

Camden foster carers handbook



Contents

A

Abuse and neglect
Access to records
Accidents and illness
Adoption
Alcohol
Allegations and complaints
Allergies
Allowances for foster carers
Anger
Annual foster carer review
Appropriate adult
Assessment framework
Asylum-seeking and trafficked children
Attachment
Attendance at school
Attention –seeking
Attention Deficit Hyperactivity Disorder
Autism

B

Babies
Babysitting
Bedrooms
Bedtimes
Behaviour management
Belongings
Benefits
Blood-borne diseases
Buddying system
Bullying

C

Camden Association for Foster Care
Car safety
Care plan
Care proceedings
Child and Adolescent Mental Health Service (CAMHS)
Child development
Child protection
Child minding
Children Act 1989
Children's guardian
Children's rights
Clothing
Complaints procedure

Confidentiality and information sharing
Connexions
Contact
Corporal punishment
Corporate parenting
Culture and identity
Cycle safety

D

Death of a child
Defiance
Delegated authority
Dental care
Designated teacher
Destructiveness
Disability
Disability Living Allowance
Disclosures
Disclosure and Barring Service (DBS) checks
Discrimination
Diversity
Drug and alcohol misuse
Duty
Dyslexia

E

Eating problems
Education
Educational psychologist
Emergency Duty Team
Emergency placements
Emotional maturity
Employment
Equality
Equipment
Exclusions

F

Family and friends foster carers
Family finding
Family Link carers
Family profiles
Family Services and Social Work
Fire safety
Forced marriage
Foster care agreements
Foster care charter
Fostering changes
Fostering Consortium
Fostering Network
Fostering Panel

G

Gang activity

H

Health
Health assessment and health plans
Health and safety
Healthy lifestyle
Hearing
Holidays
House rules and home safe caring
Hygiene

I

Identity cards
Independent reviewing mechanism (IRM)
Independent Reviewing Officer (IRO)
Independent visitor
Insurance
Internet and mobile phone safety
Interpreters
Introductions

J

Jealousy

L

LAC social workers
Leaving Care Service
Legislation
Leisure and activities
Life story work
Looked after children review
Lying

M

Masturbation
Matching children with foster carers
Medical consent
Medication
Meetings
Missing from care
Mental and emotional health

N

Names
National Minimum
Standards for fostering
and Fostering
Regulations
Nominated carers (back
up carers)

O

Offensive weapons
Ofsted
Overnight stays

P

Parental responsibility
Participation Officer
Passports
Pastoral support plan
Pathway plan
Personal advisor
Personal development
plan
Personal education plan
Personal hygiene
Pets
Photographs
Placements
Placement breakdown
Placement endings
Placements for parents
and children
Play
Pocket money
Police involvement
Pornography
Pregnancy
Preparing for
independence
Privacy
Pupil Referral Unit (PRU)

R

Re-assessment of carers

Record keeping
Religion
Removing the child from
placement
Residence order
Resignation
Resilience
Restraint

S

Safer caring
Savings
School trips
Searching children and
their belongings
Self-esteem
Self-harm
Sex education and
relationships
Sexuality
Sexually abusive and
exploitative relationships
Short breaks provision
(respite care)
Smoking
Social worker's role
Sons and daughters of
foster carers
Special educational
needs
Special guardianship
Special occasions
Statement of purpose
and children's guide to
fostering
Staying put
Stealing
Stress
Supervision of children
and young people
Supervising social
workers
Support for foster carers
Swearing

T

Tattoos and body
piercing
Tax and national
insurance
Television and computer
games
Termination of
placements
Terms and approval and
exemptions
Training
Training support and
development standards
Transcultural placements
Types of foster care

U

Unannounced visits

V

Values
Virtual school for Looked
After Children
Voice

W

Welcoming a child into
the family
Wetting and soiling
Whistleblowing
Why children become
looked after
Wishes and feelings
Working in partnership

Y

Youth Justice
Youth Offending Service

Abuse and neglect

Definition

Child abuse of all forms occurs in all cultures and social groups and can involve boys and girls of all ages from babies to teenagers. Children with disabilities are more vulnerable to abuse as they are more dependent on adults for their personal care needs; they may also be less able to communicate what has happened.

Perpetrators of child abuse can be male or female and from any social class.

Abuse is defined under the following headings:

Physical abuse: This includes deliberate injuries to the child and the failure to protect a child from injury; it can include poisoning, suffocation, shaking, burning and food deprivation.

The child might have bruises, fractures, scars, bite marks or burns; although children often have bruises caused by accidental falls or knocks, in abused children they can be in unusual places. Explanations about how the child was hurt may not be consistent with the injury.

Emotional abuse: This can involve telling children they are worthless, unloved or unvalued. Emotionally abused children frequently feel frightened or in danger. Some level of emotional damage is present in all types of abuse, but emotional abuse may occur on its own.

A child who has suffered emotional abuse will have low self-esteem, may appear uncared for and may have difficulty in making and keeping friends. The child could be withdrawn or aggressive or seek attention in negative ways. Domestic violence, adult mental ill-health, substance misuse and instances of scapegoating may be features in families where children are exposed to such abuse.

Neglect: This is the persistent failure to meet a child's basic physical, emotional and psychological needs with the result that his/her health and development is seriously threatened. Neglect may occur during pregnancy as a result of maternal substance misuse and/or failure to attend regular ante-natal appointments. Afterwards it can include failing to provide adequate food, shelter and clothing; failing to protect the child from physical or emotional harm or danger; or failure to access appropriate medical care or treatment. The latter is particularly relevant for disabled children who may need to attend a higher number of health related appointments.

Sexual abuse: This can involve inappropriate touching, penetrative sex,

including buggery, or oral sex. It also includes making children watch sexual activities or participate in making pornographic material, prostitution and under age sexual activity.

There can be physical signs such as injuries or soreness in the genital area, sexually transmitted diseases or pregnancy. Children who have been sexually abused may exhibit sexualised or promiscuous behaviour or display more knowledge of sex than is usual in a child of a comparable age. They may masturbate excessively, self-harm or have difficulty in sleeping. There may be indications that the child has blocked off physical sensations leading to wetting, soiling or deliberately holding back when there is a need to go to the toilet. Drug use, overeating or anorexia are other ways in which painful memories and feelings can be controlled.

Children who have been sexually abused may avoid physical affection or be indiscriminately affectionate, even towards strangers. They may not understand the difference between a kiss or a hug which is sexual in nature and one that is not, or they may have a strange reaction to presents because in the past they have been associated with sexual activity. A baby may cry and stiffen excessively during nappy changing or bathing.

Looking after a child who has been sexually abused

It may not be known at the point of placement that a child has been sexually abused. Children will find their abuse a difficult subject to talk about because of the knowledge that it is wrong, feelings of guilt and fear of the consequences. The foster carer is more likely to be alerted to the possibility of sexual abuse through observation of the child's behaviour than through a direct disclosure. It will take time for a child who has been abused to trust adults enough to tell them about it.

If foster carers notice any unusual or sexualised behaviour they should clearly record this in the daily or weekly log and discuss this with the child's social worker and the supervising social worker. Unfortunately, children who have themselves suffered abuse may replicate this behaviour with other children or adults. Children should always be carefully supervised in order to minimise risks.

How foster carers can help

Following a disclosure of abuse, a child may be interviewed by the social worker and the police. An intimate medical examination will also be carried out. This can be a very frightening experience for a child, especially one who has been abused. He/she will require a great deal of reassurance and support. There are steps that the foster carer can take in the foster home to help the child feel more secure:

- Ensure that children know their bedroom is their own private space; everyone should knock and ask permission before entering.

- Make going to bed a pleasant experience with quiet activities such as reading a story, although this should be done downstairs rather than in the bedroom. Remind the child he/she can call the carer during the night if they need to.
- If children are afraid of the dark, make sure there is a nightlight or leave the landing light on and check whether they want the door closed or open.
- If the carer needs to provide physical care to a young or disabled child, the carer should ask permission and explain what he/she is doing which should mirror an agreed and familiar routine; as much as possible children should take responsibility for washing and dressing themselves.
- Powerlessness is one of the features of being a victim and foster carers should encourage children to make age-appropriate decisions which will help them begin to regain a sense of control over their lives.
- Help children understand the difference between safe affection and that which is sexual in nature. This may have to be explained many times, as it involves changing the belief taught to them by abusers, that their body is not private but is available for the sexual pleasure of adults.
- Foster carers should develop the ability to discuss sexual abuse openly and without embarrassment; otherwise, the carer's reaction may reinforce negative feelings which abused children may have about themselves.

Relevant Standards: 4.2; 4.3

Related topics: Allegations; Disclosures: Safer Care, Sexual abuse and exploitation

Access to records

Data Protection Act

The Data Protection Act 1998 covers access to any records kept either manually or on a computer. It sets out the duties of organisations like councils who hold information on people and an individual's right to have access to records held on them.

Both foster carers and foster children have the right to access personal information held by FSSW, although any information about third parties has to be removed first. In the case of children, this might be information about other members of the family; with regard to carers, this could be personal references from their Form F assessment. Information from other professionals can only be shared with their consent.

Local authorities can refuse access to records, if there is information within them that is considered to have the potential to cause serious harm to the physical or mental health of the service user or any other person identified in the record.

The Act also requires that foster carers do not store information relating to children on a computer or disk; however, a computer can be used to write reports, as long as they are not saved electronically. In addition, carers should not use a child's full name or other personal information in e-mail communications. E-mails should be printed and signed, deleted from the computer and stored in a manual file.

