.

Respite Care

Devon County Council's Fostering Service offers a range of respite foster placements. These are offered to support children to remain with their family or main foster placement.

Concurrency

Approved Adopters who are also approved as temporary Foster Carers for this scheme only. This scheme provides an assessment and placement service for parent/s and children (mainly under the age of 2 years old) who are subject to care proceedings. For further information please visit the website. www.devon.gov.uk/adoption

Supervision and Support

Devon's Fostering Service values the work Foster Carers do and the significant contribution they make to the lives of children and young people in their care.

Appropriate support for fostering families is important to a successful placement.

Devon's Fostering Service provides creative and flexible support arrangements for children and young people and their Foster Carers, identifying and ensuring the necessary level of support occurs when a child or young person and fostering family are 'matched' at the placement planning stage. This support is then monitored and adjusted throughout the placement.

Support arrangements include:

- supervision, support and review from a qualified and suitably experienced Supervising Social Worker
- frequent visits and regular telephone contact from the Supervising Social Worker
- individual membership of the Fostering Network
- a Payment for Skills scheme consisting of three payment tiers. Each level includes an allowance for the child that covers the cost of caring for them and a reward payment for the Foster Carer. The Fostering Rates and Allowances Book is updated annually and distributed to Foster Carers and staff
- a comprehensive post-approval Training Programme
- access to respite care as appropriate
- access to Support Groups
- therapists from the Children and Adolescent Mental Health Services (CAMHS) who provide expert guidance and support to Foster Carers of children and young people who are experiencing serious emotional difficulties.
- access to the local Designated Nurse for Children in Care
- access to Support Workers who are available to provide planned and crisis intervention flexible support

- Peer Guide support
- Foster Carer Strategy Group
- Access to the Foster Talk Organisation's, Fostering Independent Support Service (FISS) in respect of Foster Carers subject to an allegation.
- One off payment of £600 and £15 per month for broadband usage paid to all Carers to provide access to a computer and internet provider.

Peer Support

Peer Guides provide support to Carers from experienced colleagues. They can be phoned for advice any day of the week. Even if you're not looking for a quick answer it can be good to get things off your chest. Peer Guides are selected and appointed on the basis of experience, skills and commitment. Each area has at least one Peer Guide who attends monthly meetings chaired by a Fostering Practice Manager where they receive regular updates on any new legislation, policies and procedures. They have local contact numbers both from within DCC and other Agencies, and can offer lots of helpful hints and general support.

All Foster Carers are given the names and phone numbers of their local Peer Guides. If you have anything you want to talk over, contact and confidentiality will be respected as long as this is consistent with the safety and welfare of the children in your care.

Foster Carer Reviews

The National Minimum Standards state that "a review is to be conducted with each Carer at least once a year". This review must satisfy the Authority of the continuing capacity of the Carer to carry out the fostering task; provide the Carer with an opportunity to give feedback; contribute to essential information on the quality and range of service provided by the Authority and inform recruitment, assessment and training strategies.

The review will normally take place in the Carer home and will comprise a report from the Supervising Social Worker, Foster Carer, written comments from Social

Workers responsible for any child/children placed in the foster home since the last review, views of the young people/children, their parents and children who foster (in writing or by discussion).

The review will be signed by the Carers and their Supervising Social Worker and forwarded to the Fostering Practice Manager who will approve the Supervising Social Worker's recommendation, in relation to the Carers Progression Scheme Tier and their Individual Development Plan. It will also provide an opportunity to discuss the Carer's skills, linking them to the CWDC Standards for Foster Care and their experience. It is the formal re-approval of the Carer. First reviews of newly-approved Carers will be presented to the Foster Care Panel, as will subsequent reviews which identify significant changes – e.g. a change in approval range from temporary to permanent fostering.

Foster Carer Progression Scheme

Devon Foster Carers are rewarded by receiving a payment that recognises and encourages the development of their skills, experience and learning. Carers are required to attend training and Foster Carer Support Groups and to evidence their learning through the completion of the CWDC workbooks.

Tier One

These Carers include all newly approved Carers and Carers who through choice, do not wish to progress any further through the structure. They will have completed pre-approval training and been assessed and approved via the Foster Care Panel. They will be able to evidence and demonstrate Tier 1 competencies. Carers will remain on this tier for a minimum of two years before being able to apply to become Tier 2 Carers.

Tier Two

Mainstream Foster Carers wishing to enter this tier, including Carers transferring from another Local Authority or from an Independent Fostering Agency, are required to evidence the criteria for Tier 1 as well as Tier 2.

Foster Carers will need to continue their commitment to these competencies and their Individual Personal Development Plan to remain on Tier 2. In addition, Carers will be expected to continue their professional development by being able to evidence 28 hours of learning each year, by attendance at training courses or through personal learning via relevant books, articles, e-learning or through the intranet.

Tier Three

Foster Carers in this category will be in the Family Care Worker Scheme, Remand Scheme or Carers in the Devon Young People's Accommodation Service.

Tier 3 Carers will normally have progressed through the structure, having achieved Tier 2 status and demonstrated the appropriate skills as set out in the Tier 3 competencies. However, potential Foster Carers may be able to enter this tier directly if they can evidence relevant qualifications, transferable skills and working child care experience. Entry to this tier is only when there are available vacancies or opportunities. Carers would be trained to NVQ Level 3 or equivalent.

Children and Families Policies and Procedures

You can access these policies via the web link

<http://www.devon.gov.uk/index/childrenfamilies.htm>

Who's Who in Devon's Fostering Service

The Fostering Teams are part of the Children and Young People's Service. The countywide **Recruitment and Assessment Team (RaAT)** is responsible for the initial contact with prospective Carers, recruiting, assessing and training them to the point of approval at Foster Care Panel.

The **Fostering Support Teams** have offices in Totnes, Exeter and Barnstaple. Once approved at Panel Foster Carers are allocated a Supervising Social Worker from the Fostering Support Team in their area who is responsible for supervising and supporting them. They will attend meetings with their Carers, help them to complete

written reports and undertake regular supervision and their annual review which will also include training and development.

One Stop Shop:

This is the first point of contact for placing Social Workers needing foster placements. Each service has a Placement Co-ordinator dealing with referrals from placing Social Workers.

Placement Co-ordinators also act as the first point of contact for Carers who need advice in respect of: chasing payments, altering contact arrangements or transport arrangements in relation to children in placement as required.

Fostering Support Workers:

These are workers who work within the Fostering Service to provide support to Carers and aid placement stability, through the delivery of both individual and group activities, with children and young people in placement and children who foster.

They plan and lead on holiday activities/programmes, regular sporting and activity clubs such as climbing and canoeing, hobbies, independence skills training and promoting the Duke of Edinburgh Award Scheme (DofE).

Placement Support Officers:

Child and Adolescent Mental Health Service (CAMHS) workers, based in the three Fostering Support Teams. They provide specialist support and advice to Carers and staff. They also undertake initial assessments and individual work with children and young people.

Fostering Practice Manager:

Manages one of the teams within the Fostering Service that can include Supervising Social Workers/Recruitment and Assessing Social Workers, Fostering Support Workers and Placement Co-ordinators. The Practice Manager is responsible for the provision, delivery and monitoring of the local Fostering Service, vision and leadership, line management, performance management and the general well being of their team members, in line with DCC Policies and Procedures and the Fostering Services National Minimum

Standards, Regulations and Guidance 2011.

Fostering Operations Manager:

Registered Manager for the Fostering Service, responsible for the strategic lead of the service, including practice and policy development and line management of the Fostering Practice Managers.

Independent Safeguarding and Reviewing Officer:

The person who chairs reviews for Children in Care. They are independent from the child care Social Work teams so that they can offer an objective view of the planning for a child. They are also responsible for Charing Child Protection Meetings as required where it is believed a child may have experienced abuse or non-accidental injury. When a child comes into care they will no longer be subject to the Child Protection Plan.

Local Authority Designated Officer (LADO)

The designated person who gives advice to Social Workers and Practice Managers in respect of any Child Protection concerns.

CORPORATE PARENTING – DEVON COUNTY COUNCIL

The Children Act 2004 required Local Authorities that have responsibility for both Education and Social Care to bring these functions together under one directorate. This is to ensure that different agencies work together more successfully to improve outcomes for children. The focus is 'the journey of the child or young person' and delivering the 'Every Child Matters' agenda to Devon's Children and Families, all under the strategic aim of giving children and young people the best possible start in life.

Placement Planning Meetings

The Placement Plan provides clarity for the child and the child's Carer (whether parent, a Foster Carer, registered provider or the person responsible for the child at the accommodation), about how the day to day parenting tasks will be shared between the child's Carer and the responsible Authority,

including clarity about the financial arrangements for the child's upbringing. Please also see 'Delegated Authority' section.

The Placement Plan sets out in detail how the placement is intended to contribute to meeting the child's needs as set out in the Care Plan.

An effective Placement Plan will ensure that the Carer receives essential information about the child, including his/her health, educational and emotional and behavioural needs, how these may affect the child day to day and appropriate strategies for responding to them. It is the responsibility of the placing Social Worker to provide this information. In particular, it is important to identify any behaviours which have been of concern to a child's previous Carer and which have contributed to the breakdown of a previous placement.

Clarity and specificity in the Placement Plan will ensure that the Carer understands the child's likes, dislikes and routines and reduce the potential for disagreements which may arise in situations where decision-making on behalf of children may be the responsibility of different people at different levels in the organisation such as the Foster Carer, the Social Worker or Managers. A lack of clarity about who does what can lead to role confusion and placement breakdown. (see Delegated Authority section).

Where it is not possible to draw up a Placement Plan in advance of the placement, a Placement Plan must be made within five working days of the start of the placement [**Regulation 9(2)**]. In any event, essential information for providing Safe Care to the child must be available to the Carer at the start of the placement. This is the responsibility of the placing Social Worker. It is possible that the Placement Plan will be drawn up before the completion of the full Care Plan to ensure that appropriate information is shared and contact details given in a timely manner to support the child and the Carer in the placement.

The 2010 Care Planning, Placement and Review Regulations set out the information

which must be provided in the Placement Plan [**Regulation 9 and Schedule 2**]. The Carer will need to know about the child's family, his/her race, religion and culture, the language spoken at home and any disabilities or other special needs. The Carer will generally need to know the circumstances leading to the child becoming looked after and the child's previous experiences, both before and during the care episode. In particular, the Carer needs to know what the long term plan is for the child and the timescales, what the objectives are for the specific placement being offered and how these fit within the Care Plan. The Carer should be given a copy of the Care Plan when it is completed and be clear about his/her role in implementing it. Within the context of the Care Plan the Carer needs a realistic estimate of how long the placement is expected to last.

The following people could attend the meeting:

- the child/young person, whenever appropriate, should be encouraged to express their views as much as possible.
- the birth parents / guardians
- the child/young person's Social Worker
- other significant persons involved with the child such as grandparents, aunts, uncles, friends
- the Foster Carer
- the Foster Carer's Supervising Social Worker
- other people may be invited such as Teachers, Doctors, Educational Welfare Officers, Educational Psychologists etc

The agreed plan and decisions will be written down and signed by all those attending the meeting. They will all then be given a copy, together with the Placement Agreement and Medical Consent forms, including the child/young person if he or she is old enough to understand. **This is the responsibility of the placing Social Worker.**

A meeting Chaired by an Independent Safeguarding and Reviewing Officer (1st review) will be arranged within four weeks to review how the Placement Plan is progressing.

Delegated Authority

The revised Statutory Framework for Fostering and Care Planning which came into force in April 2011, and the Foster Carers' Charter, outline the importance placed by the Government on Foster Carers being able to take a greater range of decisions about day to day aspects of the lives of the young people they care for.

Delegated Authority is the term used when the responsibility for making day to day decisions about a child has been passed to the Foster Carer. This can include decisions around activities, haircuts and overnight stays amongst other things. There is a general agreement that it is extremely important to improve practice around Delegated Authority in order to help young people to achieve and thrive in foster care.

It is the responsibility of the child's Social Worker to discuss with the person/s with Parental Responsibility (PR) the issues of Delegated Authority, BEFORE the Placement Planning Meeting.

Those with PR for a child (the mother will have PR, the father might do too), retain their PR once a child becomes 'Looked After'. If a child is placed Voluntarily under Section 20 of the Children Act 1989, the Local Authority does not have PR and so agreement must be reached about what decision-making the parents will delegate to the Local Authority. The Local Authority should work with the parent(s) as far as possible to help them understand the benefits to their child of appropriate delegation to the Local Authority and Foster Carers.

It is important that Foster Carers know what authority they have to make decisions about everyday matters involving the child. Arrangements for delegating authority from the parents to the Local Authority and/or from the Local Authority to the Foster Carers, must be discussed and agreed as part of the Care Planning process,

particularly at Placement Planning Meetings and agreements should be recorded on the Placement Plan.

Terminology Used

Parental Responsibility – all the rights, duties, powers, responsibilities and authority which by law a parent has in relation to a child and his property.

Accommodated – when young people are ‘Looked After’ by the Local Authority and in foster or residential care with the agreement of their parents.

Care Order – a Court Order that means that Parental Responsibility for a child is shared by the parent and by the Local Authority. The Local Authority can only override a parent’s exercise of their parental responsibility if it is necessary to do so in order to safeguard or promote the child’s welfare.

Delegated Authority – where a person with Parental Responsibility gives permission to another person to do or agree something on their behalf in relation to a particular child.

Visits by the Child’s Social Worker

All children and young people who are ‘Looked After’ by the Local Authority should have a Social Worker. Their job is to keep regular contact with the child, the family and other significant people to ensure that plans are carried out.

The Children Act 1989 requires that the Social Worker for the child visits:

- On the day the child is placed, to assist in the placement process and to make sure that the child understands (according to his/her ability) what is happening;
- Within one week of the placement - this can be used as the Statutory Visit, if set requirements are met;
- Then at intervals of no more than six weeks until the placement is confirmed as the child or young person's permanent placement;

- In subsequent years, at intervals of no more than six weeks (three months if the placement is intended to last until the child is 18);
- Within 48 hours of the child/young person returning from a missing episode.

Social Workers should arrange to see the child alone. A visit must also be made following a reasonable request from the Carers or the child.

Note: The child’s bedroom should sometimes be seen and at least one visit per year should be unannounced. This is a legal requirement.

Review of the Child or Young Person

Regular reviews are carried out to check the plans and decision-making in relation to placements and will be arranged within statutory time scales. A review must be carried out within the first month of placement and after a further three months a Permanency Planning Meeting will be held, followed by reviews at 6 monthly intervals. Reviews will be Chaired by the Independent Safeguarding and Reviewing Officer (ISRO).

The Review may be attended by birth parents, Carers, Social Workers and other professionals as appropriate concerned with the child’s welfare.

The child or young person should be encouraged to attend the Review. Their views can be represented either in writing or through their Carer, Social Worker or a friend/Advocate.

The ISRO may visit the child or young person prior to the Review to ascertain their views.

Advocacy for Children

Independent Advocacy is available for important meetings such as Permanency Planning Meetings (usually the 4-month Review) and Child Protection Meetings. This is provided by an independent organisation, **Reconstruct** see www.reconstruct.co.uk for young people

aged 10 years and above, depending upon their maturity and ability to understand.

The Advocate will get together with the young person before the meeting and decide with them the best way to voice their views and feelings. They may be written down and presented either by the Advocate or the young person. This is a powerful input to a meeting that is making decisions about a young person's future. The Advocate may then also talk to the young person after the meeting about the decisions made.

If a child or young person makes a complaint while in care they should also be provided with an Advocate.

Advocacy will be arranged via the child's Social Worker. It is also open to Foster Carers to contact the Service themselves with any referral – the Service will only be involved if the young person wants it.

The Purpose of a Review is to:

- consider any issues relating to 'Delegated Authority' (see section in the Foster Carer Handbook)
- seek and take into account the views of the child/young person, parents, Foster Carers, and any other person involved with the child
- review the child's welfare and progress, including their health, physical, emotional, educational and social development
- consider whether fostering and this particular placement are the most suitable for the child, and re-define the tasks that each participant will be undertaking
- ensure that the child's needs arising from their cultural background, racial origin, and religious persuasion are being met
- consider the future needs of the child and plan accordingly
- review contact arrangements

Planned Endings

The aim should be to achieve a planned ending with careful preparation and transition - whether the child or young person is returning to their family, moving to another placement in care, an adoptive placement or on to independent living.

Foster Carers have an important role to play in preparing and reassuring the child or young person, assisting in gradual introductions and in helping the next Carers to understand the child or young person's habits, routines and needs.

Planning and Preparation for Leaving Care should begin in good time if the young person is moving on to independence from a foster home. The Duty to provide support after Leaving Care lies with the Local Authority, not the Foster Carers. In some cases the fostering family may be willing to continue in a befriending role to a young person who has left care and the foster home.

See also Children (Leaving Care) Act 2000 in the Legal Section.

Unplanned Endings

These may happen where a crisis leads the Local Authority to remove the child/young person immediately; where the Foster Carer asks for the child/young person to be removed or where the child/young person insists on leaving. Where the child/young person is being Accommodated under Section 20, Children Act 1989, a parent may insist on removing the child/young person. In this case the Carer should inform the child's Social Worker and Supervising Social Worker immediately so that appropriate decisions can be made concerning the child/young person.

