**Practice Guidance Privately Fostered Children**

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**Section 1 – Liberi**

Please contact Shakeela Chaudry (MIU) [shakeela.chaudry@kent.gov.uk](mailto:shakeela.chaudry@kent.gov.uk) or 03000 417048 for any support inputting PF work (assessments or Regulation 8 visits) on to Liberi.

**Introduction**

This guidance aims to assist practitioners in carrying out the Child and Family assessment and Private Fostering Arrangement Assessment Record (PFARR) in order to consider the suitability of the proposed placement and the suitability of the proposed carers and the premises.

**Practice Process for New Referrals concerning Privately Fostered Children**

1. At initial referral to CDT the outcome of the referral should be Private Fostering Agreement. By Finalising and Authorising this outcome, the Private Fostering Pathway will commence.
2. Following allocation to the Social Worker within the nominated Area, a Private Fostering agreement must be completed. This confirms the notification date and Social Workers should input details of the proposed carers. The Social Worker needs to start the PFAAR at this stage.

**Private Fostering Arrangement Assessment Record**

This assessment needs to be concluded within 42 days and progression should be supported in the same way as a Child and Family assessment with support from the daily tracker. As with the Child and Family assessment the timeliness of its completion should be determined by the needs of the individual child.

The information in the PFAAR can be used and elaborated upon with the Child and Family assessment should the child meet the criteria for a child in need service. It is important to remember the PFAAR is used to consider the suitability of the arrangement and the Child and Family assessment is used to undertake a holistic assessment of the child’s circumstances and will be particularly pertinent should the child be subject to a Child In Need or Child Protection plan. Analysis in both assessments should be congruent to ensure that the reader is clear (whichever they read) of the plan for the child and any additional concerns/issues etc.

The PFAAR should conclude whether the proposed or actual arrangement is suitable.

Should the proposed or actual placement be deemed as suitable, the social worker would proceed with the Regulation 8 visits (please see policy) and would use the Visits under Regulation 8 form to evidence.

Case notes for Regulation 8 visits can be accessed via the Private Fostering hub only-under Forms tab. An initial visit to the child must be completed and recorded within 7 days of notification (referral).

**Process for Authorisation, Prohibition and/or Conditions of Private Fostering Arrangements**

1. Social worker completes the PFAAR and finalises this.
2. The finalised form will go to the Team Manager’s tray for authorisation. The Team Manager should review the form, if further work is required they finalise the record but Select “Request Further Information”, which will return the form to the Social Worker.
3. If the Record Is Satisfactory and No Further Work Is Required the Team Manager should inform the Integrated Family Service Manager of its presence on the system via email or telephone call.
4. The team manager will then authorise the form following the assessment being reviewed and agreed by the Integrated Family Service Manager. Any suggested prohibitions or conditions must be authorised by the Area Director. The assessment and authorisation process should be completed within 42 days.

**Visit under Regulation 8 (See Liberi manual for guidance on inputting of this visit)**

The Social Worker must record whether the child was seen and if so, whether the child was seen alone.  If the child was not seen, the reasons must be recorded.  The record must comment on the child's welfare and how the placement is progressing including any views expressed by the private foster carer and the child. It must also contain a recommendation about the continued suitability of the private fostering arrangement and whether any action should be taken and/or requirements on the private foster carer.

**Child and Family Assessment within the Private Fostering Process**

The Child and Family assessment should be an assessment that runs concurrently with the PFAAR if the child meets the criteria for child in need services.

**Annual Review of Placement**

The social worker should use the Word document “annual review of private fostering arrangements” (found in the Forms/Signs of Safety Practice Guidance in Tri-x) as an agenda guide for the child’s annual review. The minutes of the meeting should be added to the review section in the private fostering hub/panel section.

**Section 2 - Action to be Taken on Receipt of Notification**

New notifications on cases not already open to a children’s social work team

All initial information received about a proposed or actual private fostering arrangement will be processed through to the Central Duty Team (CDT). CDT will record the same core information as they would for any other referral, as well as asking for the specific information that is required under the Children Act Regulations. Where this information is not available, CDT must explain this within their recording. CDT will confirm receipt of the notification in writing and pass the referral to the relevant nominated children’s social work team designated to deal with private fostering arrangements for the area in which the child is residing:

•East Kent (Canterbury);

•West Kent (The Weald);

•North Kent (Sevenoaks and Swanley);

•South Kent (Dover).