Service users (including children and young people) and foster carers have the right under the Data Protection Act 1998 to see information on them held by FSSW, including both paper and electronic records.

Children

If a child wishes to look at their file, they should speak to their social worker. However, they may not be able to access all the information on their case record, for example:

- Information about other people, example parents and siblings, unless the person has given written permission, or;
- Information which could seriously affect the mental health of the young person.

Children who look at their files may be distressed at what is written about them and their family; it is Camden's policy that they are supported by their foster carer and social worker during this process.

The files of children looked after will be kept for 100 years from their date of birth.

Foster carers

In general, foster carers can see their files except for third party information including see personal references which were taken up as part of their assessment.

Regulations state that foster carers' files must be kept for a minimum of 10 years after they stop fostering. However, in practice they will usually be kept for a longer period, as in rare instances, there may be complaints and allegations from former foster children many years later.

If required, foster carers may also access their logbooks, written while a child was in placement, and subsequently kept by the division. This may be necessary, for instance in the event of an allegation. It is essential that all records kept about the child are returned to the social worker when the placement ends.

Relevant Standard: 26.2

Related topic: Confidentiality; Recording

Accidents and illness

In the case of a serious accident or illness, the foster carer should first obtain medical assistance.

As soon as practically possible the carer must contact the child's social worker or their manager who will be responsible for informing parents of the situation. If the incident happens outside office hours the Emergency Duty Team must be contacted on **020 7974 4444**.

As soon as possible the foster carer should record the details of the accident, how and when it occurred using the incident report sheet.

Minor accidents or sickness should also be reported to the child's social worker and the supervising social worker with information about how the foster carer dealt with the incident.

Foster carers should ensure that they have a First Aid kit which is regularly checked and replenished. As well as having a kit in the house, there should be one in the car and carers should always take one on holiday with them.

It is mandatory for foster carers to attend a First Aid course and that they update their training every three years.

Relevant standards: 6.4; 6.7; 6.11

Appendices: Incident report sheet

Adoption

Adoption is generally considered to be the best permanent option for children unable to live with their birth families, as it removes them from the care system and gives them the security of legally becoming part of a substitute family.

Once it is decided that a child is unable to return to their birth family, the Care Plan may become that he/she is adopted. The plan will need to be submitted to the Adoption Panel, for its recommendation that it considers the child should be placed for adoption.

In addition, unless there is consent from those with parental responsibility, a Placement Order needs to be applied for from the court, which gives permission for the local authority to place a child with prospective adopters.

The Adoption and Permanence Team is responsible for family-finding. Once a suitable family is identified, information about them and the child will be presented to the Adoption Panel, who will consider if it is an appropriate match. This means that in the opinion of the Panel the family will give the child a good standard of care and meet his/her lifelong needs.

Once the child is placed with the family, the adoptive parents will need to apply to the court for an Adoption Order after 13 weeks. The court hearing can be either contested or uncontested. If the order is contested, then before making the order the court has to decide that the welfare of the child is best served through adoption and therefore dispense with the need for the parent's consent.

If granted, the effect of the Adoption Order is that the birth parents no longer have any parental rights and responsibilities for their child, which are given to the adoptive parents. The child becomes a full member of the adoptive family, takes the surname of the adoptive parents and has the same rights and privileges as a birth child; this includes the right of inheritance. A new birth certificate is also issued.

Adoption does not rule out contact between the child and their birth family; sometimes this is face to face but more often this is via a 'letterbox', whereby the local authority acts as the intermediary for the exchange of any letters and photos between the birth parents and the adoptive family.

Foster carers will be involved in preparing the child for adoption and will take part in introducing the child to his/her new family. Depending on the views of the adoptive family, foster carers may have some contact with children after adoption.

Related topics: Family Finding; Introductions
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Alcohol

Foster carers need to demonstrate a responsible attitude to alcohol and should never become drunk in the presence of a child. They should not offer foster children alcoholic drinks or store them where a child might be able to access them. Carers should also be mindful that children who come from households where alcoholic consumption led to domestic violence may find it frightening to see people drinking, even if this is responsibly.

Carers should educate children on the dangers of excessive alcohol consumption. This not only includes health risks, but also the danger of becoming more vulnerable to accidents, attacks and exploitation.

Where carers are concerned about young people's drinking, they should discuss this with the social worker and supervising social worker and a Drug Use Screening Tool (DUST) assessment carried out. If young people need

help to deal with their alcohol use, a referral may be made to the Multi-agency Liaison Team (MALT) or the FWD drug and alcohol team.

Related topic: Drug and Alcohol Misuse

Related training:

Allegations and complaints

It is an unfortunate fact that occasionally foster carers or members of their family will have an allegation or complaint made against them. This can come from parents, the child, school, social worker, other professional, member of the public or it can be received anonymously.

Sometimes these are true and sometimes they are malicious; it is common, for instance, for parents to use contact with their child to criticise the standard of care. Although distressing, foster carers can find it easier to deal with if they understand that the reason for these complaints can sometimes stem from the parent's anger and feelings of inadequacy.

Although not all allegations can be prevented, foster carers can do much to protect themselves through the practice of safer care.

Camden aims to dealing with allegations and complaints against foster carers in a sensitive manner that maintains a balance between safeguarding the child and protecting foster families from unfounded or malicious allegations that can destabilise placements.

What are complaints and allegations?

Complaints and allegations are treated differently but both need to be investigated, however minor. In addition, the local authority needs to inform OFSTED about allegations and serious complaints against foster carers.

A complaint can be anything from a small criticism to a serious concern about the standard of care a child is receiving while being looked after. An allegation is an accusation of physical, sexual or emotional abuse or serious neglect, which if true may have caused the child to suffer significant harm. An allegation is investigated under the Child Protection procedures.

Complaints and allegations will be dealt with under the most relevant procedure depending on the nature of the issues raised:

- Minor disputes between carers and looked after children will be dealt with via Camden's complaints system.
- Complaints that raise issues about the standard of care provided by the carer will be dealt with under care standards procedures.

- Allegations that involve possible harm to a looked after child will be dealt with under Camden's child protection procedures.

All allegations against foster carers which may involve harm to the child will be reported to the Local Authority Designated Officer (LADO) for advice on how to proceed if there is a concern that the foster carer may not be suitable to work with children.

How are complaints investigated?

For minor complaints, for example a disagreement over pocket money or boundaries, the child or any adult on their behalf can ask for the matter to be dealt with under Camden's children's complaints procedures.

Before a formal complaint is made, it will be dealt with informally at local level (level 1 of the complaints procedure) through discussions between the child, their social worker, the foster carer and their supervising social worker in order to resolve them.

If no resolution can be found, the complaint may progress to level 2 (formal complaint dealt with by the Complaints Unit) and an independent advocate will be identified to support the child throughout the complaints procedure.

Serious complaints that may raise concerns about a foster carer's practice or parenting style, for example inappropriate behaviour management techniques, will be dealt with under Camden's care standards procedures.

The fostering manager will convene a care standards meeting that is attended by the foster carer's supervising social worker and the LAC social worker, to investigate the complaint. The fostering manager will submit a report to the Fostering panel with recommendations on what action is needed. This may range from extra training to changes in approval or de-registration.

Carers will be informed about the complaint and asked to give their comments. Sometimes there is a logical explanation based on a misunderstanding; at other times the discussion might highlight that the carer needs additional training or support.

Carers should be open and honest, rather than concealing problems, and take the opportunity to learn from the incident and consequently avoid similar situations in the future.

How are allegations investigated?

Regulations state that allegations should be investigated quickly and fairly. Most should be resolved within one month, but some may take longer where they are particularly complex. Carers will not usually be told initially that an allegation has been made against them. As this is a potentially serious situation, it is important that carers are not given time to concoct explanations or put pressure on a child to change their story. Once they have been told

about the allegation, the supervising social worker will ensure that the carers are kept informed about the progress of the investigation.

When an allegation is received, consideration is given as to whether the child and other children in the home are safe to remain with the carers or whether they should be moved. This is a difficult decision due to the need to balance the safety of the child with the disruption of a placement, where a child may have lived for some time.

The next step is to hold a strategy meeting within two working days. If the foster carer lives outside of Camden, the local authority where they live will be responsible for carrying out any child protection investigation. The strategy meeting plans the forthcoming investigation and who should be involved.

The meeting will consider information about the allegation, whether the foster carers have had any previous allegations and look at their strengths and weaknesses as carers. The meeting will also consider the child and family's history. An outcome of the meeting may be that there are no grounds for an investigation or that it should be dealt with outside child protection procedures.

If the decision is that the investigation should proceed, the meeting will agree how it will be carried out and who is responsible for which tasks. If the allegation is serious the police will be involved. The meeting will also consider whether the child should be moved.

As part of the investigation, interviews will be carried out with the carers, child and other relevant people. The child may have a medical, depending on the nature of the allegation.

The meeting may decide:

- The allegations are unsubstantiated and that no further action should be taken. However, the evidence may point to concerns in the foster carer's care practice and the Fostering Service may decide to pursue the matter under care standards procedures.
- The allegations are substantiated and a child protection conference should be held.
- Further enquiries need to be made in order to decide the matter and that a further strategy meeting should be convened.

These judgements are not made on the balance of probabilities and are designed to err on the side of caution in the interests of the looked after child. Foster carers should receive a summary of the investigation and the outcome.