A Local Authority may not allow a child/young person to remain in a foster home if it considers that his or her best interests are not served by staying there. Ideally, a child or young person should not be removed without an early Child in Care Review Meeting being convened unless deemed to be 'at risk'.

In situations where Foster Carers are beginning to feel that a placement should

no longer continue, they should not feel they have failed. Nor should they be reluctant to contact their Supervising Social Worker or the child's Social Worker before they reach breaking point. The earlier all concerned are made aware of the situation, the sooner they can help and offer additional support. The priority should be to avoid the child leaving in an emergency.

Both the child and the Foster Carers will need help in coping with a disrupted placement and they can all be reassured by the fact that often no one person is to blame.

Unless the Regulations specified in 14.5 of the Care Planning, Placement and Case Review Regulations 2010 apply, the responsible Authority may only terminate the placement following a Review of the child's case in accordance with the 2010 Regulations part 6.

The functions of the ISRO have been set out in section 25B(1) of the 1989 Act and Regulation 45 of the 2010 Regulations. Between Reviews, if the Care Plan continues to meet the needs of the child, there may be no need for any communication

between the ISRO and the Social Worker or the child. However, in the event of a significant change/event in the child's life, the Social Worker must inform the ISRO.

Such changes include:

- a proposed change of Care Plan, for example, arising at short notice in the course of proceedings following directions from the court
- where agreed decisions from the Review are not carried out within the specified timescale
- major change to the contact arrangements
- changes of allocated Social Worker
- any safeguarding concerns involving the child which may lead to enquiries being made under Section 47 of the 1989 Act (Child Protection enquiries)

and outcomes of Child Protection Conferences or other meetings that are not attended by the ISRO

- complaints from or on behalf of the child, parent or Carer
- unexpected changes in the child's placement provision which may significantly impact on placement stability or safeguarding arrangements
- significant changes in birth family circumstances for example births, marriages or deaths which may have a particular impact on the child
- if the child is charged with any offence leading to referral to Youth Offending
- Services, pending criminal proceedings and any convictions or sentences as a result of such proceedings
- if the child is excluded from school
- if the child has run away or is missing from an approved placement
- significant health, medical events, diagnoses, illnesses, hospitalisations, or
- serious accidents
- panel decisions in relation to permanency.

Disruption Meetings

If a permanent placement breaks down there may need to be a Disruption Meeting. This is to help everyone involved identify factors leading to the breakdown, to learn from the experience and to plan for the future. An independent person or a Senior Manager usually Chairs the Disruption Meeting.

Foster Carer Files

The Fostering Service is required to keep Foster Carer files safe and confidential. Files will be maintained by the Fostering Service and Business Support and should include:

- an Assessment Report signed by the Carers, their Assessing Social Worker, the Fostering Practice Manager and the Chair of the Foster Care Panel. The approval is given by the Agency Decision Maker
- a copy of the letter following panel giving details of the ages, gender, numbers of children to be cared for, and the type of fostering to be undertaken
- a signed and dated copy of the Foster Carer Agreement Form
- a copy of Annual Review Reports
- the outcome of any complaint, concern or allegation raised against or by the Carers
- copies of any correspondence
- record of contact and supervision between the Carers and their Supervising Social Worker
- a clear record of de-registration where applicable
- a clear chronology of significant events at the front of the file

All records must be kept for 15 years from the date on which Carers are de-registered.

Access to a Foster Carer file is restricted to those who are properly authorised and need access because of their duties. Foster Carers have a right to see their own records. Such requests should be made through a Carer's Supervising Social Worker who will advise them about the process

Foster Carers do not have a right to see references taken up during assessment, or Strategy Meeting reports or third party information as these are confidential.

GOOD PRACTICE IN FOSTERING

Foster Carer Recording

Foster Carers have to keep a record of events relating to the children/young people in their care. Such a record may be used later in giving evidence in court, as part of the Child Protection process or simply to inform the child's Review. These records are confidential and must be kept securely.

Important events relating to Looked After Children should be reported to the child's Social Worker as soon as possible and recorded. When the child moves, all records in relation to the child should be passed to the child's Social Worker (see guidance in Foster Carer Recording folder).

The recording file will be monitored regularly during supervision visits and annually as part of their Foster Carer Review by the Carer's Supervising Social Worker. They can also be viewed by the child's Social Worker at any time. Facts and opinions must be clearly separated. When a child leaves foster care or moves on to another placement these records have to be passed to the child's Social Worker. The Supervising Social Worker can assist with this. Please remember that children and birth parents may also be able to view these records.

The recording file should be returned to the Department when the Carer ceases fostering.

Confidentiality

Working in partnership with birth parents is a prime task of fostering. Relationships can be completely undermined if confidentiality is not fully respected.

In sharing the care of a child, Carers will receive a lot of confidential information which the child and the family have given in trust. It is appreciated that Carers or the child, may wish to share certain information with very close relatives and friends or other people concerned with the welfare of the child – but Carers should discuss this

and seek permission from the child's Social Worker in the first instance.

Carers may at times discuss very sensitive situations with each other in mutually supportive roles **but must remember that such discussions should be treated in highest confidence and children never specifically identified or named.** They must carefully consider how much detail they need to reveal when looking for support from other Carers and should operate on a 'need to know' basis.

When a child is placed, Carers will receive a certain amount of highly confidential written information. This should be kept in a secure place and returned to the child's Social Worker when the placement ends.

Photographs

Carers may take photographs of the children in placement as an incidental part of their own family life, or as part of agreed Life Story Work (see section on Life Story Work). Such photographs are exempt from the Data Protection Act, but must not be passed on to anyone else without permission of the child's Social Worker. There is a section within the fostering families Safe Care Statement about taking photos.

Contact

The Local Authority has a legal duty to promote contact unless it is not reasonably practicable or consistent with the child's welfare.

Sometimes a child may return from time spent with parents in an upset or confused state. Carers need to realise that the child needs time to readjust or may need help in talking about their feelings. Try and prepare the child for meetings where appropriate.

Including the birth family in celebrations such as birthdays can be very helpful.

If a member of the child's family visits unexpectedly, it is important to know what to do. The child's Social Worker should have described the child's legal status and Care Plan at the Placement Planning Meeting and should have made clear any

concerns regarding any particular individual. Ensure you record such visits.

Some Foster Carers may be involved in helping children to move on to adoptive homes or be interested in adoption themselves. Further information about adoption is available from the Fostering Service or the Adoption Service

- Any plan for permanent foster care or adoption will be made at a formal Child in Care Review Meeting, also known as a Permanency Planning Meeting. Foster Carers will be invited to these meetings and asked, with assistance from the Supervising Social Worker, to prepare a report in respect of the child's progress in placement. As the main Carer, they have valuable insight into the needs of the child

Each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in his or her Care Plan and/or Placement Agreement .

Where the Care Planning and Carer's personal situation allows, it is expected that Foster Carers will allow up to two contact sessions a week (maximum 3 hours per session), in their own home to facilitate contact, providing it is appropriate to do so.

- The Foster Carers role in respect of contact arrangements needs to be agreed at the Placement Planning Meeting and not be changed unless agreed by all parties.
- Contact arrangements should be established, maintained, monitored and reviewed. The child's views should be sought and, wherever possible, given priority in determining contact arrangements.
- Some Foster Carers are trained and paid to undertake formal, supervised contact, both in respect of children placed with them or those placed with other Carers. This can take place at the Carer's home or at an alternate venue. This happens only with formal approval by the Children's Area Placement Process (CAPP).

Foster Carers who are interested in offering this service should speak to their Supervising Social Worker in the first instance.

Child Staying for a Visit or Holiday with a Friend or Relative of their Foster Carer

In making decisions about whether or not to permit a Looked After Child to stay overnight with a friend or to have a holiday with their friends or with relatives of their Foster Carers or to go on a school trip, Foster Carers and responsible Authorities should consider the following factors:

- Whether the issues of 'Delegated Authority' have been discussed and agreed for that particular child (this should be covered at Placement Planning Meetings) with those who have Parental Responsibility in respect of the child. Please see section on Delegated Authority in the Handbook
- Whether there are any relevant restrictions contained for exceptional reasons in the child's Care Plan, including the Placement Plan
- Whether there are any Court Orders which restrict the child from having a particular overnight stay, visit or holiday
- Whether there are any factors in the child's past experiences or behaviour which would preclude the overnight stay, visit or holiday
- Whether there are any grounds for concern that the child may be at significant risk in the household concerned or from the activities proposed
- The age and level of understanding of the child concerned
- What is known about the reasons for the overnight stay, visit or holiday
- The length of the stay.

If in doubt about the appropriate decision or if there is reason to consider that a child may be at specific risk in staying in a

particular household, the Foster Carers should consult their Supervising Social Worker and the child's Social Worker for advice. The child and their Carers should always be told of the criteria that will be used to make decisions about overnight stays, visits and holidays. Any such visits, stays or holidays must only be made with the full agreement of the parent, placing Social Worker and the Supervising Social Worker and written consents recorded on the Delegated Authority Form.

Foster Carers should always have contact details for the household in which the child will be staying. They should also make contact with the household beforehand, as would any good parent, to assist in assessing the request, to confirm arrangements and to ensure that the household where the child will be staying have, in turn, the contact details of the Foster Carer(s).

There is no statutory duty for Criminal Records Bureau (CRB) disclosures to be sought in relation to adults in a private household where a child may stay overnight or visit, or who the child may accompany on a holiday or on a school trip. CRB checks should not normally be sought as a precondition.

There is no requirement that where a Looked After Child visits or spends a holiday with their Foster Carer's friend or relative that the individual must be approved as a Local Authority Foster Carer, as the child will remain formally placed with their usual Foster Carers. However, Foster Carers must be contactable and able to return in the event of an emergency. Should this not be the case, the child should be formally referred for a respite placement by the placing Social Worker.

Sleepover Policy

Devon's Foster Carers have been instrumental in developing the 'sleepover' policy. It enables Carers (Foster Carers and residential staff) to authorise a sleepover when planning has not been possible - and is under review at the time of writing. The government have given permission to reduce the bureaucracy

previously related to sleepovers. This should 'normalise' requests so that looked after children experience less stigmatisation.

Unplanned sleepovers

An unplanned short period away from home should not exceed four days, and will not require a Social Worker to visit or a criminal record bureau check beforehand. The circumstances may include:

- A 'sleepover' at a friend's birthday, or if a friend has asked the child / young person to stay overnight;
- A friend's family are going out for the day and the child / young person has been invited, but the family will not be back until late;
- A friend's family has a caravan / motor home and are going away, for example for a Bank Holiday weekend, and the child / young person has been invited to join them;

Responding to a request for an unplanned sleepover

When there is a request for a stay away (not exceeding four days), Carers who have been delegated responsibility for decision making will need to make a judgement similar to one they would make for their own child. Carers should specifically consider:

- How well the friend's family is known to the child and / or the Carers?
- Have the arrangements been confirmed with the parent(s) of the friend?
- What are the arrangements for the child returning to the placement?
- Are the Carers confident that the child/young person concerned is aware and able to keep themselves from harm, and knows what to do if they feel uncomfortable and want to return home earlier than planned?
- Will the adult(s) looking after the child / young person during the visit ensure that if the child/young person wants to

return to the placement earlier than planned, they will contact the Carers?

- Have the Carers ensured that they have left a contact telephone number where they can be reached if they are not going to be at home for the entire period the child / young person is away?
- If the Carers are not satisfied with the arrangements, then they should refuse the child / young person's request in the same way they would for their own child
- Carers should inform the child / young person's Social Worker and their Supervising Social Worker of visits that have taken place. Carers should record these visits on their recording sheets (Form 11).
- Regular overnight stays with the same friend, or longer planned periods away from the placement, require a Criminal Records Bureau check.

Sleepovers for young people aged 16 and over

Young people aged 16 or 17 years who are looked-after may, in very exceptional circumstances, have a sleepover with other young people aged 16 or 17 years without a responsible adult being present. Once assured of arrangements and safety, the Social Worker / Foster Carer must discuss the proposal with the Practice Manager to agree a plan.

In deciding whether the circumstances are exceptional, the following factors must be taken into consideration:

- the reason for the sleepover;
- the circumstances of the proposed stay;
- the nature of the relationship between the young person and the friend/s, and whether either the young person or the friend/s may be at risk;
- the social and emotional development of the looked-after young person, and the extent to which the friendship promotes the young person's social and emotional development.

Computer Use

Carers should be aware of the potential dangers of the internet as well as its obvious benefits for both education and leisure. Carers should ensure that internet filters, also known as parental controls, appropriate to the age of the children are installed. If possible, computers should be located in communal areas within the household and Carers should monitor their use. Children should be guided on the safe use of chat rooms, including using a nickname and never agreeing to meet anyone in person who they have been in contact with online, unless in a public place with the Carer present.

E-Safety Foster Carers will be supported by their Supervising Social Worker to establish internet usage policies for their household. Setting up a written agreement with older children about usage must be considered.

Foster Carers must be made aware of a range of online resources which are available to help parents and Carers to help children Stay Safe Online, such as www.thinkuknow.co.uk or www.childnet.com

Foster Carers are to be provided with information about how to keep them-selves safe on the internet and observe confidentiality. On approval, Foster Carers receive the Family E -Safety Kit. Further copies can be requested via the Supervising Social Worker. Please also see:

<http://www.devon.gov.uk/index/childrenfamilies/fostering/fosterCarersinformation.htm#computers>

Babysitting

Children in Care may be included in your normal babysitting arrangements. It is recommended that babysitters should not be under 18 years old. The child in placement no longer needs a babysitter when aged 14 or over, but thought must be given to the maturity of the child and in what circumstances he or she is being left. Carers can use their older adult children as babysitters if they are deemed suitable. Carers should use people known to them, but if they are to be regular sitters a

Criminal Records Bureau form needs to be completed.

Activities

Life for children and young people in foster care should be as 'normal' as possible and, therefore, it is never possible to avoid some risks involved in activities such as swimming, horse-riding, canoeing etc. However, Carers should not expose children to high-risk situations without appropriate safeguards and discussion with the child's Social Worker and Supervising Social Worker.

Consent for Activities, Trips and Holidays

Consents for outdoor activities, school trips and holidays abroad should be discussed and agreed as part of 'Delegated Authority,' issues covered in Placement Planning Meetings and at subsequent Child in Care Reviews. Please see section on 'Delegated Authority' in the handbook.

Please note: Children in Care should not be taken on holiday during term time.

Valuing the Individual Child

Children in foster care can come from a wide range of cultural backgrounds. This is reflected not only in their race, religion and language but also in the way they have been brought up. They may have different skin colour, hair, dress or religious beliefs. They may speak a different language or eat different types of food.

Carers need to recognise, respect and celebrate these differences. They may also need to support them in feeling positive about themselves and being proud of their heritage.

Sometimes young people may suffer harassment because of their skin colour or religion, or simply because they are "In Care". They need help and guidance on how to tackle these situations. Where Carers find themselves caring for a child from a different cultural background, the child's Social Worker will make efforts to locate and link with appropriate people of similar culture.

There are clear laws against discrimination on race, disability, sexuality or gender.

Sometimes, a child with additional special needs has become too difficult for the parents to cope with and that is the reason why he or she is being

Looked After. Carers can help by obtaining as much information as possible about the disability. Training on specific difficulties may be available to Carers looking after these children and young people. Whilst caring for disabled children and young people can have its own challenges, it can also bring its own rewards in helping children to realise and achieve their potential.

Devon County Council endorses the National Standards for Foster Care which state that: "Children and young people and their families are provided with foster care services which value diversity and promote equality."

- Each child has her or his own identity and self esteem valued and promoted: Foster Carers, and Social Workers work co-operatively to enhance the child's confidence and feeling of self worth
- Names are very important – a child's name needs to be respected and should not be shortened/amended without permission and discussion with the Local Authority and parents
- There are no general rules about what your child in care calls you, and what you call them, so talk to the child about what they would like to call you. Sometimes younger children use Mummy and Daddy
- If Mummy and Daddy are the child's favoured names for the Foster Carers, they should talk with the child's Social Worker. This could be discussed at a meeting or review, as birth parents may be distressed by the child's decision and this could affect the placement. A way round this is for Carers to add their first name to the title, e.g. Mummy Rachel and Daddy Pete, which does

not then lead to confusion with the birth parents.

- A child retains his or her own forename when fostered, but changes the surname when adopted. If a child in care says he or she wants to be known by a different surname, the Social Worker and parents must be consulted. . Parental permission is required to change a name for a child (under the age of 16) or even for a child to be 'known as', for instance, within a home or school setting.
- The child's race, culture, religion and language must be respected. Discrimination should be challenged on behalf of any child. Carers need to promote children's cultural and religious heritage and identity.
- Beliefs – Carers may have their own strong beliefs. These should not be imposed upon a child and issues such as church attendance/ household values need to be discussed at a planning stage in any placement.