Each area will have a Private Fostering Champion social worker who will take responsibility for supporting other social workers in the district to complete assessments appropriately.

Where it is clear that the new referral relates to a notification of a private fostering arrangement and there appears to be no Child Protection or complex Child in Need concerns, the Duty Senior will allocate the case to a Social Worker.

For cases where the circumstances of the Private Fostering Arrangement are “straight forward” e.g.: language student with no additional needs etc, the social worker should complete the Private Fostering Arrangement Assessment Record as a way to consider the child’s needs and the carers capacity to meet the child’s needs.

In those circumstances where the child is living within the private fostering arrangement and meets the criteria for child in needs services, then the social worker must also complete the child and family assessment record alongside the Private Fostering Arrangement Assessment Record.

The allocated social worker will carry out the following initial tasks within 7 working days of the notification:

1. Visit the foster carers in the home where the child is to live and speak to them and all members of the household (at times children may not yet be in the Country, however this visit must be completed regardless, to begin the assessment of the placement. Children should be visited as soon as possible following them arriving in placement but must be within 7 working days);
2. Visit and speak to the child alone, unless the social worker considers it inappropriate to do so in which case the reason should be recorded and brought to the attention of the team manager;
3. Speak to and, if possible, visit the parents/those with Parental Responsibility;
4. Ensure that the purpose and likely duration of the private fostering arrangement is understood by and agreed between the parents and the private foster carers;
5. Ascertain the wishes and feelings of the child about the private fostering arrangement;
6. Check the suitability of the accommodation, the capacity of the private foster carer to look after the child, the suitability of all other members of the private foster carer's household;
7. Ensure that the parents are involved in planning for the child and explore whether the child's needs may be more appropriately met by providing services to the child and parent at home;
8. Encourage the parents to draw up a written agreement (perhaps using the written agreement pro-forma in the Tri-x Forms/Signs of Safety Practice Guidance section) with the private foster carers as to their respective expectations and responsibilities in relation to the fostering arrangement including financialarrangements, medical arrangements etc and the child's contact with his or her parents and other significant family members;
9. Both parents and private foster carers should be given information about how to access support groups and independent advice and advocacy services, including relevant advice lines provided by organisations such as Parentline Plus ([www.familylives.org.uk](http://www.familylives.org.uk) ), Family Rights Group ([www.frg.org.uk](http://www.frg.org.uk)) and Fostering Network (www.thefosteringnetwork.org.uk)
10. Where the child has already been placed, ensure that the child's development in all aspects is satisfactory, that the standard of care being given to the child is appropriate and that the child's needs arising from his or her religious persuasion, racial origin and cultural and linguistic background are being met;
11. Where the child has already been placed, check that the financial matters are in order and the contact arrangements are working;
12. Notify the relevant health, education, Ofsted and Probation of the child's placement or proposed placement including the health visiting service where appropriate;
13. Ensure that any necessary links are or will be established with other agencies for example because of the child's disabilities and/or special educational needs;
14. Enter the child and the private carer's details onto the electronic database.

The information gathered during this time should be collated using the Private Fostering Arrangement Assessment Record (and the Child and Family Assessment if necessary) on Liberi.

**Written information in leaflet form should be provided to the child(ren) concerned, parents and prospective carers about private fostering. Leaflets can be found at kscb.org.uk.**

The information in the Private Fostering Arrangement Assessment Record can be used and elaborated upon with the Child and Family assessment if necessary. Analysis in both assessments should be congruent to ensure that the reader is clear (whichever they read) of the plan for the child and any additional concerns/issues etc.

New Notifications on Cases Already Open to a childrens social work team

When a case is notified as a private fostering arrangement and is already open, the following procedure should be followed : with regard to work allocation and use of Liberi-