In very serious cases there may be a criminal prosecution, although this is extremely rare.

After an allegation, the foster carers are reviewed by the Fostering Panel. Depending on the nature of the allegation and the outcome of the investigation, panel members may recommend termination of approval. Where it is felt that a person is a risk to children, Camden may also consider notifying the Independent Safeguarding Authority that the person be barred from working with children.

A flow chart showing details of the process are in the appendices. Information about the investigation will be kept on the carer's file until their normal retirement age or for 10 years, if this is longer.

What are the reasons for complaints and allegations?

In rare cases, a few people set out to become foster carers to give them access to vulnerable children with a view to abusing them. Hopefully the vast majority of these people are screened out during the assessment process.

In most cases, carers may harm a child without meaning to, as due to their troubled past, some looked after children are extremely challenging to care for. Foster carers can become frustrated and exhausted and act in a way they would not normally do, for example they may hit or push the child in anger.

The majority of complaints and allegations when investigated are judged to be unfounded. Some of the reasons that children make complaints and allegations are:

- Traumatized children can sometimes be confused about where abuse happened; something in the foster home may trigger a memory of past abuse.
- Children and parents sense that carers are fearful of allegations and may complain because it is one way of regaining some power and control.
- Some parents and children believe that making an allegation will result in the child returning home.
- Children can misinterpret innocent actions, such as receiving a present or playing a particular game, which may have a link with previous abuse.

Foster carers can avoid allegations by ensuring they have a robust safer caring policy in place and that they follow Camden policies relating to behaviour management and restraint, as these are areas that are likely to generate complaints and allegations.

Why does Camden take allegations and complaints seriously?

- As has been stated, a few foster carers do abuse children.
- Parents have a right under law to complain and Camden has a duty to investigate; children have been removed from their homes into what is a supposedly safer environment and Camden must ensure that this is so.

- In the past children have not been believed when they have disclosed abuse; therefore it is essential that children are listened to and any concerns investigated.

How many allegations and complaints are there?

Various national research studies suggest that about 16% of foster carers experience a serious complaint or allegation at some time. The majority of allegations are about physical abuse and the standard of care. These allegations are more often made about female rather than male carers. This makes sense as women are usually the main carers and carry out most of the personal care tasks. More accusations of sexual abuse are made against men. Some complaints and allegations concern the sons and daughters of carers.

Support

Having a complaint or allegation made against them is a distressing experience for foster carers. There is support available:

- The supervising social worker will give you as much support as possible; however, they are also responsible for the welfare of the child.
- An independent advocate from the North London Fostering Consortium will be available to carers and their families to provide information and advice about the process, emotional support and mediation between the carer and the Fostering service, if necessary.
- Members of the Camden Foster Carers' Association will be willing to give support and advice if approached.
- Fosterline is a helpline run by Fostering Network and can provide independent advice.
- Foster carers should have legal insurance and can access this via Fostering Network.
- If children are removed from the placement whilst allegations are being investigated, carers may continue to receive the fostering fee at the discretion of the manager until an outcome is reached.

Relevant Standards: 4.1; 4.2; 21.10; 22.1; 22.2; 22.6; 22.7; 22.8; 22.9; 22.10; 22.11; 22.12

Related topics: Insurance; Safer Care; Restraint; Allowances

Relevant Camden policy: Complaints and allegations against foster carers; Safeguarding children in foster placements; Behaviour management

Appendices: Flow chart for allegations against foster carers

Allergies

An allergy is an abnormal reaction to substances which are inhaled, swallowed or come into contact with the skin.

Many children suffer from asthma, hay fever and eczema, which may be made worse by contact with airborne substances such as pollen, animal fur or house dust mites. Foster carers will need to know about these conditions and any prescribed medication and the information should be available on the Placement Plan and discussed at the Placement Agreement Meeting. Foster carers will also receive training on the use of epi-pens. Social workers and foster carers will need to ensure the school is aware of the allergy and how it is managed.

Some allergies are mild but others can be life threatening. Some children are extremely allergic to peanuts, penicillin or insect stings, all of which can potentially be very serious. Where this is the case, all those in regular contact with the child need to have written instructions provided by a medical specialist as to how to respond to incidents. As soon as they are capable, children need to be taught to avoid foods or substances to which they are allergic and what to do in an emergency.

Relevant Standards: 6.1; 6.2; 6.3; 6.7

Allowances for foster carers

Information on fostering allowances can be found in the Fostering Allowances policy (see appendices). Fostering allowances are paid weekly, directly into the carer's bank account. Allowances are reviewed annually in April and carers will be sent an updated copy of the policy containing information about the new rates each year.

Relevant Standards: 22.11; 28.1; 28.2; 28.3; 28.5; 28.6; 28.7; 30.10

Related topics: Disability Living Allowance
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Appendices: Allowances for foster carers

Anger

Anger is a normal human emotion and there is nothing wrong with being angry, as long as this is expressed in a controlled and non-violent manner. However, looked after children may have witnessed adults behaving in a very aggressive and violent manner. In addition, they themselves may have not been able to safely express the anger they felt at the abuse and neglect they have suffered.

How a child shows their anger depends on their age, personality and situation. Children may turn their anger in on themselves. They may feel they are bad and will deliberately spoil things that belong to them. They may hurt themselves, from head banging in babies through to using drugs and alcohol in adolescents. A child who has experienced physical abuse will have learned that lashing out at others is a way of responding to stress.

Children need reassurance that foster carers are not frightened by their outbursts, as this decreases their feeling of being out of control. However, outbursts of anger can be frightening to witness. For foster carers, the best approach is usually to say as little as possible at the time, and if necessary to hold the child calmly to prevent them hurting themselves or others. When the child is calm, foster carers can try to ask the child whether they understand what they were angry about. Therapeutic input may also be available to help them identify and control the triggers.

Furious children can provoke angry feelings in adults, and foster carers may feel angry when a child is defiant or destructive. Carers should have strategies in place so that they avoid responding in an angry manner. This may involve leaving the room or handing over to another adult. In this way they can also provide a role model for children about managing angry feelings, if they tell the child they are angry at their behaviour and need to calm down before deciding how to respond.

Foster carers can enhance their skills through attendance at training on de-escalation and diffusion of potentially violent situations and disputes.

Relevant Standard: 3.8

Related topic: Behaviour Management; Safer caring; Restraint

Relevant Camden policy: Behaviour management; Safeguarding children in foster placements; Behaviour management

Annual foster carer review

There is a legal requirement to review foster carers' approval on an annual basis. The review considers the carers and their circumstances in terms of their suitability to continue as foster carers and whether their approval terms (age range, numbers of children and gender) remain appropriate.

The report is written by the supervising social worker and, in addition to their own views, includes the written views of children's social workers, looked after children and their parents (if appropriate), the foster carers and household members, including their sons and daughters. All reports are checked by an Independent Reviewing Officer for the Fostering Service who is not allocated to any child's case to make sure the review process is fair and objective.

As well as information about the successes and difficulties of the last year of fostering, the review will also include:

- details about training and support groups attended and how they have assisted carers to develop their skills;
- a personal development plan;
- a health and safety check;
- pet questionnaire;
- the carer's safer caring policy;
- details of any renewed medical and CRB checks.

Carers are required to have a medical at least every two years and update their CRB every three years. Birth children and other members of the household over 16 will also need to have a CRB.

The foster carers will receive a copy of the report in advance of the review. The meeting will be held in their home, attended by the supervising social worker and the Independent Reviewing Officer. Both carers should be present if it is a joint approval. The review is a two-way process where the carers have the opportunity to express their concerns and views about the support they have received over the last year. As well as discussing the positives and other issues that have arisen, the IRO will want to look at the child's bedroom to ensure that the latter is of the same standard as other parts of the house (including other bedrooms).

After the review, the IRO will write a report of the meeting and make recommendations as to actions that need to be taken and by whom and about future approval. The carers will be given a copy and if they are not in agreement with any part of the report, they can include their own written comments in response.

Some reviews but not all are presented to the Fostering Panel. It is a requirement for the first review to be considered by the Panel and procedures state that after this every third annual review will be submitted to Panel. Other reviews can be signed off by the Principal Officer for Children's Provision. However, reviews will always go to Panel if there are significant changes of approval recommended, if there has been a major change in the household or if there are concerns or allegations. For example, any circumstance where a re-assessment of a foster carer has taken place will

The Fostering Panel will make a recommendation with regard to the carers' approval to the agency decision-maker and a letter will be sent to carers confirming the decision made.

Relevant Standards: 1.1; 1.2; 1.3; 1.4; 1.5; 1.6; 1.7; 20.6

Related topic: Fostering Panel; Personal development plan

Relevant Camden policy: Review and termination of carer's approval

Appropriate adult

The role of appropriate adult was introduced under the Police and Criminal Evidence Act (PACE) 1984, with the intention of further safeguarding the rights and welfare of young people and vulnerable adults in custody.

The custody officer who is responsible for all detained people must make sure that interviews and other procedures are conducted as soon as possible and in the proper manner. They also have a responsibility to identify vulnerable people, who include anyone who appears (to the custody officer) to be under the age of 17. The custody officer then has a duty to request the attendance of a responsible adult, who is known as an Appropriate Adult, to be present when the young person is interviewed and their case dealt with by the police.

The role of the Appropriate Adult is to support and advise a young person or vulnerable adult in police custody and to facilitate communication between them and the police. This person is different to a solicitor and does not give legal advice. An Appropriate Adult can be a family member, friend or a volunteer or social/health care professional, including a foster carer.