Life Story Work

- Many children who are Looked After have complexities in their lives – they may have experienced abuse, many moves or separations and they may have patchy memories about what has happened or been given an inaccurate account of their past.
- Life Story work can be a useful tool in helping children to make sense of their lives. Such work is planned by the Social Worker, and the Carers may be involved in assisting and supporting it. A Life Story book to help the child understand his or her life may be produced, and this may include photos and letters etc. It is important to maintain a record of the child's life and progress at each stage whilst in foster care. This can be done by keeping a written or photographic record – see the previous section on Photographs. Consideration must be given to safeguarding the child in relation to confidentiality.

- It is very helpful to keep mementos such as drawings, certificates and admission tickets to help illustrate activities the child has participated in whilst in your care. In this way you can provide the links for a young adult who is looking back and trying to make sense of their care history.

Education

‘The learning and educational needs of each child or young person in foster care are given high priority and she or he is encouraged to attain her or his full potential.’ (National Standards).

‘Carers have an important contribution to make to a child’s educational progress and development. They are in a good position to observe and to help identify and assess both the child’s real capabilities and any difficulties, fears and development deficits. Carers will need to be supported in this role with the help of the teacher through school reports and direct contacts with the school. The child’s educational progress must be kept under review.’ (Children Act 1989)

All Devon’s Children in Care should have a **Personal Education Plan or PEP**. Foster Carers will be asked to contribute to its completion at a **PEP meeting** and should have a copy.

Personal Education Allowance (PEA)

This is an allowance of up to £500, available for each Child in Care who is at risk of not reaching the National Standards of Attainment and have been identified as eligible for additional support through their PEP. The PEA is accessible via the child’s Social Worker. The aim of the PEA is to prevent Children in Care from falling behind other children in their education and if they are already behind, to help them catch up or to support better prevention and early intervention.

There should be a Designated Teacher for Children in Care in every school.

- Devon is sometimes able to provide a computer for Children in Care, and this will be considered according to the

child’s age, educational needs, disability and available budget. Carers should discuss this possibility with the child’s Social Worker and Supervising Social Worker. All Devon Foster Carers are given a grant of £600 to buy or update their computer and help with broadband access of up to £15 per month. This is to allow all children in placement access to a computer for educational and social networking purposes and to facilitate the service keeping in touch with Carers.

- Exclusions – reducing exclusions from school is a high priority and forms part of Devon’s Children and Young People’s Plan. This includes a rapid response to the imminent exclusion of children with special educational needs and a protocol to prevent the exclusion of Children in Care

Should a child in care be excluded from school, Carers should immediately contact the child’s Social Worker, and their own Supervising Social Worker

Admissions

Children in Care are often needing a school place during the academic year when some schools are full. The Schools Admissions Team have arrangements in place to admit Children in Care to a school as quickly as possible.

- Because of their educational vulnerability, Children in Care must not be taken out of school during term time for the purpose of holidays.

For more information on raising educational standards visit the [Devon Fostering Website](#)

Employment and Children in Care

The regulations covering the employment of Looked After Children are the same as for all children. The basic principle is that **no employment should interfere with the education of a young person.**

Health

Each child or young person in foster care receives health care which meets her or his needs for physical, emotional

and social growth, together with information and training appropriate to her or his age and understanding to enable informed participation in decisions about her or his health needs.

Practice Guidance

- 1) A full health assessment is carried out for every child/young person in foster care each year and every child/young person should have a Health Plan that is reviewed in the light of regular health assessments.
- 2) Carers should ensure that children and young people's routine health care needs, such as dental checks and sight and hearing tests, are met. It is helpful if Carers can have this information readily available for the child/young person's Child in Care Review.
- 3) Details of a child/young person's medical history should be obtained when they first become Looked After and this information should be passed on to Carers. Carers should ask for details, particularly if the child has to take any medication or has particular health needs or allergies.
- 4) It is essential to know the name of the child's own Doctor. If a child has a serious illness or is admitted to hospital, Carers must notify the child's Social Worker or Emergency Duty Team who should then inform the child's parents. Any illness should be recorded and details of any medication or treatment administered.
- 5) Foster Carers should obtain temporary registration with their local health practice for any children in their care.

Consent for Medical Treatment

When a child is placed, Foster Carers must be given a copy of the Placement Agreement with signed medical consent. If they do not have this, they must inform the child's Social Worker, and their Supervising Social Worker.

Foster Carers may be able to sign forms such as consent for medical treatment including anaesthetics, dental treatment and permission for inoculations. These

forms may only be signed by the Foster Carer if:

- the child's parents have delegated their power to consent to the Local Authority, and
- the child's legal status permits this

In certain circumstances, Foster Carers are not authorised to sign medical consent forms. Carers should discuss this fully with a child's Social Worker immediately that child is placed in their care.

Young Person's Consent

Young people of 16 years and over can give or withhold their consent for their own medical examinations and treatment. Young people under 16 may also be able to give or withhold such consent, depending on their capacity to understand the nature of the condition and the treatment. It is for the doctor to decide when a young person is capable of giving informed consent after consultation with those that know them best.

It is often the case that young people who have experienced frequent disruption in their lives have health care needs that are treatable but which over a period of time have been undetected, ignored or given insufficient attention. Carers should adopt a vigilant attitude towards the health of young people, especially in emergency and short-term situations where their needs are not well known. If concerns arise, medical advice should be sought promptly, especially where this relates to drugs, solvents, alcohol, etc.

Carers must pay attention to the storage of medications, making sure that a locked cabinet is used. A lockable box, such as a cash tin, provides suitable storage for medications which need to be refrigerated. Young people of 16 years and over should, in general, should be trusted with the retention and administration of their own medication. This should be based on their level of maturity and understanding. Some younger children with illnesses like asthma may be used to using inhalers. It is important for Carers to know what level of responsibility their birth parent and main

Carers have given their children, and whether this is appropriate.

Specialist CAMHS

Specialist CAMHS is a multi-disciplinary service for children and young people which aims to help them with a range of mental health issues.

Children or young people who are seen by specialist CAMHS may be experiencing one or more of the following:

- Emotional disturbance
- Attachment disorders
- ADHD
- Eating difficulties
- Depression and/or anxiety
- Psychotic illness
- Behaviour difficulties

Support is generally offered to Carers and children may receive counselling, group work, family work, Carer/child work, individual psychotherapy or more general support. Occasionally, they may need the help of medication.

Decisions about whether to refer a child or young person to the service will be part of a child's Care Plan/Review. The child's Social Worker will receive information from Carers about the child's behaviour, and will make a referral either through the GP or direct to the service.

Health Policy for Looked After Children

The Personal Health of Looked After Children

POLICY STATEMENT: The Directorate recognises that it has a responsibility to ensure that children and young people Looked After attain and sustain as healthy a lifestyle as possible given their individual circumstances. This requires providing them with information and support appropriate to their age and understanding and helping to develop the personal

awareness and personal skills necessary to act on such information.

It is a policy that considers good health to be a positive state of physical, psychological and emotional wellbeing, not simply the absence of illness.

It recognises that there needs to be separate guidance about the provision of medical checks, about response to symptoms of illness and about treatment and medication.

Good Health Care

Mandatory Guidance:

There should be a comprehensive health record/Personal Health Plan available in respect of each child. Where this is not available, or where significant information is missing, efforts should be made to obtain it from the child's Social Worker.

According to their age and ability, children and young people should be encouraged to learn about their health history and its possible importance for later life.

Priority should be given to the maintenance of routine health care, especially dental, sight and hearing checks and where appropriate, immunisations.

Practice Guidance

Taking into account age and ability, children and young people should be taught the importance of good health care, the range of services available and how to access them.

As appropriate, they should be encouraged to take responsibility for their own health care. In particular, young people approaching independent living need to know how to register with a GP and dentist, when to use them and how to deal with any particular medical conditions to which they may be susceptible.

A young person's sexual health needs should be included and addressed in the Personal Health Plan as part of the care

planning process. Where Carers are unsure of how to deal with a situation, they should consult the young person's Social Worker and their Supervising Social Worker.

Healthy Lifestyle

Mandatory Guidance:

Staff and Carers should follow the guidance the Directorate has established on smoking, alcohol and substance misuse that will, from time to time, be reviewed.

Practice Guidance:

More generally, the care of children and young people needs to be mindful of health implications. Those caring for children should be seeking to encourage a healthy lifestyle. This is particularly so in relation to diet, exercise, rest and personal hygiene.

To be able to establish a healthy lifestyle, children and young people need to be provided not only with information and advice but also the skills with which to utilise that knowledge and the wish to do so.

Those caring for children need to be aware of their own behaviour, the example they provide and the need for consistency.

The Directorate cannot condone illegal activity but also has a commitment to the welfare of the child or young person and to minimising harm. Forbidding an activity cannot ensure that it does not happen and scrutiny and surveillance must be matched with information, advice and counselling. Prevention is also better than cure, so that supporting those not engaging in an inappropriate activity is as important as dealing with those who are.

There are also areas where the experiences, preference and beliefs of those caring for children are most likely to affect their approach to the issues. However,, these are areas where consistency across the Directorate is crucial and staff and Carers must not allow

personal attitudes to undermine agreed practice.

Sexual Health Guidance for Children and Young People in care in Devon

All young people have the right to receive good relationship and sex education. It helps to prepare them for a healthy adulthood, prevent unintended pregnancy and sexually acquired infections and supports the development of fulfilling, non-abusive personal relationships. Young people in care are less likely to receive guidance and support about sexual relationships. It is, therefore, vital that their sexual health needs are considered and addressed by Carers and staff.

The White Paper, Care Matters: Time for Change (2007) emphasises the fundamental importance of good health and wellbeing for Children in Care. It also points to evidence that Children in Care often have poor sexual health and may be more vulnerable to involvement in risky sexual activity, exploitative and abusive relationships and early parenthood.

The Devon Young People's Sexual Health Strategy 2008-2012 demonstrates Devon's commitment to work with all partners to help to achieve a shared vision of an environment in Devon which promotes positive sexual health for all young people.

The guidelines apply to Carers and staff providing services to young people in care within Devon. They may also be of interest to a range of others, including young people in care, Carers and their families. They outline the duties, responsibilities and rights set out in law and national guidance and how these can be applied when providing information and directing young people in care to sexual health services.

The full documents contain excellent helpful guidance and can be found on the following web pages www.devonpct.nhs.uk and www.devon.gov.uk/fostering, or contact your Supervising Social Worker, or local fostering team for further information.

The policy addresses a wide range of issues including:

- Respect for self and own behaviour

- Information on advice on health and ill-health.
- The legal framework
- Specific consideration for young people with disabilities
- Anti-discriminatory practice (this can include ethnicity, culture, religion, gender, sexuality and HIV status)
- Parental involvement in decision making
- Sexual intercourse
- Contraception, pregnancy, childbirth and termination
- Disclosure of abuse and Child Protection issues
- Confidentiality

Courses on sexual health and awareness are provided through the fostering training programme www.devon.gov.uk/fostering

SAFEGUARDING CHILDREN

Safer Carer Agreement

Foster Carers are to encourage children to take appropriate risks as a normal part of growing up. Foster Carers are expected to help children to understand how to keep themselves safe, including when outside of the home or when using the internet or social media. (Standard 4.4)

Safer Caring Agreements consider particular risks and identify appropriate behaviour in relation to those risks.

Foster Carers are to be provided with 'Safer Caring' training as part of the 'Skills to Foster' preparatory training and on-going training. A detailed book explaining all aspects of Safer Caring is included in the Foster Carer's Information pack. (Standard 4.6)

The Supervising Social Worker is to ensure that a Safer Caring Family Agreement is completed during the assessment process.

Supervising Social Workers are to make sure that all members of the household are involved in this process.

The Family Agreement is to be reviewed:

- At least once a year at the Foster Carer Review;
- If there are any changes in the fostering household;
- At a child's statutory review if further risks are identified, or there have been any significant changes.

A Safer Caring Child Individual Agreement is to be completed or a Risk Management Meeting to be convened when a child or young person is about to be placed or at any time during the placement, where there are additional risks identified, not covered in the Family Agreement. All aspects of the Safer Caring Family Agreement apply, but additional factors may be added specifically relating to an individual child. The Individual Agreement or Risk Assessment for each child ensures that specific risks are considered and addressed so that the Foster Carers, their family and the foster child are safeguarded. Families' information regarding risk will be considered in any Risk Management Meeting. (Standard 4.4)

Prior to placement, at the Placement Planning Meeting or within 24 hours of the child being placed, Foster Carers are to be provided with full information about the child to be placed. This information is to include any relevant information about their family to enable them to protect the child and any other child for whom they have responsibility. (Standard 11.3)

The Family Agreement is to be shared with the child at an age appropriate level by the Foster Carer and child's Social Worker within five days of placement. (Standard 1.3)

The Family Agreement is to be filed in the Foster Carers file. The Child's Individual Agreement or Risk Assessment is to be given to the child's Social Worker to be filed electronically on the child's record.

If further risks are identified during the placement, the child's Individual and or Family Agreement is to be amended by the Supervising Social Worker. The amendments can be made as a result of discussions between relevant professionals and the Foster Carers. If more complex and a Risk Assessment is in place, the Risk Management Meeting is to be reconvened with all relevant parties including the child's Social Worker, to consider the risks and make decisions about how the risks are to be managed. (Standard 4.1)

Should an external risk to the child or the placement be identified, (e.g. from family members) the child's Social Worker is to arrange a Risk Management Meeting to which the Supervising Social Worker and/or Fostering Practice Manager is to attend. (Standard 4.1)

The Supervising Social Worker is to ensure that all relevant aspects of risk and risk management are recorded on the child's Individual Agreement or Risk Assessment.

The Supervising Social Worker is to record on the Chronology that a Risk Management Meeting has been held and detailing where the minutes are stored and a copy is to also be placed on the child's file.

Health and Safety Assessments

The Assessing Supervising Social Worker is to ensure that they inspect the applicants' accommodation, including the outside environment and their transport during the Initial Visit and pay particular attention to the proposed sleeping arrangements for foster children. If there are obvious hazards the Assessing Supervising Social Worker must discuss these with the applicants and consider:

- Whether the accommodation is suitable for any foster child;
- Whether the accommodation is suitable for the type or numbers of child/ren proposed to be fostered (age, gender, disability);
- If not safe, whether changes and adaptations can be made that will make

the accommodation and environment safe.

If the Assessing Supervising Social Worker remains in any doubt about the suitability of the accommodation, they are to discuss this with the Fostering Practice Manager before proceeding with the assessment. If necessary, guidance is to be sought from the Operations Manager, Fostering and/or Fostering Panel.

All pet dogs within a household are to be 'wormed' regularly.

Where a dog resides within the household, the Supervising Social Worker is to complete the 'Pet Questionnaire'. This is reviewed annually as part of the carers' review.

The questionnaire refers to dogs which are illegal to keep. A description can be found in Annex A of the guide to Dangerous Dogs available on the [DEFRA](#) website. DEFRA no longer provide photographs to assist with the identification of these dogs as they can look very different yet have a substantial number of characteristics present to be considered a dangerous dog.

If there are any queries regarding the breed/temperament or health of a dog the Supervising Social Worker is to contact the [Animal Health and Welfare Team](#) (Neighbourhood and Environmental Quality Unit) for advice or to request a joint visit.

The Supervising Social Worker needs to identify if applicants own firearms. Where the applicant holds firearms a current firearm certificate must be seen and a copy placed on file. The Supervising Social Worker must see where guns and ammunition are stored. They must be separately secured in such a way that a child or young person cannot access them.

If there are concerns arising from these checks they are to be fully discussed with the applicants regarding any risk factors. The weight to be given to specific concerns is to be considered and if necessary the Supervising Social Worker is to ask the applicant to take corrective action before the case is presented to the Fostering Panel. If there is continuing doubt then the

matter is to be discussed with the Fostering Practice Manager or advice can be sought from the Operations Manager, Fostering and/or Fostering Panel.

If these risks cannot be addressed to the satisfaction of the Supervising Social Worker, the Fostering Practice Manager, the Operations Manager Fostering, the Fostering Panel, or the Agency Decision Maker, the application is not to proceed. The applicants are to have a right to appeal or refer to the Independent Review Mechanism (Please refer to the Fostering Panel Procedure).

In all cases where a recommendation is being made to the Fostering Panel for approval of an applicant, the Health and Safety Assessment must be completed and attached to the BAAF form F

A Health and Safety Assessment is to be completed and reviewed by Assessing /Supervising Social Workers at the following times:

- During the assessment of applicants who wish to become Foster Carers, prior to the presentation of the application to the Fostering Panel
- Every year as part of the Foster Carers Annual Review
- Whenever a Foster Carer moves house or carries out major structural works or other changes to their existing property and its immediate environment
- Where there are major changes to the immediate environment surrounding the home, for example new building works or the creation of a new road (in such circumstances it is only necessary to complete the relevant sections of the assessment)
- Whenever the Foster Carer changes their car (in such circumstances it is only necessary to complete the relevant sections of the assessment)
- If there is a significant change in a Foster Carers category of approval

- If the Foster Carer has a swimming pool built on their property. A swimming pool check list would need to be completed by the Supervising Social Worker.
- If the Foster Carer lives on a farm, a farm risk assessment will need to be completed by the Supervising Social Worker.

The Supervising Social Worker is to inspect the foster home annually to ensure it can comfortably accommodate all who live there and that it meets Health and Safety Standards (Standard 10.5). A current Health and Safety check is to be held on file. Any work identified to address Health and Safety issues must be followed up to completion.