1. Allocated social worker and Private Fostering Champion discuss case to see whether it is likely to be Private Fostering
2. If it is felt that that identified placement is Private Fostering, then agreement is needed from the nominated Team Manager of the nominated district children’s social work team for PFAAR to be completed and for nominated Social Worker to be identified
3. The allocated Social Worker must complete the Private Fostering notification (using the date that the placement was identified as PF by the nominated AIT manager) and re-assign the PFAAR task immediately to the nominated district Team Manager who will allocate.
4. Before the PFAAR is re-assigned the allocated social worker must enter the significant people/carers in order that the PFAAR may begin.
5. Allocated Social Worker must put on a new contact following agreement by nominated Team Manager that placement is Private Fostering.
6. Initial visit must be arranged jointly with allocated and nominated SW within 7 days.
7. Case notes to be used to evidence these discussions between teams
8. The nominated Social Worker can be added as an additional case worker, but overall case responsibility should remain with the allocated Social Worker from the district team

In cases where there are ongoing child protection or child in need concerns, it is expected that the case holder will continue to oversee and remain responsible for the child protection/child in need plan while the nominated social worker works alongside, focussing upon the private fostering arrangement. At this time, the nominated social worker should complete the Private Fostering Arrangement Assessment Record and the allocated social worker should update the Child and Family Assessment.

**Section 3 - Factors to be Considered when Completing an Assessment of Suitability**

The following is intended to set a minimum standard of areas to be covered. It is not meant to be exhaustive.

•There should be at least one visit on an occasion when the person undertaking the assessment can meet the entire household and explore the relationships of all members, the extent to which other members of the household may participate in the care and daily life of a child placed, and the demands that are made on the applicant(s) by other members of the household, such as elderly relatives requiring care;

•It is important for the Social Worker undertaking the assessment to ensure that the carers are clear about the Directorate's duties to determine:

◦Their suitability and that of their household;

◦The suitability of their accommodation;

◦That neither would be prejudicial to the welfare of the child;

◦That the arrangement(s) or proposed arrangements are likely to provide a safe and stable environment (in every sense) for the child.

•They should be clear about the need to make police and health inquiries, to take up references, the need to make a decision about suitability, the amount of support the Directorate may provide, what they can do if the Directorate exercises its powers to impose requirements or prohibitions etc;

•As well as the suitability of the accommodation, inquiries should cover access to schools, public transport and other amenities. If the fostering of children with special needs is under consideration, is the location suitable for a child with restricted mobility for example? Are hospitals and special schools within easy reach?

•The person undertaking the assessment should make a point about communicating with the children of the family, and learning something about their feelings concerning sharing their home and family with a new child. The impact of private fostering on family and social life should be carefully discussed and considered with the applicant(s);

•Where a Private Foster Carer has children by a previous marriage who are not living in the household, the extent of contact should be explored;

•What is the Private Foster Carer’s experience of caring for children of different age groups, including other people's children?

•How does employment/occupation affect family life? Are shifts worked? What time is available for family activities? Where the principal care-giver is employed outside of the home, what arrangements are available or proposed to ensure proper care for a child after school, during sickness and holidays?

•What is the standard of living and life style of the family? What are the family's leisure interests and activities?

**Section 4 - Guidelines for Interviews with Referees (including transracial issues in Private Fostering)**

The following points are intended to guide staff in interviews with prospective Local Authority Foster Carers. However, many of the points may be relevant in relation to interviews concerning private foster carers.

**General**

The two main referees should not be related to the applicants. Formal character references are not required, e.g. from an employer. Referees should know the applicant (both applicants if a couple) and their family well and visit them in their home;

Establish that they are responsible people for the purpose of giving a reference;

If a husband and wife are named together and only one is interviewed the other should be asked to confirm her or his views in writing;

Establish:

1. How long they have known the applicants and in what capacity?
2. Whether they know anything which suggests that the applicants are not suitable people to be entrusted with the care of a child
3. Whether the applicants discussed with their referee(s) their application to foster.
4. Whether they have seen the applicants with their own children? The referee’s children (if any) and other people's children? and
5. What comments they may have about how they relate to children, how children respond etc.
6. Establish whether the referee(s) considers that the applicant(s) is suitable to care for a child in respect of their:

◦Temperament and character;

◦Health;

◦Capacity for firm but kind handling.

1. In the case of joint applicants, establish whether the referee considers applicants' relationship a sound and happy one? How does the referee consider they cope with stress?
2. What type of lifestyle do they have in the opinion of the referee (routine, flexibility etc)?
3. Gain the referee's opinion on communication within the applicant(s) family/household?
4. Establish whether they think the applicant(s) appreciate the implications of fostering:

◦Implications for work with natural parents?

◦Implications for their own children?