It is Camden's policy that where possible, foster carers act as appropriate adult to any young person they care for. If this is not possible, the social worker or a member of the Youth Offending Service can also take up this role. Out of hours, the foster carer should contact the Emergency Duty team.

Related topic: Youth Offending Service

Relevant Camden policy: LAC in the criminal justice system

Assessment framework

All children and families who are referred to FSSW for a service will be assessed to find out what their needs are and what actions and interventions should be put in place to meet these needs. This includes children who become looked after.

Professionals from agencies other than FSSW, such as Health, Education and voluntary agencies when appropriate, contribute to the assessment. The assessment is child-centred and carried out in partnership with the parents and other significant family members. It is based on the Assessment Triangle, which covers the following areas in order to provide a holistic view of the child within the context of their family and community.

- Child's developmental needs: This includes whether children are meeting their milestones, their behaviour, their ability to make friends and relationships with adults and peers, their educational achievement and health.

- **Parenting capacity:** This considers how well the parents are meeting the child's care needs, including safety, behaviour management, stimulation and emotional warmth.
- **Family and environmental factors:** This looks at issues such as the amount of support from the extended family or community, how well they are managing financially and the impact of the family's history, whether it functions well or has a history of difficulties.

Where a child is looked after, the assessment forms the basis of future care planning and reviews.

Related topic: Children Looked After Review; Care Plan

Appendices: Assessment framework triangle

Asylum-seeking and trafficked children

Children seeking asylum come to the UK as a result of war or violent persecution, because of political or religious beliefs or because of the ethnic group to which they belong. They may also be escaping from being forced to fight as soldiers. After arrival, they apply for refugee status under the Refugee Convention of 1951. Many of these children are unaccompanied, their families having endangered themselves to help their children escape to safety.

If they are or appear to be under 18, asylum-seekers become the responsibility of the local authority and may be placed with foster carers, while their application is considered by UK Border Agency (part of the Home Office).

Trafficked children are brought to the UK by people smugglers in order to be exploited for financial gain through for example, prostitution, criminal activities or forced labour. They may also be placed with foster carers and will need to apply for asylum if they want to remain in the country.

In some cases they may disappear from the placement when contacted by the exploiters, who obtain their compliance with threats to their own safety and that of their families.

The role of foster carers

Many of these children have had horrendous experiences, such as seeing their family murdered, raped or tortured. They may also have had a lengthy and traumatic journey to reach the UK and may be worried about the safety of other family members. In addition, they need to deal with a new culture and may not speak English. Coping with the uncertainties of the asylum process, on top of this, means that they need considerable care and support.

Children and young people may show their distress by being withdrawn, aggressive, having nightmares or panic attacks. Foster carers need to listen and be empathic. However, children may need additional help to cope with their experiences, such as a referral to the Child and Adolescent Mental Health Service (CAMHS).

Once foster carers hear the details of the child's experiences, perhaps in the interviews pertaining to the asylum application, they may themselves be very distressed and should request support for themselves to talk through their feelings, if necessary. This will enable them to continue to support the young person.

As they have just arrived in the country, asylum-seeking children and young people will need to be registered with a GP and put on the roll of a local school. FSSW will endeavour to ensure that they have a medical prior to placement to screen for infections. Asylum-seeking young people can also undertake vocational training if over 16, but are not allowed to work.

Foster carers may be able to help children and young people adjust to the UK's culture by contacting community groups of people from the same country. However, it is important to be aware that the political situation may be extremely complex and that on occasion this kind of action could put families who remain abroad at risk. This is also true for children who are suspected of being trafficked as members of the community may be involved in the trafficking. Foster carers should be guided by the young person and social worker as to whether this is advisable.

Asylum-seekers are frequently the focus of prejudice, and foster carers need to be alert to the possibility that children and young people are being bullied or abused and take appropriate action.

Foster carers cannot take away the stress and uncertainty of the asylum process, but only acknowledge how difficult it is for the child. Carers have the difficult task of both helping children settle at the same time as preparing them for the possibility that they may have to return to their country of origin, if not immediately, when they are 18. In order to help children and young people, foster carers should find out as much as possible about the asylum process. They may be asked to act as the child's responsible adult during interviews; that is they will ensure that the child's welfare is protected and that they understand the process.

In the absence of documentation, some young people may claim they are under 18 when in fact they are older; this is because they can then receive the services given to looked after children. The 16+ team may carry out a specialist age assessment, normally at the request of the Home Office, but if it has been accepted that they are a child, foster carers should treat them as any other young person of that age and apply the same rules and boundaries.

Where children or young people are refused permission to remain in the country, it is possible that they may disappear. This can put foster carers in a

very difficult position, especially if they have any knowledge of the young person's location. They will probably be torn between concern about the welfare of the child and their role as a professional. Such situations should be talked through with the social worker, but like social workers, foster carers have a responsibility to comply with the law.

Asylum process

Like adults, children and young people need to show that should they return to their country of origin, they will suffer persecution. They are entitled to free legal representation.

The consideration of the asylum application takes place over a period of 35 days, which includes a lengthy interview about the basis of the claim. At the end of this time, there will be four possible outcomes:

1. Refugee status is granted, which allows the child to remain in the UK with the same rights as British citizens. This will be reviewed after five years, at which time the young person can apply for settled status, allowing them to remain in the UK as long as they wish.
2. Humanitarian protection is granted, which allows the young person to stay for five years, as it is considered that to return the child to their own country is too dangerous. The decision will be reviewed if circumstances change, but after five years, the young adult can apply for settled status.
3. Discretionary leave to remain is given where the asylum application is rejected, but the child has no-one in their country of origin to care for them. This continues for three years or until the young adult is 17 and a half, whichever is sooner. An application to extend this can be submitted, but only before the discretionary leave expires. After six years, settled status can be applied for. An appeal against only being granted discretionary leave to remain can be lodged within 10 days of the decision.
4. Refusal of the application means that the young person is no longer entitled to remain in the UK, but an appeal can be lodged within 10 days of the decision. If the appeal fails, they may be required to leave the country immediately or by a set date. In the past, young people have not been required to leave until they were 18, but this may change in the future.

Appeals are held in open court and it is possible that foster carers will be asked to give evidence.

Courses on working with asylum-seeking and trafficked children are available in the training programme. Attendance is essential for any foster carer who may look after these children and young people. Relevant reading materials are available from BAAF if needed and foster carers can ask their supervising social worker about these.

Relevant Standards: 4.1; 4.2; 4.3
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Relevant Camden policy: Camden Safeguarding Children Board guidance on trafficked children

Relevant training: Child trafficking

Attachment

Attachment is the emotional bond between the child and the caregiver which develops from birth (and even before if the child is being cared for by his/her birth parents). For the child this is the way in which they get the care and protection which they need to survive.

Ideally children have secure attachments with their caregivers. However, it is more likely that children placed with foster carers have formed insecure attachments with their birth parents as a result of the reasons (such as neglect or abuse) which have led to them being in care.

Foster carers need to understand attachment because it will help them understand children's behaviour and how to deal with it. By helping children form an attachment with them, carers can also help children develop the ability to make attachments with other carers in the future.

Secure attachment

In positive attachment relationships, children have available and supportive caregivers who anticipate and respond to their needs. Thus, if a child is hungry, they will be fed, if their nappy requires changing it will be changed, if they are upset, they will be comforted.

This provides children with the security of knowing that their needs will be met and gives them the confidence to explore their environment and to spend time away from their carer, knowing they can return. In this way, they learn to trust and to become self-reliant; this in turn develops their ability to learn and increases their self-esteem. Children who have experienced secure attachments are more resilient when faced with life's stresses or challenges.

Insecure attachment

Where care is neglectful or abusive, children's needs are not met or are only met some of the time. This provokes feelings of anxiety and instead of feeling trusting and confident, children's emotions are focussed on surviving, as opposed to learning and exploring. Children may see themselves as unloved and unlovable and believe that they do not deserve good things. They may view adults as unreliable people, who do not protect children from harm.

Even very young children learn to develop behaviours which help them survive. They may shut down emotionally and become very self-reliant;

alternatively they may be constantly demanding of attention; or they may try to be in control by crying incessantly, having temper tantrums or being defiant.

For children who have not experienced security and trust, building mutually satisfying relationships is difficult and children may have problems in making and sustaining friendships as they have not learnt how to understand another person's feelings. For them, relationships tend to be about what they can get out of them, rather than what they can give. Their inability to trust can mean that they are unable to discriminate and will greet strangers as great friends, while their fear of closeness can lead them to respond to their foster carers with anger and defiance. Many carers will have experienced placements where children appear to settle in immediately without missing their previous carers, but whose behaviour begins to become more problematic after a period of time.

In the most serious cases where children have been constantly terrified because of continuing abuse or constant violence, they may cut off from the world (dissociation) or become hyper-alert, even while asleep. They may develop behaviours such as head-banging or constant masturbating and as they become older other self-harming or aggressive behaviours may emerge such as wrist-cutting, deliberately courting danger, suicide attempts, self-neglect and poor hygiene, cruelty to animals and other children and eating disorders.

Even when they have been mistreated, children are often very loyal to their parent. They can be very protective of a parent who has mental health problems, misuses drugs or alcohol or who is suffering domestic violence. This leaves them with very confused feelings of anger, fear and concern.