The Fostering Service is committed to provide Foster Carers with adequate 'Skills to Foster' preparation training and on-going training which covers Health and Safety issues. The Foster Carer is also to be provided with written guidelines, which outline their Health and Safety responsibilities. (Standard 10.3)

Where a Foster Carer is to provide or is providing transport for the child, the Assessing / Supervising Social Worker is to ensure this is safe and appropriate to the child's needs (Standard 10.4).

In addition, the Fostering Supervising Social Worker is to ascertain at every annual review that the gas check, car insurance, car MOT and safety restraints are up to date.

Foster Carers and Smoking Management

The National Minimum Standards for Fostering Services 2011 emphasise the importance of health promotion awareness for Foster Carers in relation to their own health and that of children in their care. Given the increased evidence it will become more difficult for Local Authorities to justify placing children in environments where they are exposed to the impact of passive smoking.

Devon's Fostering Service Smoking Policy (<http://devonchildcare.proceduresonline.com/pdfs/3.11.9%20Smoking%20fc.pdf>)

follows the BAAF recommendations 'Reducing the Risks of Environmental Tobacco Smoke for Looked After Children and their Carers', to ensure that priority is given to protecting the health of children and their Carers.

Supervising Social Workers are to advise existing Foster Carers who smoke to:

- Do so outside of the home;
- Not smoke in front of, or in the vicinity of, children and young people in placement
- Keep cigarettes, matches, and lighters safely out of the reach of children and young people
- Not supply children or young people with cigarettes or tobacco
- Not allow children or young people to smoke in the foster home.

The Supervising Social Worker is to check and challenge the Foster Carers if any of the above appears to be occurring.

Annual reviews are to address the Foster Carer's management of smoking, and a smoking management plan must be completed by the Supervising Social Worker.

Foster Carers that smoke, cannot be approved for, or have placement with them for any reason, children aged 5 years and under.

Behaviour Management

Supervising Social Workers are to ensure that Foster Carers are familiar with the guidance on control and sanctions within the placement. These may vary depending on the needs of the child.

The Fostering Service is to commission appropriate training for Foster Carers and the Supervising Social Workers where appropriate.

When disciplinary measures are used, children and young people are to be encouraged to write, or have their views recorded and sign their names against them if possible, in the records kept by the Foster Carer.

The Safer Caring Child Individual Agreement or Risk Assessment is to be updated following any incidents. The risks associated with the need for physical intervention must be clearly recorded and an action plan devised in terms of managing any risk.

Physical intervention

There are circumstances when it would be appropriate to intervene physically to prevent harm to the child, young person or others.

If there are any incidents of physical intervention, consideration must be given to whether a Risk Assessment Management meeting needs to be convened.

Supervising Social Workers must ensure that these incidents are recorded by the Foster Carer in their Recording Log and on a PO3 Form and that the Foster Carer informs the Supervising Social Worker and the Child's Social Worker the same day or the next working day.

The Supervising Social Worker must record an observation within the Foster Carers file and also contact the child's Social Worker to notify them of the incident.

When there has been physical intervention, the child has the right to be examined by a Registered Nurse or Medical Practitioner within 24 hours. All children must be given an opportunity to discuss incidents and express their views away from the Foster Carer. The Supervising Social Worker is to ensure that the Foster Carer and the child's Social Worker are aware of this.

Bullying

All suspected or actual incidents of bullying are to be taken seriously by the Fostering Service. They are to be fully investigated and support is to be provided by the child's Social Worker and the Supervising Social Worker to the child and their Foster Carers.

Foster Carers are to record all suspected or actual incidents and report these to the child's Social Worker and the Supervising Social Worker within 24 hours.

The Foster Carer, the Supervising Social Worker and the child's Social Worker are to formulate a plan to address the concerns and this is to include:

- Who should talk to the child;
- Who else needs to be notified (e.g. schools, birth parents);
- Whether any immediate action is needed to safeguard the child.

After any concerns have been discussed with the child, and if bullying is confirmed or continues to be suspected, a risk management meeting is to be held (please refer to 1.5).

The Supervising Social Worker is to record all reported incidents of bullying and the action taken.

A Safer Caring Individual Agreement is to be completed, or a Risk Management Meeting to be convened, when a child or young person is about to be placed, or at any time during the placement, where there are additional risks identified not covered in the Family Agreement. All aspects of the Safer Caring Family Agreement apply, but additional factors may be added specifically relating to an individual child. These agreements are to include details on how incidents of bullying are to be dealt with in the foster home. The Individual Agreement or Risk Assessment for each child ensures that specific risks are considered and addressed so that the Foster Carers, their family and the foster child are safeguarded. Families' information regarding risk will be considered in any Risk Management Meeting. (Standard 4.4)

HIV, AIDS and Hepatitis

In common with many areas, Devon has very few reported cases of HIV infection in children and young people. This being the case, it is unlikely that Foster Carers will be caring for children/young people who are known to have HIV.

However the prevalence of HIV in the general population is increasing and it is, therefore, important for Carers to follow safe hygiene practices for all members of the household and visitors. This includes the safe handling of all body fluids and waste e.g. changing nappies.

Further information about AIDS and HIV is available from Devon's Health Authority and Health Education Department. **Please seek advice and guidance about this issue from your Social Worker and the child's GP where you have any concerns.**

The British Agencies for Adoption and Fostering (BAAF) also produce a leaflet entitled 'Hepatitis and HIV' and this is available from the Devon Fostering teams.

Drugs and Solvents

Where Foster Carers have concerns that young people in their care may be involved with drug or solvent abuse, they should discuss this with the young person's Social Worker and seek advice.

We know that many young people will have experimented with drugs in some form or another before they leave school. Specific advice should be sought if there is particular cause for concern regarding use of drugs, excessive alcohol consumption and/or solvent abuse.

The attraction of drugs includes the excitement of the sensation, the alternative they offer to alcohol and the escape they can provide from feelings of inadequacy or low self-esteem. There is often peer pressure to join in.

It is important that young people understand the different reasons why drugs are taken and what are generally considered to be appropriate and inappropriate uses.

Training will also be available to Carers of older children and teenagers.

Alcohol

Although many people don't think of it as a drug, alcohol can be equally damaging to health and wellbeing. It is important to talk

to children and young people realistically and in context about the dangers of alcohol, especially when taken in large quantities. This includes both the potential effects on health and the changes that over-indulgence will make to behaviour and judgement.

Discussing the issue of alcohol is especially important given the associations often made in the media with romance, adventure and sexual prowess. A high proportion of teenage mothers claim they were drunk when they conceived and an even higher proportion claim they lost their virginity when drunk – and regret it.

Solvents

Solvent abuse is another common form of teenage experimentation. Children may start as young as 8-9 years but usually stop after a few sessions. Others do not.

Solvents can include petrol, dry-cleaning fluids, liquid shoe polish, the butane gas in cigarette lighters, aerosol sprays and certain types of glue.

Warning evidence to look out for includes suspicious containers, a chemical smell on clothes or breath, “drunken” behaviour, sudden swings of mood, loss of appetite and secretiveness about leisure time activities.

Drugs

A wide range of drugs are available today, some illegal and some not. They include:

- cannabis usually smoked in a roll-up cigarette but can be taken in other ways.
- stimulants such as amphetamines, cocaine powder and crack crystals.
- ecstasy usually in tablet or capsule form.
- hallucinogens like LSD and magic mushrooms.
- tranquillisers and sedative pills.
- heroin, either injected, sniffed or smoked. can be seriously addictive.

- tobacco
- alcohol

Signs of drug use include sudden changes of behaviour, loss of appetite, unusual drowsiness, becoming unusually aggressive and demanding money for no explained reason.

If you have any concerns or suspicions about drug use, please speak to the child’s Social Worker or your Supervising Social Worker.

There are several agencies and organisations which can help the young person with such difficulties whilst offering further support to the Carer.

Emergencies and assistance

If you think someone is “high” on drugs, keep calm and patient and try to talk to them about how they are feeling. Do your best to bring them down by talking through, gradually and slowly, where they are and who you are. Sometimes it is best simply to stay with them and stay alert. Any criticism or punishment can wait for later.

In an emergency, make sure that the child or young person has plenty of fresh air, turn them on their side so they won’t choke or vomit, don’t leave them alone and get someone else to dial 999 to ask for an ambulance. Collect any tablets or other substances that might have been taken and give them to the ambulance driver.

Ways of helping young people about drug abuse include talking through the issues, teaching them to care for and value their health and their bodies and getting them to think about other activities or groups of friends which could provide different forms of relaxation or entertainment.

Violence, Aggression and Challenging Behaviour

Aggression is a feature of behaviour that may be an element of youngsters’ need to be looked after and trying to understand some of the causes of this are important. It is helpful for Foster Carers to have strategies for dealing with violent or aggressive confrontations, should they

arise. This can apply equally to younger children and older adolescents.

Youngsters may well have experienced aggression, humiliation or helplessness at home or school during their childhood. Circumstances that are threatening create feelings of fear and insecurity and may well provoke an aggressive response. Fear of humiliation or a sense of being ignored, undervalued or misunderstood, with feelings of low self esteem, may be countered by strong aggressive reactions. Other youngsters may respond by becoming withdrawn and uncommunicative.

Youngsters may have experienced adults who are not able to handle complex and difficult situations and have resorted to outbursts of temper, destructive behaviour or domineering means of control.

Aggression is one of the identified products of frustration and helplessness. Carers should be aware that when faced by challenging behaviour, their own feelings of anger may result from not knowing what to do i.e. frustration and helplessness.

Sometimes, aggression is used to cover up feelings of depression. In some rare cases, aggressive behaviour may have an organic cause, or may be evidence of a psychopathic disorder.

Many youngsters who are looked after by Carers may be ill-equipped to recognise or express their feelings. A lack of success in achievement, being misunderstood or not valued by others can result in feelings of confusion and low self-esteem.

Many Foster Carers will not be experienced in either managing or bearing the brunt of verbal or physical violence and it can lead to the same feelings of inadequacy and helplessness felt by the youngster. The power and significance of aggression should not be underestimated. It requires firm judgement, and often experience, to understand and respond appropriately.

A useful starting point is for Carers to assess and acknowledge levels of aggression within themselves. Recurrent problems and the feeling of running out of

ideas, energy or motivation can result in feelings of helplessness. Carers should endeavour to know a youngster's circumstances well enough to understand factors and situations that may lead to or trigger aggressive behaviour.

Carers need to be aware that they may not be conscious of personal mannerisms and phrases which may recall a youngster's memories of past bad experiences.

A Carer's own ability to deal with frustration or provocation is of great importance; a calm reasoned response is called for – easily said, but often not so easily done! The overall aim is to enable youngsters to find enough socially acceptable means of expression, and so to lessen their need to resort to aggressive or violent behaviour. Carers should try to be aware of patterns in a youngster's behaviour. Particular places, activities or times of the day can be stressful trigger points, for example, meal-times and bed-times, the build up to going to school or family contact can be key events.

Carers need to acknowledge when they themselves are feeling stressed and understand how they personally manage this, whether it be a quiet walk, physical activity or having someone to talk to.

The value of the Carer's response to and management of their own stressful periods should not be underestimated. This hopefully provides an alternative model to the one the youngsters have previously experienced. Many youngsters will try to recreate the circumstances and responses they have been used to in the past. The trick is to try not to respond or get wound up – again, often easier said than done but well worth the effort.

It is important to remember that help and support is available to Carers via the Supervising Social Worker, Peer Guides or Emergency Duty Team (EDT).

Preventing Violence and Aggression

The prime aim should always be to diffuse and prevent the incidence of violence and aggression.

- Wherever possible avoid dealing with aggressive situations alone, always seek support.
- Be aware of the case history of each youngster in your care and be sensitive to their needs.
- Understand the significance of your relationship with the youngster.
- Always make some response to attention seeking behaviour; failure to do so may make the situation worse.
- Youngsters should have the opportunity to communicate their concerns with Carers where necessary. Time must be made available to them.
- Do not issue threats of any sort but do point out the possible consequences of their actions. Threats usually escalate situations and if made in the heat of the moment can prove to be impossible to implement.
- Avoid cutting or unkind remarks; try to find the most positive way of saying what has to be said. This especially applies when talking about the young person themselves, their family and friends.
- Show disapproval of inappropriate behaviour, not of the person as an individual.
- All parties involved in an incident should be given support and made aware of their rights.
- Be aware of potential flashpoints such as mealtimes and late evenings. If they prove to be problem times, try to plan ahead and let the young person's Social Worker know.
- Carers should reflect on the circumstances in which incidents have happened in order to prevent further occurrences.
- When disruptive influences threaten the stability and wellbeing of others, it is important that Carers have planned ahead carefully and are engaging

young people and channelling their energies appropriately.

- A calm, reasoned approach is called for. Diversion is often a useful tactic.

If all else fails, physical restraint may be used only to prevent a child from harming themselves or somebody else. Young people who have experienced violence or sexual abuse may find restraint threatening and those using it should be aware that they may be making themselves vulnerable to future allegations. Carers should never use restraint without another adult being present, unless circumstances are exceptional. All such incidents should be recorded and discussed with the child's Social Worker and your Supervising Social Worker as soon as possible.

Positive Reinforcement

The central ethos, as in any family, should be based consistently on positive reinforcement thereby encouraging good behaviour by appropriate adult attention, as opposed to seeing the regular imposition of sanctions as the primary method of management and control.

Within this context, some form of sanction will be necessary where there are instances of behaviour that would be reasonably regarded as unacceptable in any family group.

Permissible Sanctions

The following sanctions may be imposed on young people in foster care where there is evidence of unacceptable behaviour, always recognising that the imposition of sanctions should be immediate, relevant, fair and just.

- assertive reprimands but not shouting;
- curtailment of leisure extras, TV or outings;
- short periods where the youngster is required to remain within the confines of the house or garden;
- Where damage is malicious, youngsters should be expected to

contribute or work to help with the cost of repair or replacement.

Carers can access post-approval training to build their skills in managing challenging behaviour and calming potentially difficult situations.

Prohibited Disciplinary Measures

These include:

- corporal punishment, including smacking;
- deprivation of food and drink;
- restriction or refusal of visits/communication with family members, where this is part of an agreed plan;
- restriction or refusal of visits/outings with Support Workers where this is part of an agreed work plan
- requiring a young person to wear demeaning or inappropriate clothing;
- withholding medical or dental treatment or medication;
- using accommodation to restrict liberty, e.g. locking children in their bedroom;
- imposition of fines; stopping pocket money
- intimate physical searches.

Support Networks, Recording and Reporting Incidents

Carers must report and record any incidents, significant illnesses, hospital visits to A and E, minor accidents within the home (such as a fall from a bicycle). A PO3 form must be completed and given to the Supervising Social Worker. If in doubt, telephone the fostering office for advice either from the Duty Worker or Placement Co-ordinator.

Carers who have been subject to verbal or physical violence should ensure that the incident is reported to both the young person's Social Worker and their

Supervising Social Worker. Such experiences can be distressing and Carers may need to talk to their Supervising Social Worker, another Carer, Peer Guide or a friend.

Carers must always report aggressive incidents to the child's Social Worker, both for their own protection and to try to prevent the situation from escalating. Careful recording and reporting of incidents can help build a picture and understanding of the child or young person's behaviour. Carers should complete an Incident Report Form PO3 available from their Supervising Social Worker. A Risk Assessment and Management Plan can then be devised or revised to address the issues.

Reparation

Youngsters living in someone else's home should be encouraged to develop a sense of responsibility towards the general wellbeing of where they live. Where children have caused damage, depending on their age and level of understanding, they should be encouraged to help the Carer undertake repairs. Most children will value their rooms and surroundings if they have made an investment in them. Where damage is malicious, youngsters should be expected to contribute or work to help with the cost of repair or replacement.

Reminder: always positively reinforce or reward good behaviour

FINANCE

Payments

Details of Devon County Councils Foster Care rates and other allowances are given to all Foster Carers once they are approved. These are revised annually and the new Rates and Allowances booklet is sent to all Carers For further information go to: www.devon.gov.uk/fostering and go to the section on finance.

Carers receiving state benefits are advised to check any possible effects that fostering could have in relation to claims. Generally fostering allowances are disregarded but the benefits system

is complex and advice should be obtained from the Benefits Agency.

Insurance

DCC provides insurance cover in respect of children Looked After that includes:

- public liability for compensation, costs and expenses in respect of injury to a child in care. Insurance would be exempt in cases of abuse, molestation or any wilful or intentional act.
- legal liability of the Foster Carers in the event of accidental injury, loss or damage caused by a child in care to any member of the public.
- legal expenses – free legal assistance.
- an All Risks and Malicious Damage Policy covering damage caused by a child. There are a few exclusions in the Policy, e.g. damage to motor vehicles and computers. **Claims are initiated through the child's Social Worker, and must be submitted within 30 days of the damage occurring.**

Please note - Carers should notify their insurance company that they are DCC Foster Carers. Most insurance companies are willing to cover child in care as members of the household.

Please ask your fostering team for information if you need to change insurers to achieve adequate cover as Foster Carers. It is possible to purchase insurance cover even in risky situations where children have a history of arson. Carers should check with their own insurers if there are any situations which their policy would not cover and seek an alternative if necessary.