1. Ask if the referee(s) knows anything on the attitude of the applicant(s) wider family circle towards fostering?
2. Would the referee leave their own child with the applicant(s)?
3. Do they have any other observations or reservations?

Social workers should use referee form (PF11), to be completed by referees

**Transracial Issues in Private Fostering**

Some Private Fostering Placements will involve black and minority ethnic children placed in white families. The following offers some key issues to consider in evaluating the approach to issues of race and culture in the Private Foster Home. It should not be forgotten that these issues apply equally to the staff who are conducting the assessment, and that the Culturally Competent Care Policy and Guidance provides the framework for practice.

Carers and staff should:

1. Have a genuine understanding of why parents use private fostering;
2. Be able to understand and truly accept why the term 'black' is positively preferred and not "coloured" and be able to use the term 'black' comfortably;
3. Have a good awareness of racism and its roots;
4. Be able to understand and accept that racism is a reality for BME children (and adults, i.e. their parents), that this has negative and damaging effects on the emotional, psychological and educational development on the child and be prepared to deal with it;
5. Have some knowledge of the relevant ethnic culture and history or a willingness to gain this knowledge;
6. Have an ability to genuinely view the specific culture(s) positively in order to help the child develop a positive identity and pride in being black (and African, for example). This together with an understanding of the negative effects of racism and preparedness to deal with it are essential components of good parenting and preparation of a child to cope with the real world;
7. Be able to communicate and reinforce positive black history, specific and other culture(s) when discussing or working with a black child on issues, identity and racism;
8. Have knowledge of and be able to use positive black images and role models in society in order to combat the negative images a black child receives and internalises. For example, through public figures, the media, language, posters, multi racial books and books written for BME children;
9. Be able to encourage and enhance positive black identity, willingness to further develop a positive black identity for the child. For example by taking an interest the child's culture, contact with cultural events, other black children and families, community groups;
10. Have knowledge of hair and skin care and dietary needs of black children, where applicable, these are not special but different needs and are essential to the child feelings about his/her self;
11. Be willing to work in partnership with parents in attempts to keep the bond between parent and child intact;
12. Be willing to engage other agencies, for example, health visitors, doctors, schools, in meeting any specific health needs of BME children;
13. Be able to identify when assistance is needed in meeting discrimination and racism experienced by the child (rather than the belief in "all children being treated alike" or "do not judge people);
14. Be able to provide the child with skills and techniques for living in a racist society.

Some important questions to cover within the assessment would be:

1. Do the carers have BME friends or contacts in order to further the child's identity;
2. Are they likely to be able to deal with conflict about race within and outside the family?
3. What are the attitudes of neighbours and wider family to their children mixing with a BME child? What are the attitudes of local schools and their expectations of BME pupils?
4. Do the carers understand the child’s self-esteem, or sense of identity may have been adversely affected if he/she experienced rejection on the basis of racism and can they deal with this?
5. Are they willing and able to provide child with balanced view of different cultures?

**Section 5 - Notes on the Assessment of Premises**

The following factors will be of relevance in assessing the suitability of the accommodation particularly if the private arrangement concerns a young child or children:

1. The home should be kept in a clean and hygienic condition;
2. The home should be free from hazards and should be reasonably well organised, with sufficient storage for toys and play equipment;
3. The bedroom(s) used for the child(ren) should be well lit with both natural and artificial light available and well ventilated;
4. There should be sufficient space available for children to play in;
5. Where there is no safe outside play space, the carer should make arrangements to take the children to local playgrounds or parks regularly;
6. There should be provision for the hygienic storage, preparation, cooking and serving of food; and where appropriate adequate provision for the sterilisation of feeding bottles and utensils and the preparation of baby food;
7. There should be provision for first aid;
8. There should be a suitable range of toys and play equipment or other equipment necessary for the care of the child(ren);
9. The home should show adequate consideration for the safety of a child (e.g. stair-gates, fireguards, protection from electrical sockets or garden ponds where there are young children);
10. Medicines and tablets and other dangerous articles should be kept out of reach from young children;
11. Matches, knives, razor blades and household cleaners should be kept out of reach of children;
12. Windows, doors and cupboards should be secured against young children opening them unsupervised;
13. If young people are transported by car BS approved restraints should be used as required by statute;
14. Garages and garden sheds should be secured, dangerous tools and pesticides etc stored safely.