Children will bring such behaviours and confused emotions into the foster home. Although it will take time, given consistency and love, many children can be helped to trust adults and develop attachments. Some children, however, will need therapeutic help in addition to this.

Support for carers

Foster carers will receive specialist support and training around attachments from the Fostering Service as well as training and support from the MALT and the Tavistock Clinic. Camden provides training on attachment and child development as part of the core training programme.

Relevant Standards: 2.1; 2.2; 2.6; 3.3

Attendance at school

While living with their birth family, looked after children may not have been encouraged to go to school or received positive messages about the value of education. In addition, there may not have been routines in the home, such as

regular bedtimes or reminders to get up in the morning, which facilitated attendance.

Sporadic attendance leads to children falling behind with schoolwork and compounds their reluctance to go to school. In addition, they may be bullied, which is another disincentive.

Foster carers have the task of assisting children to adopt a routine of school attendance. This will mean helping children face any fears they have and assisting them with schoolwork and homework to help them to catch up academically. Establishing a routine may mean that carers have to accompany children to school, even when they would normally go alone, to make sure that they arrive.

Liaising with school on a regular basis can also help to identify problems at an early stage and ensures the school understands any problems the child is experiencing. Each school has a designated teacher for children looked after who should be able to offer advice and support, as can Camden's virtual school, the LAC Academy and the Education Welfare Service.

Camden carefully monitors the school attendance of looked after children whether they live in Camden or out of borough. A phone call is made each day to every school attended by a Camden looked after child to find out if they are in attendance or the reason for any absence. This information is reported to social workers and where a child's absence causes concern, they may be referred to Camden's Attendance Panel for further action.

Relevant Standard: 8.3

Related topics: Designated Teacher; Education; Virtual School for Children Looked After; Personal education plans

Relevant Camden policies: Promoting the education of LAC

Relevant training: The education of LAC

Attention-seeking

Foster carers often describe looked after children as having attention-seeking behaviour.

All children need positive attention to thrive. However, children who are secure usually receive attention when they have done something well, such as a drawing or homework. They do not need constant attention but can keep the feeling of being loved and valued alive without having to be reminded of it all the time.

Children who have not had this sense of security from a young age constantly crave attention and however much is given, it is never enough. They may

cling to the carer and follow him/her everywhere; they may make it difficult for the carer to have a conversation with anyone else by constantly interrupting or talk incessantly. Negative behaviour of all kinds can also be designed to attract attention. They misbehave because it is impossible for the carer to give on-going attention, and they realise there are some behaviours that cannot be ignored. Where a child is not helped to feel more secure and change their negative behaviour, it can escalate in amount and seriousness.

One way of working with a child who constantly seeks attention is to tell them he/she will be having some special time with the carer each day. Just before the special time is to begin, the carer should tell the child that "special time will begin in two minutes". As it starts, again the carer should tell the child that "special time will begin now". The time can include any activity which the child enjoys, such as playing with their cars or a board game. The child should choose the activity and the carer should watch the child, helping if they request it, but never teaching. The adult should also comment on what the child is doing, for instance "you are putting your cars in the garage"; "you are putting a yellow dress on your doll". The adult should also praise the child for their skills, for instance, "I really love the way you are building that house from your lego". This shows the adult is interested and paying undivided attention to what the child is doing.

It is important that the time is uninterrupted and the carer focuses totally on the child. The time it takes should be the same each day and can be as little as ten minutes. As the time draws to the end, the carer should tell the child that "special time will end in two minutes". As it ends, the carer should inform him/her that "special time has ended". This means the idea of special time is reinforced four times each day.

Special time should never be taken away as a sanction. It should occur every day, whatever the circumstances, to be effective.

Foster carers can develop the skills and techniques to manage this and other behaviours by attending the Fostering Changes training.

Attention deficit hyperactivity disorder

Some children (more boys than girls) do not develop self-control to the same extent as others, possibly due to delays in the physical development of the brain or nervous system. This can be due to genetic inheritance and there also seems to be a link with drinking and taking drugs in pregnancy. In other cases, it can be the result of abuse or a disorganised home environment.

Carers may notice that a child they are caring for exhibits restless and impulsive behaviour which could include inability to concentrate, listen to and act on instructions or take turns. The child may run everywhere, climb on furniture or fidget constantly and be aggressive and defiant.

Many children display some challenging behaviour throughout their lives and it is important to realise that most children displaying these signs will not have ADHD. This condition must always be diagnosed by a doctor and/or team with experience in this area.

Children can be helped to manage their behaviour by having quality time with the foster carer and access to activities and hobbies, routines and clear boundaries. Removing disruptive or disturbing elements can help concentration; for instance the child should do his/her homework in a quiet and calm environment. The Fostering Changes training programme will assist carers with techniques to manage behaviour.

Sometimes children are prescribed drugs such as Ritalin or Dexedrine to manage the symptoms of ADHD. However, this should be as a last resort and regularly reviewed. Besides being a Class A drug, there are growing concerns about side-effects of the medication on young children.

For many children the symptoms lessen as they become older; for some however, the condition persists into adulthood.

Related topics: Behaviour Management; Fostering Changes

Relevant Camden policy: Behaviour management

Relevant training: Fostering Changes

Autism

Autism is more accurately described as Autistic Spectrum Disorder as it affects people in different ways and to different degrees of severity. Some people are diagnosed with Asperger's Syndrome. This is on the autistic spectrum, but people with this condition are less likely to have problems with language and are of average or above average intelligence. This contrasts with other people with autism who may have severe learning difficulties.

It is estimated that 1% of people in the United Kingdom live with autism, and more males than females are affected. It is not known what causes autism, but in some cases it can be genetic. Although it cannot be cured, with help people living with autism can make considerable progress and have a good quality of life; some may be able to live independently.

What is autism?

People living with autism have difficulty making sense of the world. They have difficulty in communicating and interacting with others and this can cause considerable anxiety. They do not have the same intuitive ability to understand and communicate that other people have and this can mean that the world is a very confusing place and it is harder to make friends.

For instance people living with autism have difficulty:

- Understanding gestures, facial expressions or tone of voice;
- Understanding and empathising with how others feel;
- Knowing when to start or end a conversation and choosing topics to talk about;
- Understanding jokes or sarcasm; they may take what someone says literally;
- Imagining alternative outcomes to situations and finding it hard to predict what will happen next;
- Playing 'let's pretend' games.

People living with autism manage their anxiety about their environment in different ways. Many feel more secure in familiar places or doing familiar activities and may develop an obsessive interest in one subject or a series of different subjects. They may have rules and rituals; for example children may insist on always walking the same way to school and may get upset if there is a sudden change to any aspect of their routine. They may like very repetitive activities, such as collecting or lining up objects. Some children will only eat a few certain foods with which they have become familiar and may also insist they are of a similar soft texture. Some may copy what other people say without understanding what it means (echolalia).

Some people living with autism have severe learning disabilities; this may include not speaking, dyslexia and problems with co-ordination. At the other end of the spectrum some may excel in one area such as maths, art or music.

People with autism may have over-sensitive or under-sensitive senses (touch, taste, smell, sight and hearing). Thus for some bright lights, loud noises, overpowering smells, particular foods and being touched can be a cause of anxiety and pain.

People with sensory sensitivity may also find it harder to use their body awareness system, making it harder to navigate rooms avoiding obstructions, stand at an appropriate distance from other people and carry out 'fine motor' tasks such as tying shoelaces.

Foster carers caring for children living with autism will need to find out specific information about each child in order to be able to meet their needs.

Further information can be obtained from www.autism.org.uk.

Related topic: Disability

Babies

In recent years there has been an increase in the number of babies who need foster placements.

Fostering babies is not necessarily straightforward. Contact is usually set at a high level, sometimes five days per week, in order to enable a bond to be formed between the parents and child. Without this, there would be a decreased chance of the baby later being reunited with his/her birth family. This amount of contact requires a large commitment of time and energy from foster carers as they are often responsible for supervising this contact. It is also extremely important for foster carers to keep accurate records for the court of the baby's development where care proceedings are on-going.

Nor can it be forgotten that some babies, who have spent time with their birth families may have been abused, physically or sexually. Foster carers may note that the baby has an unusual reaction to some normal activities such as nappy changing or bathing. A baby who has suffered ongoing and serious abuse may be unresponsive, but at the same time seeming to be afraid to sleep or lower their guard; this is described as 'frozen watchfulness'. Babies who have been abused will need time and reassurance to help them regain a sense of security and safety.

In addition, an increasing number of babies who are looked after are affected by the mother's misuse of alcohol and drugs. This means a child might be born with neonatal abstinence syndrome (NAS) caused by withdrawal from drugs or foetal alcohol spectrum disorder (FASD).

Babies with neonatal abstinence syndrome tend to have a low birth weight, which in turn means that they have less resistance to infection. Drug-addicted babies can also be extremely restless and agitated and startled at the smallest sound. They have a high-pitched cry and can be difficult to console. Babies with NAS are likely to have an irregular sleep pattern and are poor feeders. The symptoms and their duration depend upon the amount of narcotics consumed by the mother. Once a baby leaves hospital, foster carers may be involved in administering drugs to help the withdrawal process.

In the longer term, children born with NAS may have developmental problems including physical, social and behavioural difficulties.

In caring for babies with NAS, foster carers need endless patience. Babies with NAS generally do not like over stimulation, bright lights or loud noises and may not be soothed by normal methods such as rocking. They may feel more secure if wrapped tightly in a blanket. Learning baby massage can also sometimes be helpful.