Carers must inform the Social Worker immediately if they suspect that a claim is going to be made for:
accidental injury to a child in care or loss

- damage caused by a child in care to any third party
- legal assistance in connection with possible legal action brought against

the Carers for mistreatment of a child in care.

Any claim must be made within 30 days.

The Social Worker for the child will inform the DCC County Solicitors Department.

Motor Insurance

Any accidents involving child in care in a Foster Carer's car must be claimed from the Foster Carer's own car insurance. All incidents and accidents should be reported to the child's Social Worker and to your Supervising Social Worker.

Tax

Basic foster care allowances are a reimbursement of costs incurred and are not taxable.

For further information please refer to Devon County Council Fostering Rates and Allowances book.

Eligibility for the Adaptation of Property or Purchase of Vehicles

The Children and Young People's Service Capital Grants and Loans Programme contains a small allocation to undertake adaptations to the property of Foster Carers or to provide vehicles to facilitate their being able to care for child in care. The provision of vehicles is intended to cover requirements for specialist vehicles or instances where a vehicle is required to transport children placed with the family and the family would not otherwise need a vehicle.

Financial assistance to undertake an adaptation or provide a vehicle or a specialist vehicle is not an automatic "right" for a Foster Carer. Assistance is only provided in response to an assessment of specific needs in respect of a Child in Care or to meet essential Health & Safety standards where Foster Carers cannot make appropriate alternative arrangements.

Such assistance can be provided if it will be the only way to enable a child's specific needs to be met (e.g. a child with disabilities) and/or where Health & Safety considerations require this.

Carers will be expected to make a contribution (except in exceptional circumstances), to the purchase of vehicles and extensions.

Where property adaptations or extensions are funded, any loans will be made to fund structural alterations, not to provide furniture and fittings.

In all such instances Foster Carers seeking such assistance should refer to their Supervising Social Worker who will provide detailed information concerning the Capital Programme funding and the relevant application forms.

THE LAW RELATING TO CHILDREN

The Children Act 1989

All Child Care Law relating to children being accommodated by the Local Authority comes under the Children Act 1989. At the heart of the Children Act is a belief that:

- the best place for children to be Looked After is within their own homes
- the welfare of the child is the paramount consideration
- parents should continue to be involved with their children and any legal proceedings that may concern them and that legal proceedings should be unnecessary in most instances
- the welfare of children should be promoted by partnership between the family and the Local Authority
- children should not be removed from their family or contact terminated, unless it is absolutely necessary to do so
- the child's needs arising from race, culture, religion and language must be taken into account.

Concepts that need to be understood

Parental Responsibility

The Act is built on the notion of 'Parental Responsibility'. This summarises the duties, rights, powers and responsibilities of a parent in respect of their child.

People other than parents can acquire shared Parental Responsibility. The Local Authority acquires Parental Responsibility if a Care Order or Emergency Protection Order is made. However, in the case of a Care Order the extent to which parental responsibility can be exercised by a parent may be limited by the Local Authority. If a Residence Order is made, Parental Responsibility is shared with the person looking after the child. Parents can delegate responsibility to someone else without losing it themselves.

Children in Need

The Local Authority has a duty to safeguard and promote the welfare of 'Children in Need' in its area. A 'Child in Need' is defined as 'one whose health or development is likely to be impaired if he or she is not provided with a service or a child who is disabled'. A child must be provided with accommodation if:

- there is no parent with Parental Responsibility for them
- they are lost or abandoned
- the person who has been caring for them is prevented (whether or not permanently and for whatever reason) from providing suitable accommodation or care.

Any child may be provided with accommodation 'if the Local Authority considers that to do so would safeguard or promote their welfare'. There is a duty to provide accommodation for 16 and 17 year olds in need if there is concern about their welfare.

Children Being 'Looked After' by the Local Authority

Accommodation may be provided on a voluntary basis Sec (20). The person with

Parental Responsibility (PR) may remove the child at any time, except when someone else who has PR under a Residence Order agrees with the accommodation. If this happens, the Carer should inform the child's Social Worker, Fostering Supervising Social Worker as soon as possible. Young people aged 16 and over may choose to be, or remain, accommodated against the wishes of someone with Parental Responsibility. This would be assessed by a Social Worker.

The Act states that, if reasonably practicable, a child should be placed with a person whom he or she knows, should be placed as near to his or her home as possible and siblings should stay together. If a child has a disability, the accommodation should be suitably equipped

Children may be looked after under a Court Order. This may be an Emergency Protection Order, Police Protection Order, Remand or an Interim or Full Care Order. A parent may not remove a child if he/she is subject to a legal order.

Family Proceedings

All court cases brought under the Children Act together with Adoption, Matrimonial Law and High Court Proceedings are classified as Family Proceedings. Cases will be heard by Magistrates who have been specially trained. If cases are particularly complex or urgent, they may be allocated to a higher Court to be heard by a Family Court Judge. There will usually be an informal preliminary hearing to sort out the timetable, the appointment of a Children's Guardian or solicitor and possibly the attendance of the child.

Welfare of the Child

The most important principle of the Children Act is the welfare of the child. This will always be regarded as paramount by a court in considering any question of the child's upbringing. When the court is making a decision it must use the following checklist as it decides what to do:

- the wishes and feelings of the child, as far as the court can find these out

- the physical, emotional, and educational needs of the child
- the likely effects on the child of any changes in his or her circumstances
- the age, sex, background and any other characteristics of the child that the court considers to be relevant
- any harm which the child has suffered or is at risk of suffering
- how capable each parent or other relevant person is of meeting the child's needs
- the range of power available to the court under the Children Act

If more than one person has Parental Responsibility or more than one has a Residence Order in their favour and if one of them is not in favour of the child being Looked After away from home, then the child cannot be accommodated, even if the other party raises an objection.

Legal Proceedings and Court Orders

Court Orders

Decisions made by the court are called Court Orders and are as follows:

Section 8 Orders

These are defined by the Children Act 1989 as follows:

Residence Order

Settles the arrangements for where a child or young person must live and gives that person or person's Parental Responsibility. A Residence Order can be made in favour of more than one person, even when those people do not live together. If this is the case, the Order may specify the period during which the child is to live in different households. More specific information is available about Residence Orders – please contact the Supervising Social Worker or the child's Social Worker.

A Contact Order

Is made by the court stating who can have contact with the child or young person. The Order will define if the child may receive visits or stay with a person, write or receive letters or speak to them on the telephone.

The people concerned may be birth parents, grandparents, brother/sister or other people who are or have been significant in the child or young person's life.

The Order will last until the child/young person reaches the age of 16 or until the Court decides the order is no longer necessary.

A Prohibitive Steps Order

Means that a person with parental responsibility cannot take certain steps without the consent of the Court. The Order lasts until the child is 16, unless there are exceptional reasons for extending it. An example might be to stop a person taking a child out of the country where no Residence Order has been made and therefore no automatic restriction applies.

A Specific Issues Order

Is an Order to help determine any specific question which may have arisen or may arise, about the way a child is brought up. It might be about schooling, health or religion. The court will decide after consultation with appropriate persons how it should be achieved in the best interests of the child.

Care Orders and Supervision Orders

The court can only make a Care Order or a Supervision Order if it is satisfied that:

- the child has suffered, or is likely to suffer, significant harm;
- the harm or likelihood of harm is attributable to the care given, or likely to be given, to the child - and is not what would be reasonably expected of a parent;
- or the child is beyond parental control.

Care Order

If the criteria for a Care Order has been established the court may not necessarily make a Care or Supervision Order - as it must go through the agreed checklists first and should only make the Order if it considers that doing so would be better for the child than making no Order at all.

The court will expect the Local Authority to inform it of what plans there are for a child, so that it can be satisfied that the Care Order is in the child's best interests.

A Care Order gives the Local Authority a share in Parental Responsibility for a child. The Local Authority must look after the child, and provide him or her with somewhere to live

A Care Order can last until a young person is 18 years old or until an Adoption, Supervision or Residence Order is made or until the court decides that the Order is no longer necessary. The Children and Young People's Services or persons with Parental Responsibility for the child can apply for the discharge of the Order.

Supervision Order

This places a child or young person under the supervision of the Local Authority or a Probation Officer and this person is required to advise, help and befriend the child.

The Order can only be for one year in the first instance but the supervisor can apply for this to be extended. It must not be for more than three years in all and not after the person is 18 years old.

A Supervision Order may carry certain conditions for example, that the child should have medical or psychiatric examination or treatment. It may also say that the child should take part in particular activities at specified times.

The Order can be stopped if any interested parties apply to the court and the court agrees or if a Care Order is made.

Interim Order

An Interim Care or Supervision Order can initially be made for up to eight weeks and subsequently renewed for a four-week period so that more information can be collected. At this stage, the court can make any Section 8 Orders subject to the restrictions that apply to these Orders.

Child Protection

The aim of the Children Act is to offer sufficient safeguards to children who may be at risk. It also seeks to protect families and their children from being removed, except for very short periods, without an opportunity to apply for the Order to be ended.

Emergency Protection Order

This is a short term Order for which anyone can apply. It is made if the Court thinks that:

- the child or young person is likely to suffer harm if he or she remains where they are living,
- the child or young person is likely to suffer harm if he or she does not remain at the place where they are living;
- the Local Authority is concerned that a child is suffering or likely to suffer harm and that access to the child is being refused and is required urgently.

The initial Order can be made for up to eight days, with a possible extension for a further seven days. The Order can be challenged in court after 72 hours by the child, a parent, the person with Parental Responsibility or the person the child was living with unless they have notice of the application and they were present in Court when the Order was made.

The person who obtains the Order acquires Parental Responsibility for its duration. Contact must be allowed with the family unless the Court says otherwise. The Court may also give instructions on medical or psychological assessment of the child. These may be refused by a child who has sufficient understanding to do so.

The Police also have powers under the Children Act to take a child into Police Protection for up to 72 hours where a Constable believes that a child would otherwise be likely to suffer significant harm.

Carers looking after a child under an Emergency Protection Order (EPO) should be given a copy of the Order.

In practice, Emergency Protection Orders are rare as the hope is to work without an Order wherever possible.

Child Assessment Orders

An application is made by the Local Authority when:

- a) there is fear that the child is suffering from or likely to suffer significant harm
- b) a proper assessment of the child's health, development and treatment is refused unless the Court makes an Order.

The Order can only be effective for up to seven days and the person with care of the child must produce him or her for assessment and comply with the directions given by the Court. The child, if of sufficient understanding, may refuse to undergo the assessment or examination. The Court can treat the application as one for Emergency Protection and make that Order instead.

The Court will only make an Order if it considers that doing so will be better than making no Order at all.

Refuge

The Secretary of State may issue a Certificate for Providing Refuge for Children. This would cover voluntary homes, registered children's homes and Foster Carers. While the Certificate is in force, the holder is exempt from prosecution for the offences of unlawfully removing or keeping a child who has run away.

Private Fostering

Applies when, in a private arrangement, children under the age of sixteen (or

eighteen, if disabled) are placed by their parents with a family which is not related to them for more than 28 days.

The Carer, a parent or any other person involved in the arrangement has a duty to notify the Local Authority of the proposed placement and the Local Authority must be satisfied that the welfare of children privately fostered in its area is being safeguarded and promoted.

There may be requirements placed on the Carer such as restricting the number of children who are fostered and the usual fostering limit will apply. A prohibition may be imposed if a person or the premises are found to be unsuitable and individuals may be disqualified from acting as private Foster Carers. There is, however, a right of appeal.

Children's Guardian

A Children's Guardian is a qualified independent person appointed by the Court to represent and safeguard the interests of children and young people who are subject to court proceedings. They are appointed by CAFCASS if the child or young person is in the care of Foster Carers. The Children's Guardian is likely to make contact to seek the views of the Carers.

If you would like more information about the role of the Children's Guardian, please contact the child's Social Worker.

The job of the Children and Family Court Advisory and Support Service (CAFCASS) is to safeguard and promote the welfare of children involved in Family Court proceedings.

Care Leavers – The Children (Leaving Care) Act 2000

Principles:

- a) **To delay the young person's discharge from care until he or she is prepared and ready to leave.**

Many young people are frightened by the thought of having to leave their foster home and cope alone. Leaving Care is seen as a process and not an event on their 16th or 18th Birthday. A Social Worker from the Care Leavers Team will be introduced at

the first Review after the young person's 15th Birthday.

- b) **To improve the assessment, preparation and planning for Leaving Care.**

Each young person aged 16 + will contribute to his/her own Pathway Plan looking at their aspirations for when they are 18, 21 and beyond. The Plan will be reviewed every 6 months.

- c) **To provide better personal support for young people after leaving care.**

Support can continue for a young person aged 18 – 21 if they are in Higher Education, employment or training and in exceptional cases until they are 24. The government aim is to encourage young people to achieve educationally like any other child who has not been accommodated.

In addition, the Care Leavers Act places responsibility on the Local Authority to provide services to Care Leavers. They range from the provision of financial support to 16-17 year olds to helping to identify suitable accommodation. Your Supervising Social Worker and the young person's Social Worker in the Leaving Care team will be able to advise you.

Adoption and Children Act 2002

This Act came into force on December 30th 2005, replacing the Adoption Act 1976 and modernising the law regarding domestic and inter-country adoption.

The guiding principle of this Act is to place the child at the centre, aligning adoption law with the relevant provisions of the Children Act 1989 in which the child's welfare is the paramount consideration.

In addition it:

- places a duty on Local Authorities to maintain an Adoption Service, including arrangements for the provision of adoption support services
- provides a new right to an assessment of need for adoption support services for adoptive families

- sets out new regulatory structure for adoption support agencies
- establishes an Independent Review Mechanism in relation to qualifying determinations made by an Adoption Agency
- makes provision for the process of adoption, which include consent and Placement Orders
- provides a new framework that ensures Adoption Agencies have a more consistent approach to accessing information held about adoptions which take place after 2005
- provides for Adoption Orders to be made in favour of groups previously discriminated against by some agencies such as single people and unmarried couples
- provides a new regulatory framework to enable intermediary agencies to help adopted adults obtain information about their adoption and facilitate contact between them and their adult birth relatives, where the person was adopted before 2002
- provides additional restrictions on bringing a child into the UK in connection with adoption
- provides for restrictions on arranging adoptions and advertising children for adoption, other than through Adoption Agencies
- amends the Children Act 1989 with the Special Guardianship Order which provides permanence for children for whom adoption is not appropriate

Children Act 2004

This Act came out of Every Child Matters. The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to:

- Be healthy
- Stay safe

- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing

The Act requires the following key actions are taken:

1. A Children's Commissioner for England is created.

2. Requires Local Authorities to make arrangements to co-operate in

order to improve children's wellbeing, including the creation of a

Director of Children's Services within the Council and a lead

Member for Children's Services.

3. Develops the requirement for Private Fostering arrangements.

4. Puts a Duty on the Local Authority in its role as the Corporate Parent

to promote the educational achievement of Looked After Children.

Further information on the Children Act 2004 can be found on the following website:

www.everychildmatters.gov.uk

Youth Justice and Police Interviews.

In order to help you understand the working of the Criminal Justice System and your potential role in it, here are the answers to some basic questions.

What happens if a young person I am caring for gets arrested by the Police?

You will be contacted by the Police and informed of the arrest if the young person has told officers that he or she is in foster care. Some young people are unwilling to give this information and you may find that their parents have had the first call. If this is not the case, you should ask if the parents have been notified.

Make sure that you get all the facts and write them down, i.e. what the child was arrested for; when did this happen; who was the child with; and who was the arresting officer. This may be helpful to you later on.

The Police may be gathering evidence at this point and the process may be slow.

Under the Police and Criminal Evidence Act (PACE) 1984, young people under the age of 17 must have an appropriate adult present with them at any Police interview. You may be asked if you are willing to perform this role.

You do not have to do this. There are Youth Offending Team officers by day or Emergency Duty Team officers by night that can do it.

However, if you feel able to and want to support the young person, ask whether a Solicitor has been called, be it the Duty Solicitor or one known to the young person. Devon County Council's policy advises that anyone acting as an appropriate adult, who is also a DCC employee, should have a solicitor present. The only exception to this is when the parents are acting as appropriate adult. Then they may make this decision themselves.

What happens when I get to the Police Station?

The young person will be held in a cell. Note two things, firstly, that it may have a camera in it; secondly that the young person may be without some or all of his or her clothing. This could be for forensic reasons or it could be for personal safety reasons. If clothing is missing, ask for a **Register E Number**, this will help you later on.

Ask to see the Custody Record and check to see if the young person has had their rights read to them. This may already have been done, but the law says it must be done in front of you and so may need to be repeated.

Your role is predominantly one of ensuring the health and welfare of the young person and that he or she knows what is happening to them. When you go in to see

them, make sure they know why they are there but don't get drawn into an account of what happened. It may put you in a compromising situation and you could be called as a witness for the prosecution.

Once a Solicitor is present, the interview can go ahead.

You may at any stage say that you think the young person is unfit to proceed, for example if you think they are under the influence of drugs or alcohol. Be confident and keep asking questions. That is part of your role.

If the young person admits the offence, an ID process will take place. This involves taking fingerprints, photos and a DNA sample - usually a swab from inside the cheek. **YOU MUST BE PRESENT FOR ALL OF THIS.**

If a body/intimate search is to be done, a Solicitor must also be present.

Once all this has been completed, the young person will usually be released. They will only be held if a co-offender is implicating them or contradicting their story at interview, if they are in breach of bail or if the public would be endangered by their release.

What is the process for a NOT GUILTY plea?

The Custody Sergeant has the final say in all matters relating to your young person. If the plea is Not Guilty, and the Police are satisfied there is no case to be answered they will release without charge. However, if they feel there is a case, the young person could be released on Unconditional Police Bail - or perhaps with a condition to reappear at a given date pending further evidence. Bail could also be refused, with the young person being held overnight to appear in court the following day.

What options have the Police got next?

The Custody Sergeant may indicate his/her preferred outcome on release. This may be a Reprimand or a Final Warning. If it is the latter, a date will be given to return to the Police station.

A charge to Court may be made. This may well have bail conditions attached, such as a curfew or a restriction on who the young person can be in contact with. Always check that you have seen the form they are released with so you can adhere to any conditions.

What can I expect at the court appearance?

As a Foster Carer it is important to understand that your attendance at court is primarily to support the young person. You are not obligated to go and do not need to represent the Local Authority as the attendee. There should always be a Social Worker present at court. There will also always be a Youth Offending Team (YOT) Officer present on a Youth Court day and if you are in the least bit unsure about anything you can ask them for advice and support. The Youth Offending Team would like to know your young person is in court.

The Court may well ask you to talk about how the young person has been doing while he or she has been living with you. This is just to give the court a chance to get a better picture of how life is for that young person and the likelihood of him or her re-offending.

If the young person is admitting the offence, and it is a first offence, the probable outcome will be a Referral Order. You will be invited to talk with the YOT Officer about this. If it is a second appearance, then the court will request a pre-sentence report from the local YOT and they will advise you from there.

It is important to remember that you are there for support and will not be held to account - so try to remain confident and positive and never be afraid to ask questions.

If you need any more detailed information, talk to your Fostering Supervising Social Worker. He or she may pass you over to your local Youth Offending Team who should be able to help.

CHILD PROTECTION

Whatever the circumstances of an allegation of abuse, it is essential that first priority is given to protecting the young person. Whilst these procedures allow for urgent action in an emergency, it is expected that abuse allegations will be investigated in a planned and organised way.

Defining Child Abuse

The Department of Health Guide 'Working Together' defines child abuse as '... harm to children by a parent, a sibling or other Carer (such as a person who, while not a parent, is caring for a child – such as a foster parent or a staff member in a residential home), an acquaintance or a stranger. The harm may be the result of a direct act, or by failure to act to provide proper care, or both.'

When applying this definition of abuse to the circumstances of individual children and families, it is essential that both a social and a medical assessment is made. Child abuse is the outcome of a highly complex set of interacting factors, both psychological and social. It embraces social and emotional damage as well as the physical, neglect and sexual abuse.

Signs and Symptoms

As a general rule, the younger the child the more vulnerable that child will be to physical injury and neglect. Older children are more likely to show signs of emotional abuse, although, all abused children are likely to be emotionally damaged. Sexual abuse occurs at all ages and to both sexes. Professionals must be aware that abused children do not necessarily show fear or anxiety and may well love their abusing parents.

Note: No catalogue of symptoms and signs can be exhaustive. The following is for guidance only.

It must also be remembered that alternative medical or social explanations may exist for the problems listed here. With any child there may be considerable overlap

between one category of abuse and another.

Physical Injury

Note: Most injuries to children are accidental and can be readily explained. All children receive bumps and bruises as a result of the rough and tumble of normal play.

Factors associated with injuries which may arouse suspicion include:

- Where the explanation is not consistent with the injury or with the child's age and stage of development.
- Where there is no explanation at all or the explanation offered later changes.
- Where there has been unreasonable delay in seeking medical advice.
- Where there is a history of frequent injuries even though the explanation of each individual occurrence may appear adequate. This can also indicate lack of supervision or possible medical problems.
- Where the child has bruises or other injuries of different ages at the same time.
- Where there is multiple facial bruising, particularly around the mouth, ears or eyes.
- Where there are unexplained or inadequately explained burns or bite marks, or both.
- Any bruising in a baby not yet independently mobile is of concern, as is a reluctance to move a limb or limbs or any tenderness on handling.
- Ingestion of toxic substances, particularly when there is more than one incident.
- A child may appear wary or flinch on closeness, as if expecting physical harm.
- Any child who alleges physical abuse should be listened to carefully, the

allegation recorded and immediately reported to the child's Social Worker. An investigation will then be initiated.

Neglect

Neglect is defined as the wilful failure to meet the basic needs of the child. This may include failure to provide food, warmth, clothing, appropriate stimulation or consistent caretaking.

Signs of neglectful treatment may include:

- Failure to thrive, for which no medical cause has been demonstrated.
- Stealing or gorging of food (in older children).
- Extreme hunger or lack of appetite and increased feeding difficulties in young babies.
- Inappropriate or inadequate clothing, taking into account the context of where the child lives and the level of poverty. This may also apply to poor hygiene.
- Lack of appropriate supervision.
- Persistent failure to seek or to follow medical or nursing advice.
- Developmental delay for which no medical cause has been demonstrated – particularly if language and social skills are disproportionately affected.
- Inappropriately poor academic performance and poor school attendance.
- Poor relationships with peers, but attention seeking from adults.
- Physical signs of long-standing neglect, including poor growth, thinning hair, a protuberant abdomen, decaying teeth, and persistently cold, reddened hands and feet.

Emotional Abuse

All forms of abuse involve emotional harm. Some children, however, may be emotionally abused although their physical

care is good. An emotionally abused child may be subjected to repeated criticism and scapegoating. There may also be continuous withholding of approval and affection. Discipline may either be severe and inappropriate, or non-existent with few boundaries set. The child may be exploited to fulfil the emotional needs of a parent.

The child may:

- Have impaired ability for enjoyment and play.
- Lack expression and may appear 'frozen'.
- Lack normal curiosity and natural inquisitiveness.
- Be delayed in language development and play skills.
- Have low self-esteem.
- Show eating disturbances or growth failure.
- Not trust any kindness, expecting it to be accompanied by harmful words or action.
- In severe cases, show physical signs of deprivation as described earlier. These may occur even though physical care appears adequate and there may be no physical cause.

Sexual Abuse

Although many factors have been associated with sexual abuse, many may also be found in association with other medical or emotional problems. Where there are worries about a child's behaviour that cannot be explained satisfactorily, the possibility of sexual abuse should be borne in mind.

As with any other type of abuse allegation, a child who alleges sexual abuse should be listened to carefully, the allegation recorded and reported to his or her Social Worker. An investigation will then be initiated.

Sexually abused children are frequently obedient and anxious to please but may have poor relationships with peers. Many

children have no overt problems, particularly in the younger age range.

Signs which may be present include:

Physical signs:

- Genital or anal lacerations, bleeding or other trauma.
- Genital or peri-anal inflammation or irritation.
- Persistent or recurrent vaginal discharge.
- Sexually transmitted disease, including peri-anal or genital warts.
- Pregnancy.

Medical problems such as:

- Recurrent urinary symptoms or 'cystitis'.
- Enuresis or secondary enuresis (wetting or soiling).
- Recurrent unexplained abdominal pain.

Behavioural problems can include:

In younger children:

- Overt sexualised behaviour.
- Compulsive masturbation.
- Acting out and aggressive behaviour.
- Drawings and play activity which are explicitly sexual.

In older children:

- Withdrawn and overtly compliant behaviour.
- Depression and suicidal behaviour.
- Self-mutilation.
- Running away.
- School refusal and truancy.
- Drug and alcohol abuse.

At any age:

- A sudden change in normal behaviour patterns or sexual awareness.
- Knowledge in advance of what would be expected at the child's age and level of development.

Note: Remember that children who are being, or have been, sexually abused do not necessarily display any behavioural disturbance.

Encountered Abuse

You may encounter abuse by observing the signs and symptoms already described. You may, however, come across the possibility of abuse in other ways:

- Suspicion... you may suspect, but have no hard evidence.
- Disclosure ... a child may actually tell you of current or past abuse.
- Information ... from a third party such as a relative, peer or colleague.

Behaviour between young people – what constitutes abuse?

All allegations of abuse by a young person which involve an adult, a Foster Carer, a staff member or contact outside the home, must lead to a Strategy Meeting to consider the need for an investigation. Sometimes, this will also be the case with abuse between young people. However, a clear boundary needs to be set between behaviour that amounts to serious physical assault, intimidation, or sexual assault requiring a Strategy Meeting and external investigation - and normal childhood behaviour or sexual exploration.

In trying to distinguish between the two, the following criteria should be considered:

- In the care system there will be a percentage of young people who have been exposed to inappropriate sexual activity, physical injury and other forms of abuse before their current placement. It is possible that these young people may display behaviour that is inappropriate for their age. They

may, for example, be unintentionally sexually proactive and/or aggressive towards other young persons. They may act as leaders or instigators of any inappropriate activity.

- Consideration should be given to functional and chronological age differences between young people involved in any sexual activity. The greater this difference the more likely there is an abuse of power. The more vulnerable person could be exposed to an abusive experience. It is this that makes mutual agreement or consent to the behaviour unlikely.
- Any type of sexual behaviour between young people should be considered to see whether it was by informed mutual agreement resulting from sexual curiosity. The behaviour is more likely to be abusive if it involves intimidation, deception, enticement, bribery or physical force.
- In any sexual behaviour, or behaviour involving assault, some assessment should be made of the relationship between the participants and what purpose the behaviour serves for the young people involved.
- Any type of childhood behaviour needs to be seen in the context of the intellectual, behavioural and social development of the young people involved.
- Account should be taken of how persistent the behaviour appears to be and how long it has existed. It is useful to note whether the victims have any similar characteristics.

Sexual activity between young people of the same sex, or of different sexes, may occasionally be regarded as childhood behaviour which is not uncommon. It is not appropriate for Foster Carers to condone sexual behaviour or any physical or emotional intimidation between young people. For young people involved in sexual exploration or for those involved in minor forms of bullying, strategies for dealing with this should be developed.

Young people's behaviour is more likely to be abusive:

- the greater the number of young people participating,
- the more persistent the behaviour,
- the longer it appears to have been going on,
- the bigger the age and size difference between the young people,
- where there is evidence of force, fear or deceit involved.

Disclosure of Abuse

From time to time, Children/young people in care will tell their Foster Carers in confidence that at some stage in their lives they have been abused. It is important that young people, Foster Carers realise that young people cannot be given absolute guarantees of confidentiality in this situation. This would put Foster Carers in the vulnerable position of being in possession of information that a crime may have been committed without the ability to report it. It would also make it impossible to protect the young person or other young people from future abuse. It is, therefore, very important not to make any promises to the child.

It is essential that a good relationship is built up between young people and their Foster Carers, so that the young people can trust them over a range of issues. Foster Carers must resist being drawn into a secretive and collusive relationship with young people.

When a young person alleges abuse, a Foster Carer should listen to what they have to say.

THE EMPHASIS SHOULD BE ON LISTENING, RATHER THAN ON ASKING QUESTIONS.

The young person should be sensitively told that the Foster Carer is concerned with what has been said and needs to discuss it further with the young person's Social Worker. Home Office guidelines suggest

the following steps for any initial allegations of abuse:

- listen to the young person rather than ask questions;
- do not stop a young person who is freely recalling significant events;
- remain calm and do not give the young person the impression that what they have said is shocking or upsetting;
- make a report of the discussion as soon as possible, taking care to record the timing, the setting, the people present, as well as the content of what was said, quoting wherever possible the words used by the child;
- record all subsequent events up to the time of the decision as to whether to start a formal Child Protection investigation.

Foster Carers need to be aware that young people making allegations of abuse will often need a full interview by Police and Social Services staff trained in Child Protection interview techniques. On no account should an informal investigation be instigated by Foster Carers. To do this may prejudice the strength and acceptability of future evidence in both criminal and civil proceedings. This further needs to be borne in mind with an allegation resulting from direct work with young people.

Responsibility of Foster Carers

Devon County Council require any Foster Carer working with young people who have reason to believe that a young person is suffering, or likely to suffer, significant harm to inform the young person's Social Worker and Supervising Social Worker and record all relevant information. In the case of verbal disclosure, wherever possible quote the actual words used by the child.

The report should indicate whether the abuse is current or refers to events in the past. It needs to be dated and signed with a full signature in case it is required in court proceedings. This should include a list of contacts with any other people.

If you feel that it is not possible to approach the young person's Social Worker or you already have and are not satisfied with the response, then consider whether it may be sensible to discuss those concerns with their Practice Manager. If the Practice Manager is not available, you can contact your Fostering Supervising Social Worker. If offices are shut, contact the Emergency Duty Team (EDT).

Remember that your major responsibility is to record and pass the information on.

Suspicious of Abuse

If a Foster Carer has suspicions that a young person is being abused, but no direct evidence exists and no allegations have been made, this should be discussed with the child's Social Worker and the Supervising Social Worker. Make sure you record that you have spoken to the child's Social Worker.

The Treatment of Abused Young People

All young people who have been subject to abuse or neglect will need help to overcome their experiences. The timing and type of such assistance will depend on the needs of the individual young person. The help which young people need may come from a variety of sources - including individual, group and family work. The Final Strategy Meeting or the Child Protection conference will provide a forum where the therapeutic needs of the young person can be discussed and decided. Sometimes a period of assessment will be necessary before the relevant therapeutic needs can be identified.

The young person's Social Worker is the person with responsibility for co-ordinating services to address a young person's therapeutic needs. Foster Carers will sometimes be involved in either assessing a young person's needs further and/or implementing part of the therapeutic process. The degree of this will depend on the needs of the young person and the relevant skills of the Foster Carer. The help of other professionals such as a psychologist may be required.

It should be remembered that despite having clear needs for therapy, young people do not always agree to this. They will sometimes resist therapy until they reach a stage in their lives where they feel able to tackle some of the painful issues involved. We should encourage young people to participate, but if they refuse, their wishes must be respected. Young people are unlikely to benefit from therapy unless they attend voluntarily.

Young people who attend therapy sessions will sometimes become distressed on return to their Foster Carers. If Foster Carers are not involved in the therapy, it is important they are aware broadly of its content so they can assist young people appropriately. It is the child's Social Worker's responsibility to ensure this happens and Foster Carers should seek this information as a priority.

Safeguarding Training

It is essential that all those caring for young people receive induction and initial training in the recognition of child abuse. All Foster Carers should attend Safeguarding Training when it becomes available.

Those caring for young people who have been abused should receive specific training. Foster Carers should be made aware of how the experience of being abused may affect the way a young person relates to adults and other young people so they can take full account of this in the way they respond.

South West Safeguarding and Child Protection Procedures can be found at:

<http://www.online-procedures.co.uk/swcpp/>

Devon Child Care Child Protection Procedures on line can be found at:

http://devonchildcare.proceduresonline.com/chapters/p_core_assessment.html

MANAGING SAFEGUARDING CONCERNS

Children's safety and welfare must be promoted in all fostering placements. Supervising Social Workers are to support

individual Foster Carers to actively safeguard and promote the welfare of child in care and become aware that they have a moral obligation, a right and a duty to raise with Devon County Council:

Any apparent instance of malpractice, negligence, or unprofessional behaviour including any situation where a child or young person in care is being abused, or their rights and dignity are being, or have been, disregarded or over-ruled, or where decisions are taken which are clearly not in their interests and put them at risk of abuse, exploitation, oppression or discrimination;

Any circumstances arising within which employment conditions or employers' practices could place children, members of the public, Foster Carers or staff at risk.

Supervising Social Workers are to provide Foster Carers with information to enable them understand their duty of care to children and to enable them to put forward suggestions which may improve the quality of service and to correct any statutory omissions, or prevent malpractice.

Supervising Social Workers must support Foster Carers to make positive relationships with children generate a culture of openness and trust and must enable them to be aware of and alert to any signs or symptoms that might indicate a child is at risk to harm.

Where an allegation by a Foster Carer is made in good faith but is not confirmed by investigation, no action is to be taken against the Foster Carer.

If allegations are found to be malicious or vexatious, action may be taken that could result in the Foster Carer's approval being reviewed.

Supervising Social Workers are to advise any Foster Carer who is considering making a disclosure of confidential information that they consider being in the public interest, to consider seeking specialist advice.

Actions taken by the Fostering Service are to depend upon the nature of the concern. The matters raised may be:

- investigated internally;
- referred to the Police;
- referred to the external auditor;
- the subject of an independent inquiry.

If possible, Foster Carers are, in the first instance, to express concerns to their Supervising Social Worker or the Fostering Practice Manager.

All Foster Carers must retain the right to consult, seek guidance and support from other Foster Carers, independent organisations such as the Fostering Network and from statutory bodies such as the Ofsted.

Supervising Social Workers are to encourage Foster Carers to consult with representative bodies particularly if an issue seems likely to remain.