Foetal alcohol spectrum disorder is the name given to the cluster of irreversible physical and mental birth defects which are the result of the mother drinking excessive amounts of alcohol during pregnancy. It is described as a spectrum because children can be affected in different ways and to different degrees.

Three groups of characteristics are present in people who have FASD:

- **Growth Deficiency:** Babies born with FAS are smaller than other babies; they remain small throughout their lives.
- **Central Nervous System Dysfunction:** The damage caused to the central nervous system may lead to intellectual and developmental disabilities, short attention span, learning disabilities, hyperactivity, poor muscle tone, and poor coordination. The brain also fails to grow, staying smaller than that of other individuals of the same age.
- **Facial Abnormalities:** The face of a baby with FAS does not form in the usual way. The result may be small eye openings, drooping eyelids, flat nose bridge and a thin upper lip.

Caring for a baby with this disorder requires considerable patience as they suffer from sleep disturbance, a poor sucking reflex and are oversensitive to stimulation such as touch, noise and light. They are also difficult to comfort and console.

Some babies who have a milder form of the disorder may not be diagnosed at birth and carers who suspect the child has FASD should discuss this with the social worker and health visitor.

As with NAS, carers should ensure the child has a calm and soothing environment and expect that feeding and other activities will take longer than with another child.

<p>Related topics: Abuse and Neglect; Contact</p>
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<p>Relevant training: Reporting and recording contact supervision</p>
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Babysitting

Although all foster carers will have nominated carers, there may be times when they wish to use other people as babysitters. Babysitters should be over 18 and well known to the carer and should only look after the child in the foster carer's house for a few hours and not overnight.

Normally it would not be necessary for foster carers to seek permission from supervising social workers to use babysitters unless the child has complex health needs and this has been agreed in advance with the supervising social worker or the child's social worker. Babysitters will not normally need a DBS check carried out unless they look after the child on a regular basis; foster carers should check with their supervising social worker whether a DBS check needs to be undertaken.

Babysitters will not need to undergo a nominated carer assessment but will need to sign a back-up agreement, and they must be considered by the carer to be capable of looking after the child. It is the foster carer's responsibility to decide what information will be given to the babysitter, and this will be based

on the level of care needed and the length of time the babysitter will look after the child. The sitter should know the child and both should feel comfortable with each other. Foster carers must be contactable at all time during their absence.

Babysitting costs for babies and young children are paid by Camden when carers attend training and in other exceptional circumstances with the agreement of the fostering manager.

Related topic: Nominated Carers; Delegated responsibility
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Bedrooms

Children must always have their own bed and must never share a bed with another child or adult.

A baby or child may sleep in a cot in the foster carer's bedroom between birth and 18 months, as long as it is of sufficient size. Ideally all children over the age of 3 should have their own bedroom. Where this is not practical, the social worker needs to assess if sharing a room will put any child at risk of bullying or abusive behaviour. The social worker must also take into account the wishes and feelings of the children involved.

Camden will allow siblings of the same sex and non-related children who are under the age of 8 to share a bedroom if all parties agree to this. It may be positive and appropriate for related foster children to share a bedroom, for example in a family and friends care arrangement.

Looked after children should not share a bedroom with birth children. Exceptions to this must be agreed by the Fostering Panel and where this is agreed the looked after child would normally be the younger child.

There should be sufficient space in bedrooms to undertake other activities such as play or study and for children to store their belongings. Where the room is shared, each child should have their own personal space.

All children over 12 should have their own bedroom, unless they are related and choose to share and following a risk assessment.

Relevant standard: 10.6

Relevant Camden policy: General information on fostering;
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Bedtimes

Bedtimes can sometimes be a fraught time for foster carers. When living with their birth family looked after children may not have had a bedtime routine and

may have been allowed to stay up too late. In addition, looked after children may fear going to bed due to nightmares and worries or because this is when abuse occurred.

Foster carers can try the following:

- Decide on a bedtime which is reasonable for the child's age; show children what that time is on the clock. If occasionally children are allowed to stay up later for a particular reason, it should be stressed that this is a special privilege.
- Have a winding down routine which begins about an hour before bedtime, including, for example a relaxing bath, story or a quiet game. Over-stimulating play, scary stories or television programmes should be avoided.
- Give a warning about ten minutes before bedtime, for instance "after this story it will be time to go to bed".
- Settle the child in bed and ignore any protests; if the child calls out, ignore this and any requests, for example for a drink. This may go on for some time but should reduce after some nights if they do not receive any attention for the behaviour. If it continues, sometimes agreeing with children that if they do not call out, the carer will check that they are alright in ten minutes can help them to settle.
- If children leave their rooms they should be returned to their bed without any discussion, positive or negative interaction; this means that the child is less likely to repeat the behaviour because it does not give him/her any attention.
- To reinforce the desired behaviour, a reward system can be developed to encourage the child to stay in their room or go to bed without protest.
- Night lights can help children who may be afraid of the dark; having the comfort of a toy to which they are attached can also help them feel more secure.

Foster carers need to be aware of safer caring issues at bedtimes and bedtime routines should be written into the fostering household's safer caring rules, for example not sitting in the bed with the child.

Relevant standards: 3.2; 3.4

Related topic: Behaviour Management; Safe caring

Relevant training: Safe caring

Behaviour management

Looked after children have frequently received parenting which neither models positive social values nor provides consistency. In addition, they may have experienced physical, sexual or emotional abuse. Consequently, they

may be confused about adults' expectations of them and not understand the difference between right and wrong. Looked after children could also be struggling to deal with feelings of anger, shame and guilt associated with the abuse they may have suffered. Frequently they will not know how to talk about their feelings or feel too ashamed to do so, and will express them through their behaviour.

What is behaviour management?

A good way of viewing behaviour management is not as punishment, but as a means of helping children and young people to develop an awareness of danger, respect for others, self-control and an understanding that they must take responsibility for their own behaviour. This will assist them to develop emotional maturity and make positive social relationships, which in turn will improve their life chances, including educational attainment and finding employment.

Foster carers need to convey their love and acceptance for children by using appropriate consequences to reinforce that they do not accept the inappropriate behaviour. This allows the behaviour to be separated from the child as a whole person. If foster carers demonstrate that they value children, they are more likely to begin to value themselves. Foster carers should not deal with misbehaviour while angry, but allow themselves time to calm down and think through their response.

Behaviour management should be used fairly and it should be appropriate to the age and experience of the child. Before any sanction is used, the child should receive a warning and the opportunity to change the behaviour. Any consequence should happen as soon as practical after the event and fit the misdemeanour.

Some foster carers may worry about being firm with children who have suffered abuse and neglect. They can also be concerned about introducing rules when welcoming a child into the family. This will be easier if the foster carers view the rules and boundaries as a positive step in helping the child. Rules and sanctions can be developed in partnership with looked after children and when firmly but kindly explained, can actually help children feel secure. Children will begin to learn what is expected of them and they can begin to know how to behave without being told. In imposing boundaries, foster carers need to be firm, clear and consistent, but also willing to compromise on occasion. For instance, some rules could be regarded as more flexible than others, depending on their perceived importance.

What kind of behaviours can foster carers expect?

Carers can expect children to behave in an emotionally immature way, for instance a six year old may have the kind of tantrum usually expected of a two year old. Children may be withdrawn or over-active, destructive, aggressive and angry. Some may be attention-seeking, frightened and clingy, fearful of letting the carer out of their sight. They may be overprotective of siblings and

distrustful of the foster carer's ability to care for them. They may display sexualised behaviour, swearing, bedwetting, soiling, self-harm, eating disorders, jealousy, lying, stealing and defiance. There are separate headings in the handbook for many of these behaviours.

Avoiding the need for sanctions

With a degree of planning, foster carers can sometimes circumvent poor behaviour before it occurs. For example, observing children's behaviour can help to identify triggers. For joint carers, it is essential that they communicate well with each other, as children are adept at playing one carer off against the other.

For younger children and babies, 'naughtiness' is related to exploration and the development of independence and given their age and level of understanding sanctions are usually not appropriate. Often it is easy to distract a child away from the danger or unwanted behaviour. Additionally, carers can frequently anticipate in advance what might cause a tantrum and avoid it. For example, if dressing in the morning usually provokes resistance, then the activity can be made into a game; going to bed can be made attractive by the reading of a story.

For older children, it is important for the carer to clearly explain the behaviour that they expect and in a way that the child is able to understand. Carers need to take into account that some children may have a learning disability or short attention span. Foster carers who treat children with respect and concern are more likely to receive this behaviour in return. Bored children are more likely to misbehave and carers can help them use their energy positively by arranging physical activities as well as more creative ones.

With some teenagers, there is a limit to how much foster carers can influence their behaviour, as physically they are bigger and stronger and they are not always under the supervision of the carer. Foster carers can encourage and advise, but if the young person is determined not to listen, there is little they can do. Sometimes young people may have to make their own mistakes and hopefully learn from them. It is preferable to try to avoid confrontations which may lead to a power battle, which the carer may not win. Foster carers can best help teenagers by explaining that they are there if they need them. Maintaining a relationship with the young person throughout the difficulties can ultimately make a real difference. The willingness to compromise where appropriate and a sense of humour can also help.

Praise: Children and young people of all ages respond positively to praise. Praising good behaviour and choosing to ignore some negative behaviours reinforces the wanted behaviour to the exclusion of the unwanted behaviour.