Concerns that fall within the scope of another procedure, e.g. complaints, or child protection or allegation against a Foster Carer are to be referred for consideration under those procedures (see below)

The employee who receives the concern from the Foster Carer is to:

- Take concerns seriously;
- Respond urgently to any expression of concern about the well-being of, or risk to, children or young people in care or Foster Carers;
- Consider them fully and sympathetically;
- Seek advice from other social care professionals where appropriate;
- Inform the appropriate Fostering Practice Manager, and Child's Social Worker and Practice Manager or duty officers if they are not available.
- Recognise that raising a concern can be a difficult experience.

The Fostering Practice Manager is to consider consulting with:

- Child's Practice Manager
- Fostering Operations Manager
- Human Resources, if the matter involves a staff member;
- The Police, if the matter is of a criminal nature.

Compliments, Comments and Complaints

The time limit for making a complaint is 12 months from the date that you became aware of the problem. Please let us know if:

- we tell you we will do something but we do nothing
- we take too long to do something we have promised to do
- we tell you that we cannot help you, when you believe we should
- you think a member of our staff is rude or treats you badly
- you are dissatisfied with any other aspect of our service.

When we receive your complaint, we will write to you within two working days informing you if this will be looked into further.

You can contact Customer Service Team free on 0800 212 783, or you can find the complaints procedure at: http://www.devon.gov.uk/leaflet3_nov_08_web.pdf

Allegations Against Foster Carers

National and legal context

This guidance is written within the context of the "[Working Together to Safeguard Children](#)" documentation, particularly Appendix 5 – Procedures for Managing Allegations against People who work with Children.

It is guided by the Fostering Network publication "[Managing Allegations and Serious Concerns about Foster Carers](#)"

[Practice or Standards of Care](#)" (395KB - pdf help) 2006.

This guidance forms part of the Local Safeguarding (Child Protection) Procedures.

The National Minimum Standards for Fostering (Fostering Services Regulations, Care Standards Act 2000) apply, particularly Standards 4 and 22.

The National Minimum Standards for Adoption apply, as well as The Adoption Agencies Regulations 2005 and the Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003 (particularly Regulation 10).

Devon Context

Definition

This guidance seeks to differentiate between allegations, serious concerns and complaints and to guide staff in the investigation and management of each type. The child in question in each case is a child who is being looked after by the Local Authority and is either fostered or placed for adoption.

An [Allegation](#) (380KB - pdf help) is defined[2] as an accusation of physical, sexual or emotional abuse or neglect: for example that a carer has injured a child or that the carer or someone in the family has behaved in a sexually inappropriate way towards the child in question.

A Fostering Service or Adoption Agency may have [serious concerns](#) (380KB - pdf help) about a carer, which may not warrant investigation under Safeguarding Procedures – for example involving the disciplining of children, or non-cooperation with contact arrangements with the child's family.

A [Complaint](#) (380KB - pdf help) may involve a view about a carer's approach to the care of a child or the way in which they respond to a child's behaviour. For example when a child complains that they are not being fed properly or a parent

complains that a child's culture or religion is being ignored.

Staff must be clear about whether the issue that they are dealing with falls under Safeguarding Procedures or whether it constitutes a Standard of Care issue. Allegations would usually be dealt with under Safeguarding Procedures. Consideration should always be given to whether serious concerns or complaints require implementation of Safeguarding Procedures. Designated Independent Safeguarding Reviewing Officers, implementing the functions of the Local Authority Designated Officer (LADO), will offer consultation to staff to assist in decision making regarding the category any referral falls into. See sections [3.1.2](#) and [3.1.3](#).

Staff should be aware that any Complaint, Concern or Allegation has the capacity to be redefined after initial referral or part way through a procedure, depending on forthcoming information, and may therefore require to be dealt with under a different process.

Scope of this guidance

Devon Foster Carers (approved by the Local Authority or an Independent Fostering Provider) and Prospective Adopters who have children placed with them prior to an Adoption Order are included in the scope of this guidance in relation to allegations. In the instance of prospective adopters who are resident in Devon but were approved by another Local Authority or Adoption Agency, workers should make immediate contact with the placing and approving agencies to agree who will lead the process of responding to the allegation. Prospective adopters approved by DCC who have a child placed for adoption by (and still in the care of) another Local Authority. Any foster carer approved by an Independent Fostering Provider would also be subject to the policies and procedures relevant to that particular agency, and Devon County Council staff should make themselves aware of these.

Complaints and concerns raised in respect of Devon Local Authority foster carers and prospective adopters would also be dealt

with through the relevant Devon County Council Concerns and Complaints Procedures. Complaints and concerns regarding carers approved by Independent Fostering Providers, Voluntary Adoption Agencies and other Local Authorities would be dealt with under the procedures of their approving agency.

This guidance complies with [the procedures for dealing with allegations against people who work with children](#). It offers additional elements which recognise the nature of fostering (and pre-order adoptive placements) where carers look after children in their own homes, often working alone, and where the consequences of an allegation may affect their home as well as work environment.

Objective

Every child in care has the right to be protected and to feel safe in their foster or prospective adoptive home: their safety is of paramount importance. Foster carers, prospective adopters and members of their families who face allegations must be treated sensitively and fairly within a clear procedure. This guidance aims to ensure a clear process to take account of the law, national guidance and local safeguarding procedures.

Roles and responsibilities

The process of investigation of a complaint, concern or allegation against a foster carer or prospective adopter may well be complex. It is important therefore to be clear about the various roles and responsibilities of those involved.

Safeguarding Board

The role and membership of the Local Safeguarding Children Board is set down by the Children Act 2004. The Board works to co-ordinate the effectiveness of member agencies in Safeguarding. In relation to allegations against carers and prospective adopters, the direct role will be minimal, but [the procedural framework](#) in which the allegations are investigated will be set by the Board

Designated Officer

The Local Authority Designated Officer (LADO) is a role set out in the [Working Together](#) document. In Devon, it has been agreed that the Independent Safeguarding Reviewing Officers perform the LADO function.

In the context of Managing Allegations against carers, the LADO function includes:

- Assisting colleagues to determine whether an issue raised falls under the category of Complaint, Concern or Allegation, and therefore which route should be taken for investigation/follow up
- Offering consultation to colleagues through the process of risk assessment, particularly in relation to whether the child (and any others in the household) needs to move from the placement, or can be safeguarded within it whilst the issue is looked into.

Independent Safeguarding and Reviewing Officers

Independent Safeguarding and Reviewing Officers (ISRO) will chair the strategy meeting called to deal with an allegation. Advice can be sought from the ISRO ahead of the Strategy Meeting to help determine the route by which an issue should be dealt, i.e. Complaint Procedure, Concern Procedure or Allegation Procedure. The ISRO will chair the meeting in accordance with the practice guidance at [Section 5.1](#)

The ISRO is responsible for agreeing the Strategy Meeting Plan, and for arranging reconvened meetings as required to maintain the momentum of the investigation or to collate the conclusions of the investigation.

The ISRO will (as chair of the Strategy Meeting) agree a Risk Management Plan in relation to any children of the household, taking account of any protective factors which are, or could be introduced in to the household to minimise disruption to the children. (Note: the preliminary version of this assessment and plan may have already been put in place, depending on

the nature and timing of the allegation.)
[See flowchart](#)  (17KB - [pdf help](#)).

Carers

The foster carers or prospective adopters who are subject to allegation are likely to require additional support. The forms that this support may take are described in [Section 5.4](#).

Carers facing allegation will be required to co-operate with the plans which emerge from the Strategy Meeting(s) and with any subsequent investigation.

If a decision is made to remove the child or children in placement as a result of the allegation, the carers will be expected to assist in making this transfer as comfortable as possible for the child or children. The emotional impact on the carer is recognised and full support will be given.

Fostering Service

In relation to foster carers facing allegations, the fostering service (usually the Supervising Social Worker and Fostering Practice Manager) will be responsible for:

- Assisting in undertaking a Risk Assessment and (if required) Risk Management Plan regarding the feasibility of the child(ren) remaining in the household Providing a report for the Strategy Meeting including background information on the carers (caring history, any previous allegations and their outcomes, current placement information)
- Arranging additional support for the foster carers (and their sons and daughters if relevant) throughout the process of the investigation
- Facilitating the updating of the carers involved with information about the progress of the investigation in line with joint agency agreements made at the Strategy Meetings, or by the chair person and police
- Ensuring that all carers are aware of sources of support and advice (e.g.

legal assistance, FISS and Peer Guides) when facing an allegation

- Pursuing any actions agreed in relation to the fostering service by the Strategy Meeting in relation to any internal management of the issues
- Participating in a Section 47 enquiry should this be required
- The fostering Supervising Social Worker will normally retain the role of link between the Foster Carer and the fostering service – where this is not possible, the Fostering Practice Manager will arrange an alternative temporary worker to fulfil this role
- A report of the conclusions and outcome of any investigation must be provided to the Fostering Panel; within one month, by the Supervising Social Worker, so they can make a recommendation about whether the Foster Carer/s is still considered suitable to foster

Adoption Team

In relation to prospective adopters with children placed the adoption team will take responsibility for:

- Assisting in undertaking a Risk Assessment and (if required) Risk Management Plan regarding the feasibility of the child(ren) remaining in the household
- Providing a report for the Strategy Meeting including background information on the prospective adopters (caring history, any previous allegations and their outcomes, information regarding the child(ren) placed)
- Arranging additional support for the prospective adopters through the process of the investigation
- Facilitating the updating of the prospective adopters involved with information about the progress of the investigation in line with joint agency agreements made at the Strategy

Meetings, or by the chair person and police

- Ensuring that all prospective adopters are aware of sources of support and advice (e.g. legal assistance) when facing an allegation
- Pursuing the actions agreed by the Strategy Meeting in relation to any internal management of the issues
- Participating in a Section 47 enquiry should this be required

Approved prospective adopters who have not yet a child placed for adoption with them do not fall under this guidance – any allegation would be dealt with either via the child protection route (if the adopters have other children) or via their employment (if appropriate) or police investigation if criminal activity is alleged. A report of the conclusions and outcome of any investigation must be provided to the Adoption Panel so that they may make a recommendation about whether the prospective adopter is still considered suitable to adopt.

Social Work Teams

The Child's Social Worker is responsible for:

- Collating a report for the Strategy Meeting outlining the background of the child or young person
- Contributing to a Risk Assessment to determine whether the child(ren) of the household are safe to remain, and any Risk Management Plan made as a result
- Lead a Section 47 enquiry should this be required
- Pursuing the actions agreed by the Strategy Meeting in relation to any internal management of the issues
- Providing the focal point for police and other agencies to share information about the progress of any enquiry and passing this information to the fostering Supervising Social Worker

- Informing parents of a child or children involved of the allegation and of progress of the investigation as determined by the Strategy Meeting (or chair of meeting in conjunction with the police)

The Child's Practice Manager is responsible for:

- Liaising with the Fostering or Adoption Practice Manager in collating information to enable a assessment of risk to the children in the household
- Ensuring that the child's Social Worker is aware of his or her responsibilities under this guidance, and contributing to the monitoring the progress of the investigation

Police

The Police are responsible for:

- Collating the referral via the Central Referral Unit (Contact Number 0845 6051166), researching any background information and forwarding the referral to the relevant Police Child Abuse Investigation Unit for allocation
- Providing a Police Manager to attend the Strategy Meeting to assess the level at which the issue should be dealt with - see National Guidance from Recommendation 93 of Laming Report
- Allocating a named Police Officer to lead any resulting investigation on the next working day following the Strategy Meeting and sharing this information with the Chair of the Strategy Meeting and the relevant child's social worker
- Sharing responsibility with the chair of the strategy meeting to agree what information can be shared with the foster carer or prospective adopter and at what stages of the investigation
- Explaining the process and requirements of police interviews to any carer who is to be interviewed, including the fact that the interview is likely to be recorded as Criminal Records Bureau information (and will

be disclosed at future dates as a result for enhanced disclosure requests)

- Keeping the Chair person of the Strategy Meeting informed if the investigation is unduly delayed

Emergency Duty Team

The Emergency Duty Team is responsible for:

- Responding to a report of an allegation against a carer by contacting a Senior Officer 'on call' to agree whether immediate action is required or whether it is appropriate to refer the matter to the day staff.
- In cases where it is decided that immediate action is required, to agree a Risk Management Plan with the senior officer in relation to the safety of any children of the household, and to take into account any protective factors which are or which could be introduced to the household to minimise disruption to the children.

Fostering Panel

The Fostering Panel are responsible for:

- Monitoring countywide statistical information regarding allegations as prepared by the Operation Manager, Fostering and contributing to service development based on analysis of this data
- Considering any post investigation report and making recommendations to the Agency Decision Maker concerning any restrictions/alterations to the carers' original approval range
- Recommending reinstatement (or otherwise) - to the Agency Decision Maker - of carers whose approval has been temporarily suspended pending the outcome of an investigation

Adoption Panel

The Adoption Panel are responsible for:

- Reviewing the case of any prospective adopters about whom concerns are raised prior to any child being placed with them or who have had a child removed from their care, and if necessary making recommendations or offering advice regarding their suitability in general or for particular kinds of children
- Receiving reports about any prospective adopters with a child placed who experience an allegation, and subsequently considering any learning points emerging from the situation
- Taking into account any allegation, its investigation and outcome when considering any further application to adopt by a family about whom concerns have been raised.

Independent support workers for carers

Independent Support Workers for carers facing investigation following allegations are responsible for:

- Offering a listening ear and signposting carers to sources of support (e.g. legal advice)
- Acting as a source of information to carers about the process of investigations and the reasons why certain steps must be taken
- Offering emotional support to carers if required
- At the request of the Chairperson of the Strategy Meeting(s), updating the carers with agreed information regarding the progress of the investigation
- Alerting Local Authority or police colleagues to information provided by the carer which indicates a risk to any child (and informing the carer that such information will be passed on)
- If required, continuing to offer support to the carers through the process of any reassessment or review of their approval at the Foster Care Panel

Prospective adopters requiring support following an allegation will be considered on a case by case basis and an individual support plan devised by the Adoption Team.

Peer Guides

Peer Guide foster carers are expected to:

- Model good foster care practice, incorporating anti-discriminatory values and actions and acting in a professional manner consistent with the National Standards and Directorate procedures.
- To meet all new carers in the local area; to attend local Support Groups and training and to actively encourage new carers to do likewise.
- To offer support and general advice to other carers primarily by telephone. At times particularly in complex and on-going situations personal visits may be required. These commitments should not normally take place after 9pm.
- To offer signposting within one's areas of expertise and to refer carers to other carers and Directorate staff in the first instance in seeking specific advice.
- To encourage carers to work with Directorate staff to resolve difficulties with a view to restoring good working relationships.
- To bring to the attention of the Fostering Service issues of concern about carers' needs, standards of care, placement issues and service standards, usually via the Foster Carer Strategy Group representative. Also to feed back information regarding strong, positive practice with a view to disseminating this to other carers and staff.
- To support carers against whom allegations or complaints have been made with particular awareness of one's own feelings and the risks in not maintaining neutrality.
- To maintain a log of the demands made for the purposes of informing the future

development of this support. All calls will be recorded, even where carers have simply called to 'offload' (no specific details required). The log will be routinely copied to the Operations Manager, Fostering to contribute to the full service monitoring.

Procedural Guidance

Receipt of information regarding an allegation, serious concern or complaint against a carer or prospective adopter (with a child placed for adoption but not yet adopted)

The action to be taken when an allegation is reported is outlined in [the process flow chart](#)  (17KB - [pdf help](#)) and in [Section 5](#).

The [Working Together](#) document requires fostering providers and other agencies to consider very seriously any allegation which might indicate that a person is unsuitable to work with children in their present position or in any capacity. This applies when it is alleged that a foster carer or a member of his or her family has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child, or
- Behaved towards a child or children in a way that indicates he or she is unsuitable to work with children, in connection with the person's employment or voluntary activity.

In relation to prospective adopters with children placed (where the children remain 'children in care' until the making of the Adoption Order) the prospective adopters will be subject to the same processes and procedures as foster carers. After the granting of an Adoption Order, the adoptive parents would be subject to Safeguarding Procedures as for any other family in the event of an allegation.

The Designated Independent Safeguarding Reviewing Officers (with delegated LADO responsibility) should be contacted without delay with details of any allegation against a carer which appears to satisfy the criteria described in 4.1.1. The Designated ISRO is

then responsible for arranging contact with the police and setting up a Strategy Meeting. The strategy discussion between the ISRO and reporting officer should be recorded on the "Record of Strategy Discussion decisions following receipt of an allegation against a carer" form.

Once confirmed as an allegation (rather than serious concern or complaint) the issue will be subject to a [Strategy Meeting](#) and under the [Working Together](#) document may be considered within the context of:

- A police investigation of a possible criminal offence
- Enquiries and assessment by children's social care about whether a child is in need of protection or in need of services
- The operation of the fostering service's procedure concerning a review of a foster carer's suitability to foster, and the decisions of the fostering service's Agency Panel and Decision-Maker, in accordance with the [Fostering Services Regulations 2002](#) (29.7)

The [Fostering Network](#)  (395KB - [pdf help](#)) stress the importance of not subjecting foster carers and their families to unnecessary delay whilst maintaining thorough and fair investigation procedures.