Rewards: If a carer wants to change a specific behaviour, for instance, fighting between two siblings, he/she could start a reward programme. This would involve explaining to the children the desired outcome, for example playing together without fighting for 30 minutes (or less time if they find this

difficult initially). If they achieve this they will receive a point or sticker through their reward system. A designated number of points or stickers can be used in exchange for a reward. The children can be involved in choosing what they would like to receive as a reward, and it is better to prearrange this when discussing the reward system. Rewards can be low cost or cost nothing including small toys, treats or gaining extra privileges, such as staying up later.

Positive ignoring: This is a tool which can be used to effectively eliminate unwanted behaviours such as arguing, swearing and tantrums. While ignoring the behaviour, carers must be emotionally neutral, not making eye contact, touching or talking to the child. Ignoring should only be used for a few minutes with the aim of re-engaging with the child as soon as the behaviour changes. Initially the behaviour may worsen, as the child attempts to provoke a reaction. However, if the carer backs down, the child will learn that this is the way to achieve what they want. If, on the other hand, they do not achieve their goal, they will have learnt that this behaviour is ineffective and they need to try another way of behaving.

What consequences can be used?

Some form of consequence will be necessary where there are instances of behaviour which are unacceptable. Foster carers are expected to understand the particular difficulties of looked after children and ensure that they take this into account when thinking about appropriate consequences.

Timeout: This can be used for such behaviour issues as fighting, defiance, hitting and destructive behaviour. Preferably it should take place in a boring space, which is safe for children, but they should never be locked in. It is not advisable to use a child's bedroom as a timeout space. It can take place on a chair in the same room as the carer, especially if it is a younger child. Timeout should not be used for long periods of time and should be shorter for younger children and no longer than five minutes for children aged over 5 years. The only exception is if a child has not calmed down for about two minutes. If they continue to scream, positive ignoring should be used, as long as there is no danger of the child hurting himself/herself. The message the child needs to learn is that being quiet is the behaviour that brings timeout to an end. After the end of the timeout, the carer should immediately give the child the opportunity to try again and be successful.

Logical consequences: An example of a logical consequence would be if a child drew on the wall, they would either have the crayons taken away or be required to clean the wall, depending on the age of the child. Another would be that if children are fighting over which television programme to watch, the carer could tell them that either they can agree to take turns or neither will be able to watch it. If children steal or damage someone else's property, the consequence could be that they apologise and return the items or pay for the damage. (However, deducting money from a child's pocket money should always be discussed with the social worker in the first instance.) This enables children to take responsibility for their own behaviour.

Grounding: This is appropriate for older children and the consequence can involve not allowing them to go out or that they must return earlier for a time-limited period. However, it should never involve curtailing contact with their family.

Loss of privileges: This can involve not being allowed treats for a limited period, for example watching a favourite television programme.

Some of these methods can be more difficult to use, however, perseverance and practice will help carers to become consistent in dealing with challenging behaviour.

Relevant Standards: 2.1; 3.2; 3.3; 3.4; 3.8

Related topics: Abuse and Neglect; Attention Deficit Hyperactivity Disorder; Corporal and Unacceptable Punishments; Defiance; Destructiveness; Emotional Maturity; Eating Disorders; Fostering Changes; Jealousy; Lying; Self-harm; Stealing; Swearing; Wetting and Soiling

Relevant Camden policy: Behaviour management

Relevant training: fostering Changes; Behaviour management and restraint

Belongings

When children arrive in placement, they may bring clothing, toys or other possessions with them. These might not seem very valuable but as a link with their home, they have meaning for the child. They should remain with the child during the placement and taken with them when the placement ends.

It is Camden's policy that at the start of each placement, foster carers and social workers should help the child draw up a list of their belongings so that it is easy for the child to check that they have all their things when leaving a placement and to ensure nothing gets lost. A copy of the inventory list should be passed to the child's social worker for reference.

During the time the child is in placement, the foster carer will purchase clothing and toys or they may receive presents. These belong to the child and should be taken with them when they leave, except for those clothes which are too small or broken toys, which are of no particular sentimental value.

Children's belongings should be packed in suitcases; plastic bags should not be used. This is because plastic bags, especially black ones, give the message that the child's possessions are worthless and this does not help to raise a child's self-esteem. Foster carers should speak to the child's social worker about providing luggage for the child.

Benefits

This is a complex subject and foster carers are advised to obtain further advice about benefit entitlement.

Fostering and benefits

In general, fostering income is not counted when benefits are being assessed; therefore carers are entitled to receive even means-tested benefits, as long as they otherwise meet the criteria.

Jobseeker's Allowance: This is a benefit to which some people are entitled if they are unemployed and have paid a sufficient number of National Insurance Contributions. However, to receive it, the Jobcentre Plus will need to be convinced that the applicant is available for work. Being a foster carer inevitably restricts this availability. If the carer has a partner who is unemployed, he/she can apply for both adults. A single carer, who is caring for a child under 16, should consider claiming Income Support instead.

Employment and Support Allowance: This is replacing Incapacity Benefit for those people judged unfit to work. It is not means-tested and again eligibility relies on the payment of a certain amount of National Insurance Contributions. Fostering is not classed as work under this scheme and any payments for this are disregarded. However, claimants are likely to be expected to participate in activities designed to help them find work.

Income Support: This benefit is means-tested and only those families without sufficient other income are entitled to it. This means that if a carer has a partner, any income he/she has will be taken into account. Fostering is not counted as work and fostering allowances are disregarded in calculating entitlement.

Single foster carers looking after at least one child under 16 can claim Income Support while the child is in placement, although they may be required to sign on and claim Jobseeker's Allowance if there is no child in placement. This differs from the situation with birth children where only single parents with children under 7 (and under 5 from October 2011) are able to claim Income Support; others must claim Income-based Jobseeker's Allowance and sign on as available for work.

Working Tax Credit: For WTC purposes fostering can count as work; it can be paid if the carer works 30 hours or over a week (or 16 hours with a

dependent child) on a low wage. A partner's income would be taken into account in calculating entitlement. This produces a situation where carers can choose to claim Income Support, which does not class fostering as work, or WTC, which does. In some cases, entitlement to WTC may be higher than to Income Support and carers should seek independent advice as to which would benefit them more.

Housing and Council Tax Benefit: These benefits can be claimed whether or not a carer is working and the amount due will depend on income. Fostering income is disregarded.

Young people: Young people who remain in the foster home after they are 18 may, themselves, be entitled to benefits and their Personal Adviser will give them information about to claim them.

Useful links: Department for work and pensions
[Ministerial statement on employment support - DWP](#)

Blood-borne diseases

Blood borne diseases are infectious agents carried in the blood and which are spread through direct contact with the blood and other body fluids of an infected person. The virus can cause a range of symptoms and diseases, some of which can be severe. These include HIV, Hepatitis B and C and syphilis.

Information on HIV

What is Human Immunodeficiency Virus (HIV)? HIV is a virus which attacks the body's immune system making it vulnerable, over time, to infections which a healthy immune system would not be susceptible to. Medical treatment is now available to manage the disease and prevent infections, but is not able to cure it, nor vaccinate you to stop you getting it.

What is Acquired Immune Deficiency Syndrome (AIDS)? AIDS is the term used to describe the late stage of HIV. This is when the immune system has stopped working and the person develops a life-threatening condition, such as pneumonia.

How is it spread? Most children are infected by their mother, either in the womb or through breastfeeding. However, the amount of children being infected this way has reduced due to advances in medical practice, The risk of mother to child transmission of HIV is 25%. Children can also be infected if they are sexually abused via penetrative sex, including oral sex. Other ways in which the virus is transmitted are:

- Unprotected sexual intercourse;
- The sharing of needles between drug users;

- Blood transfusions in countries where blood is not screened (this does not apply to the UK but may be a factor for people coming from other countries);
- Medical or dental treatment with non-sterile instruments;
- Sharing razors and toothbrushes (rarely as the virus deteriorates quickly on exposure to air).

HIV is not spread by social contact and daily activities such as coughing, sneezing, kissing, sharing toilets and food, cups and cutlery.

The risk of transmission following exposure to infected blood is very small; there is no risk unless the skin is broken when blood or infected fluids from the infected person could pass into the bloodstream.

Treatment: Children with HIV may be receiving antiviral treatment from a specialist clinic - for this to work properly, it is essential that the regime is properly adhered to, otherwise children may develop a resistance to the drug.

Caring for the child: Children are likely to ask why they are taking medication and have hospital appointment and one of the key issues for children who are infected will be whether, when and how they will be informed.

Foster carers will need to talk to social workers and medical staff about when the time will be right for the child to be told about their status. For children who are accommodated voluntarily, it will be the parent's decision ultimately whether they can be told.

However, as children get older, it may be necessary to make them aware of their status as they become more independent, interact with a wider range of people and take on more responsibility for their own health care. This is particularly important if they are embarking on intimate relationships. This is an issue that foster carers will need to discuss with social workers.

Children with HIV may be more prone than others to the common childhood infections due to their impaired immune systems. Medical advice should be sought about exposure to children who have illnesses such as chicken pox and measles.

Discrimination: People who are known to be living with HIV and AIDs are likely to encounter discrimination. Many people have views which are based upon misinformation, such as that it started in Africa or is the responsibility of gay men and drug users. In reality, some members of these groups were among the first people to be affected in the UK. However, globally the biggest group affected have contracted the disease via heterosexual intercourse.