We are aiming to promote a fair and honest system of investigating allegations against carers, but recognise the constraints placed upon the police in relation to evidence gathering. It is therefore important to make clear decisions and be realistic and timely in communications with carers. Support for carers is also vital – refer to sections [3.1.10](#) and [3.1.11](#) and section [5.4](#) which outlines sources of support. Carers should have access to immediate information and advice from an independent source following an allegation or issue of serious concern being raised against them.

In the event that a child is removed from the foster carer's care following an allegation, the foster carer will continue to receive the boarding out payment (not progression payment) for up to eight

weeks. Refer to section [5.6](#) and to the [Foster Care Rates and Allowances](#) for full information. [Written notice must be given](#) if the fostering service provider intends to terminate the carer's approval, together with the reasons (and inviting any representations within 28 days) – this should include confirmation that any payments will cease.

The need for Adoption Financial Support should be reviewed in response to any significant change in circumstances, and would always end if the child no longer had a home with the prospective adopter.

Risk Assessments

Any allegation made against a carer where there are children in placement or where the carer has their own children living at home will require a decision as to their safety in remaining in the home. Careful consideration must be given to the damage which may be inflicted on a child due to a hasty and/or unexplained move balanced against the risk that they may be subject to harm if they remain in the household.

As part of the Initial Strategy Discussion, a Risk Assessment and Management Plan might include the following issues, depending on the situation:

- The nature of the allegation – for example, an allegation of serious sexual abuse is likely to require a different response to an allegation of rough handling or inappropriate chastisement
- The background of the carers – what is known about their fostering or parenting history to date?
- The background of the child making the allegation
- Consideration of the situations of any other children in the household including carers' own children if applicable
- Risks to any children previously placed should also be considered, as should children in the community

- The carers themselves may also be at risk
- Any protective factors should be taken into account –for example, in a couple household, if the allegation is against one carer, could the other carer be called upon to offer supervision of the children? Are any teenage children in the household able to protect themselves?
- The risks/potential damage to a child of a sudden, unexplained move, especially if that move is proposed to happen at night or where the child would not know the staff or substitute carers
- Any action already taken by the fostering or adoption services, care management team or others

Practice Guidance

When the Concern/Allegation/Complaint against foster carers or prospective adopters is observed or reported to a Fostering Social Worker, that worker should make an immediate report to the Fostering Practice Manager (or covering fostering Practice Manager in their line manager's absence). The Practice Manager should immediately liaise with the Practice Manager for the child(ren).

It is the responsibility of the child(ren)'s practice manager to contact the LADO to discuss the information and determine whether the matter is to be dealt with under, Concern, Allegation or Complaints process.

Where the Concern/Allegation/Complaint against a foster carer or prospective adopter is observed or reported to a child's Social Worker (or that Social Workers team) that worker (or Duty Officer) should make an immediate report to their Practice Manager (or covering Practice Manager in their line manager's absence)

The child's Practice Manager will liaise firstly with the Fostering Practice Manager to discuss the issues and gather relevant information re the carers including any history of similar concerns and secondly

with the LADO to determine under which process the matter will be dealt with.

If the Allegation/Concern/Complaint is notified to the Emergency Duty Team the worker and or manager should consult with the Senior Officer on call to agree whether immediate action is required, or whether it is appropriate to refer the issue to the day staff. The Senior Officer on call will consult with the relevant Practice Manager(s) (fostering/adoption/care management) as appropriate in order to inform their decision.

If the issue is defined as an Allegation, the following procedures should be followed. If the issue is defined as a Concern, this will be taken forward by the Operations Manager for Fostering and the Practice Manager Fostering and similarly for Adoption. If the matter is defined as a Complaint, the Devon County Council [complaints procedure](#) should be followed. If the complainant is a child in care, a referral should be made to ['Reconstruct'](#) (who provide Advocacy Services) for an advocate to work with the child or young person in pursuing his or her complaint.

Agenda Structure for Strategy Meetings

Note – The Strategy Process in the Safeguarding Procedures includes all adults working with children / young people including foster carers. Whilst the procedures will therefore be the same, ['Working Together to Safeguard Children'](#) Appendix 5 indicates additional steps which may be necessary due to the unique environments in which foster carers operate.

The Strategy Meeting should take place within 72 hours of the receipt of the allegation.

Proposed Agenda

- Reason for meeting
- Clarification of the status of the carers and all the children involved and which agencies or Local Authority's have responsibility for them and whether all relevant agencies have been alerted.

- Background information on carers; any previous allegations / outcomes etc
- Background information on child / young person
- Consideration of other children in the carers' home; other looked after children / foster carer's or prospective adopters own children (if appropriate). Will depend on nature of allegation etc
- Consideration of carer's environment if they work with children. Again this will depend on the nature of the allegation
- Decide most appropriate way forward; Section 47 investigation / to be dealt with internally by the Fostering Team / Children's Team
- Agree what the parent(s) of the child / young person should be told, by whom, by when
- Agree whether or not the child (or any other children in the home) should be removed pending the outcome of the investigation (refer to [Risk Assessment](#) carried out by fostering and Children's team staff)

In preparation for the Strategy Meeting the Fostering Supervising Social Worker or Adoption Social Worker should provide a written report regarding known information on the carers. The Social Worker for the child(ren) should provide written information on the background of the child(ren), including any special needs, history of entry into the care system, placement history, any previous allegations and the outcomes of same.

If the outcome of the strategy meeting is a [Section 47](#) investigation, the Chair of the Strategy Meeting will:

- Agree who should be seen, by whom, by when
- Agree what information will be shared with the foster carers or prospective adopters following the meeting and who should take on this role

- Agree a date to reconvene the Strategy Meeting

If the outcome of the Strategy Meeting is not to pursue a Section 47 investigation, the chair of the Strategy Meeting will:

- Agree who will raise the issues to be discussed with the foster carer(s)/prospective adopters
- Consider whether or not it is necessary to reconvene the Strategy Meeting – if not, then the Chairperson will agree who will advise the Chair of the meeting, in writing, the outcome of any work undertaken with the carers/prospective adopters
- Agree timescales for reporting back and for the Outcomes Meeting (to which the carer(s)/prospective adopters are invited)

Reconvened Strategy Meeting:

- As a general principle, any planned reconvened Strategy Meeting should go ahead, even if all the action points of the original plan have not been completed
- The meeting should provide an update of how the investigation is progressing
- The meeting should again agree what information should be shared with the foster carer(s)/prospective adopters in terms of an update, and who will communicate this to the carer(s)

If there are difficulties in progressing the investigation, the source of these should be clearly identified and any remedial action planned (including if necessary, reporting delay to Senior Management within Children and Young People's Services and Police. Where an investigation takes longer than 8 weeks to complete, the carers' situation should be referred by the Operations Manager, Fostering to the Head of Children and Adult Protection for a decision on continuing to pay the carer an allowance.

Final Strategy Meeting:

- This is the forum to share the outcome of the investigation
- The meeting should agree what final feedback should be given to the foster carer(s)/prospective adopter(s) at the Outcomes Meeting
- Agree what feedback should be given to the child / young person who made the allegation – and who will take responsibility for action planning for the child
- Agree what feedback should be given to the parent(s) of the child / young person

Following an investigation there are four probable outcomes:

- Further police action to be taken; file to Crown Prosecution Service etc
- A clearly unsubstantiated allegation
- A substantiated allegation which does not warrant further police action but clearly identifies some practice issues for the carer(s)
- No further police action on the basis that there is a lack of evidence; e.g. one person's word against another

The first two of these outcomes are definite, and the feedback to the foster carers will be able to reflect a clear decision.

In the case of an unsubstantiated allegation which does not warrant police action, but nevertheless identifies some practice issues for the carer, the final Strategy Meeting could:

- Identify the learning points for the carer(s) concerned
- Agree who will undertake this work; timescales and who will advise the Chair, in writing the outcome of the work.

The Chair of the meeting will also agree with Strategy Group members the wording

to record the episode both on the carer(s) file and, if necessary, in conjunction with the investigating police officer agree the record which will be forwarded to the Criminal Records Bureau.

The final point, probable outcome, where the situation is deemed to be one person's word against another, is unfortunately a frequent outcome of an investigation and the issue then remains unresolved as a 'grey area'. In these situations the multi-agency group should make a comment regarding their views as to 'the balance of probability' in respect of the allegation. This will assist the process of providing as full and clear feedback to the foster carer(s) as possible.

Outcomes Meeting

Following each allegation investigation, an Outcomes Meeting will be convened (within 15 days of the final strategy meeting). This meeting will include the foster carers or prospective adopters who were subject to the allegation and will advise all participants of the outcome of the investigation and any action arising from it. Carers/prospective adopters will be made aware that a report of the investigation and its findings will be prepared for the respective Fostering or Adoption Panel, which they will be able to read in advance of the panel.

Foster or Adoption Panel report and function

The Supervising Fostering Social Worker or adoption Social Worker will prepare a report for the appropriate panel (fostering/adoption). The purpose of the report is to inform the panel of the investigation and its outcomes and make recommendations regarding future placements and or registration or approval. The report should follow a similar structure to the agenda for the Strategy Meeting, namely:

- Background information on foster carers/prospective adopter; any previous allegations / outcomes etc (including the original Form F or Prospective Adopters Report)

- Background information on child / young person
- Report of consideration made in relation to other children in the foster carer/ prospective adopters home; other looked after children / foster carer /prospective adopters' own children (if appropriate). Will depend on nature of allegation etc
- Report of consideration of foster carer / prospective adopter's employment environment (if they work with children) - again this will depend on the nature of the allegation
- Record of decisions regarding the most appropriate way forward; e.g. Section 47
- Record of agreement made concerning what the parent(s) of the child / young person were told, by whom, by when
- Record of agreement as to whether or not the child (or any other children in the home) should be removed pending the outcome of the investigation
- Record of any additional action taken during or following the investigation
- Recommendations regarding future placements/registration for prospective adopter/foster carer
- Any other relevant information to assist the panel.

The Fostering or Adoption Panel will then make a recommendation to the Agency Decision Maker who has the final say regarding the future registration and placement details of the foster carer or whether the prospective adopter is still considered suitable to adopt.

In the case of prospective adopters, if the child remains in the carers' household, the Adoption Panel should be asked to make a fresh recommendation on whether the child should be adopted by these carers. The Panel may offer other relevant advice to the Local Authority.

If the child is no longer living with the prospective adopters their approval must be reviewed by the Adoption Social Worker and Practice Manager. If they consider that the prospective adopters may not be suitable to adopt, and have not withdrawn their application, then the case must be referred to the Adoption Panel for consideration of whether they remain suitable prospective adopters.

Any appeal made subsequently to a panel decision will follow the regular appeals processes laid out for the respective Fostering and Adoption Panels (refer to policy [E02](#) for Fostering Panels and policy [F03](#) for Adoption Panels) including the possibility of an application to the Independent Review Mechanism.

Support for Foster Carers and Prospective Adopters Facing Allegations

National Minimum Standard 22.12 requires fostering agencies to provide independent support to carers during an allegation.

Devon foster carers can access support and information through a number of routes, which workers should actively promote and signpost, namely:

- Fostering Supervising Social Worker
- Independent Support Worker (via Foster Talk organisation, Fostering Independent Support Services FISS)
- [Foster Care Handbook](#)
- Fosterline 0800 040 7675 Confidential advice line commissioned by the DfES and operated by the Fostering Network, Mondays to Fridays 9am – 5pm (except Bank Holidays), text phone 0800 0407675 and email fosterline@fostering.net
- Fostering Network Advice Service 0800 040 7675
- Legal Advice Line – 0870 264 6943 Carers can quote reference STS 14488 for general legal advice 24 hours a day, 7 days a week (See below for insurance policy in relation to legal fees.

- Peer Guide Foster Carers

Independent Support Workers are employed on a sessional basis by the Local Authority to offer impartial support and guidance to carers facing allegation investigations. The Independent Support Workers are not part of the fostering service. See [section 3.1.10](#) for information regarding roles and responsibilities.

To access an Independent Support Worker, contact the Fostering Practice Manager. There is no prescribed limit to the level of support available to carers, but it is anticipated that in an investigation completed within eight weeks, carers may need up to four visits (or accompaniment to meetings/panel) plus telephone calls. Each individual situation will be reviewed by the Fostering Practice Manager and an agreement reached with the Operations Manager, Fostering regarding extending support beyond this.

Support for prospective adopters can be accessed through the Adoption Team and may include securing independent support through another Adoption Agency or Adoption Support Agency, Adoption UK etc.

Insurance for carers who require legal advice

The local authority purchases an insurance policy to facilitate legal advice for carers who are facing an allegation.

If carers wish to appoint their own solicitor, they can access a list of accredited members of The Law Society's Children Panel through the Yellow Pages. In most cases, the fees will be covered by the Authority's Insurance Policy, subject to a policy excess.

Payments to carers facing an allegation who have children removed as a result:

Where carers are subject to an allegation and a child or children placed with them are removed as a result, the carer will continue to receive the boarding out payments (minus any progression payment) for a period of up to eight weeks. Should an investigation still be on-going after the eight week period, the situation will be referred to

the Head of Service for Child and Adult Protection for [agreement to continue the payment](#).

This is intended to ensure that carers do not suffer undue financial hardship as a result of an allegation having been made against them.

Process for Securing Independent Support for Foster Carers:

If a carer is subject to an allegation which progresses to an investigation, the carers are entitled to independent support. In the first instance the Supervising Social Worker for the carers will alert the Fostering Practice Manager to a potential need for support. The Practice Manager will arrange for the carer to access an Independent Support Worker. The Practice Manager is responsible for ensuring that the support to the carers is monitored and if necessary with agreement from the Operations Manager, Fostering, extend to meet the needs of the carers or to recognise the on-going nature of the investigation.

[Process Flowchart](#)  (17KB - [pdf help](#)) – Managing Allegations Against Foster Carers and prospective adopters

You can find this policy at:

<http://www.devon.gov.uk/index/childrenfamilies/fostering/fostercarersinformation/fos-allegationspolicy.htm>

CHILDREN MISSING FROM FOSTER HOMES

Children Missing From Foster Placements

The Fostering Service and Foster Carers must take appropriate action to find children who are missing, including working alongside the police where appropriate. (standard 5.5)

When a child or young person goes missing staff are to refer to the Devon County Council Missing Children's Policy which can be found at:

<http://www.devon.gov.uk/index/socialcare/policies-procedures-guidance/childrens-services/soc-pol-c11-0/soc-pol-c11-3.htm>

Foster Carers should familiarise themselves with this information so they know exactly what to do if a child or young person in their care goes missing.

At the time of placement, where young people are known, Social Workers should have made a decision about the likelihood of them going missing, and the level of risk this would create. Young people will be seen as being at high, medium or low risk - depending on their circumstances. Where young people are not known, Carers should have enough information to make a quick judgement as to how serious the risk might be, and know how to proceed.

Where a child in care lives within another Local Authority boundary the Fostering Service and Foster Carers are to refer to the local runaway and missing from home and care protocols and procedure applicable to the area where the foster home is located. (standard 5.6)

Supervising Social Workers must ensure that Foster Carers are clear that they must report a child/young person missing to the Police if they do not return as expected and as agreed in the Placement Plan or Risk Assessment.

During normal office hours, Foster Carers must inform the child's Social Worker and their Supervising Social Worker or, in their absence, the Duty Social Worker. The Social Worker will then inform the child's parents.

Out of normal office hours, Foster Carers must inform the Emergency Duty Service on 0845 6000 388. They will give guidance on appropriate action, and may contact the Police. When the office reopens, the Carer must inform the young person's Social Worker or, in their absence, the Duty Social Worker even if the young person has returned in the meantime.

At the time the young person is reported missing, the Carer and the Emergency Duty Service should decide who should inform the parents or other family

members. This would depend on established relationships and agreed action in the child's Care Plan. When a child goes missing it can be a very worrying time for Carers, and it is recognised that they may be involved in considerable disruption throughout the night.

Carers should re-contact whoever they informed to advise them of the young person's return - then record the episode on the child's record sheet, and offer the young person the opportunity to discuss what has happened.

Where a child goes missing and there is concern for their welfare, or at the request of a child who has been missing, the Child's Social Worker must arrange a meeting to consider the reasons for their going missing. the Child's Social Worker must consider with the Children's Team Practice Manager, and the Foster Carer where appropriate, any concerns arising about the Foster Carer or the placement and what action should be taken to prevent the child going missing in the future. For those young people who are remanded to the Local Authority, the Child's Social Worker must report to the Youth Offending Service the breach of the order. (Standard 5.9)

The Child's Social Worker or Children's Team must complete CS38 Missing Children Report Form, available on Corporate/Directorate Word Templates, sending copies to:

- Children's Panel Administrator for noting at CAPP Panel
- Missing Children Notification – Mailbox
- Fostering Supervising Social Worker for Foster Carers File.

The child's Social Worker may need to re-assess the risk level of further episodes of the young person going missing, and agree what action the Carers should take in this event. The Child's Social Worker and Supervising Social Worker should consider whether a Risk Management Meeting needs to be convened

CONCLUSION

Devon County Council significantly values the work of our Foster Carers in what is sometimes a very challenging task. We aim to support Carers at all times and if Carers have any ideas or contributions as to how we might improve or expand our Fostering Service, they should contact the Operations Manager Fostering sally.fitton@devon.gov.uk