Information on Hepatitis B Virus (HBV)

This virus causes inflammation of the liver, which can lead to cell damage and cirrhosis (scarring of the liver). This, in turn, increases the risk of liver cancer. Children who are infected at birth have a significantly higher risk of serious health problems than those who acquire the condition in later life.

People with acute hepatitis B infection do not necessarily have symptoms or feel unwell, but some do get a short "flu-like" illness, often with jaundice, nausea, vomiting and loss of appetite. Infection without symptoms, and illness without jaundice, occurs particularly in children.

How is HBV transmitted? It is more easily transmitted than HIV and can spread in the following ways:

- From mother to child during delivery;
- Sexual abuse;
- Unprotected sexual intercourse;
- Sharing contaminated needles;
- Blood transfusion of unscreened blood;
- By invasive medical/dental treatment using non-sterile instruments/needles (this may be a particular concern in some countries abroad).

Less commonly it may be spread by:

- Tattooing or body piercing with unsterilized equipment;
- Sharing razors and toothbrushes which may be contaminated with the blood of an infected person.

A small number of people with HBV are highly infectious and in these circumstances, the infection can very occasionally be spread through day to day contact such as kissing, coughing, sneezing, sharing food, cutlery, toilets and bathrooms.

Protection from Hepatitis B can be obtained via vaccination and carers are advised to have this vaccination.

Information on Hepatitis C Virus (HCV)

This causes inflammation of the liver. However in the majority of cases it will only cause mild liver damage. In a small number of people it will progress over 20 to 30 years to cause serious liver disease.

How is HCV transmitted? The most common routes of transmission are through sharing needles and blood transfusion, where blood is not screened for the virus. (All blood donations in the UK are screened for HCV.)

Less commonly the virus can be passed from mother to child at birth, through unprotected sex, tattooing and body piercing, medical and dental treatment with non-sterile equipment and sharing toothbrushes and razors which are contaminated with blood.

Note: Hepatitis A is an acute infection which causes sickness and diarrhoea. It is not serious to otherwise healthy people. Sufferers usually recover in a few weeks. A hepatitis A vaccine is available.

Information on Syphilis

This is a bacterial infection, which when contracted sexually, initially causes sores. Untreated over many years it can cause damage to many different body systems and may result in death. If the mother has untreated syphilis, there is a very high likelihood it will be passed on to the unborn child. The baby may be unwell at birth or may develop symptoms in early childhood. Early treatment will prevent the development of serious health issues.

Apart from transmission in the womb, syphilis is usually caught from unprotected sexual contact or sexual abuse. It is not transmitted via normal daily activities.

Testing

Children are not universally tested to ascertain whether they have contracted any of these blood-borne diseases. Testing is decided on if there is a risk of infection, for instance if the mother is known to be infected or is an intravenous drug-user. Children under one year of age, exposed to the HIV virus, are at high risk of severe disease and death, even if they have few symptoms, and therefore need to be tested urgently.

Advances in treatment mean that children who are diagnosed early can benefit from treatment which will improve their health. Children who have contracted HIV or syphilis at birth may need immediate medical intervention to prevent serious long-term damage. If a child has been sexually abused, the decision will be made as part of a comprehensive medical assessment.

Except in emergency situations, where the well-being of the child could suffer if not immediately treated, consent for testing must be obtained from those with parental responsibility.

A young person aged 16 and above may give their consent to medical tests, examination or treatment.

Confidentiality

There is a stigma attached to having a blood-borne disease and those diagnosed may suffer discrimination. Health information is confidential to the person concerned and can only be disclosed in limited circumstances, for instance it may not be necessary for schools or other professionals working with children to be informed. For this reason, careful decisions need to be made regarding the sharing of information with others. The following questions need to be answered:

- Is the disclosure in the child's best interests?
- Do those with parental responsibility consent?
- Are there any risks if the information is not disclosed?
- Why does the person in question need to be given the information?

If the person with parental responsibility withholds consent, but the local authority is of the view that it is in the child's interests to disclose the information, then the objecting party must be given the opportunity to seek legal advice before the information is disclosed.

Implications for foster carers

- If a child with HBV is placed, carers and their family should be offered vaccination. Therefore, carers would know about the infection because it poses a risk to them, and because they need to facilitate health care for the child.
- In general, it is important that foster carers are informed about children's health needs in order to give good care. This is especially important if the child is in long term care, on medication or because they are particularly vulnerable to infection due to a weakened immune system.
- Where a child is uninfected, carers do not need to be informed if a parent has a blood-borne infection, unless there is a reason why it would pose a risk to them.
- Foster carers who have blood-borne diseases will need to disclose this in their medical as poor health may impact on their ability to provide foster care. However, this information would not need to be shared with children or their families, as it will pose no risk to them.
- Foster carers need to ensure that they routinely take universal hygiene precautions.
- Foster carers should receive training on blood-borne diseases, hygiene precautions and the administration of medication to individual children. This training should be regularly updated.
- Carers are advised to receive the Hepatitis B vaccine.

Relevant Standards: 3.5; 6.1; 6.2; 6.4; 6.5; 6.6; 6.7; 6.8

Related topic: Hygiene

Relevant Camden policy: Promoting the health of LAC

Buddying system

Camden's buddying system aims to provide additional support for new carers, particularly during their first placement, or carers who are having difficulties by linking them with a more experienced and often specialist foster carers.

Buddying is designed to complement what is on offer from the supervising social worker and other sources of support, as buddies will be able to guide and advise the carer from a position of understanding the difficulties and uncertainties involved in fostering.

The Fostering manager, in partnership with supervising social workers, will match carers with a suitable buddy and an agreement will be drawn up detailing what support will be offered. Normally this will include support such as telephone contact, helping the new foster carer in placement, attending meetings with the carer or offering respite.

Buddying arrangements are monitored and reviewed by the Fostering manager and will continue for as long as it is thought the carer requires help.

Relevant Standard: 21.4

Bullying

Foster carers should be aware that looked after children are more vulnerable to bullying than their peers and bullying can take place both at school or within the placement.

What is bullying?

Bullying is aggressive and threatening behaviour that is designed to intimidate. It is described as “.deliberately hurtful behaviour repeated over a period of time when it is difficult for those being bullied to defend themselves”.

It can include:

- Name calling or spreading hurtful rumours;
- Ignoring or excluding someone;
- Assault or physical violence - punching, kicking, pushing, spitting;
- Threats and insults;
- Inciting others to harass and intimidate;
- Destroying or taking property without permission;
- Harassment associated with race, ethnicity, disability, sexuality or other forms of perceived difference;
- Comments, threats or actions relating to a child's looked after status;
- Sexual aggression or harassment, unwanted physical contact or comments;
- Use of technology to spread gossip, intimidate or threaten, such as in text messages or on social networking sites; this is called cyber-bullying.

Bullying can occur in the home, in the placement, at school or in the community. There is pressure on the victim not to report the bullying for fear that this will make it worse.

Who is bullied?

Any child may be bullied, but bullying often occurs if a child has been identified in some ways as vulnerable, different or a “loner”. This can particularly apply to looked after children, those with special educational needs or from minority groups. Bullying is common – about 50% of children say they have been bullied at some time.

Specific reasons why LAC may be bullied are:

- They do not live at home but are “in care”.
- They may be new to the school as they have moved placement and have no established friendship group.
- They may avoid making friends and gaining peer support because they do not want other children to know they are looked after.
- Their history means they have experienced abuse and neglect that has affected their self-esteem or they may not have the necessary social skills to cope with the stresses of school life.

Who bullies and why?

Anyone can be a bully, including children and adults. People can bully others, as individuals or as part of a group. There are a variety of reasons why children bully; it may occur because they are unhappy, jealous or lacking in confidence. For others it can be a feeling of power and control or because they have experienced being bullied or abused.

Often, the reasons why children become victims of bullying can be the same as those that make children bullies, so LAC are also as likely to bully as to be bullied.

What are the effects of bullying?

Bullying can have an effect on children’s confidence and self-esteem. It can cause anxiety, panic and unhappiness. Young people may become withdrawn and uncommunicative; their academic work and well-being may be profoundly affected. In extreme cases, children have committed suicide due to bullying.

The bully too may have difficulties; they may fear their own behaviour, or believe that they are inherently 'bad'. For some young people, being a bully can continue into adult life. Sorting out bullying early reduces the chances of bullies becoming known to the criminal justice system as adults.

Recognising the signs

Foster carers should be alert to any signs that a child is being bullied, such as:

- Unexplained cuts and bruises;
- Torn clothes;
- 'Losing dinner money'
- Asking for stolen possessions to be replaced/possessions damaged;
- Wanting to avoid leaving the house;
- Falling out with friends;
- Moodiness, withdrawal and isolation, anxiety, aggression;
- Falling behind with schoolwork
- Not wanting to go to school or not wanting to go by a particular route or means of transport;
- Truancy;
- Headaches, stomach-aches and other symptoms of illness;
- Coming home hungry because food or dinner money is taken.

Equally, foster carers should not dismiss reports that a child they care for is bullying others. Where they suspect a child is either being bullied or is bullying others, they should talk to him/her and try to ascertain whether there is a problem.

What foster carers can do to prevent bullying

- Foster carers should make anti-bullying part of their safer caring policy.
- All children moving into the placement should be made aware of the rules about bullying and behaviour.
- Placement Agreement Meetings should look at any particular characteristics that might make the child vulnerable to bullying and agree a plan of action.
- If a looked after child is starting a new school, foster carers can ask for the school to arrange for the child to be "buddied" with a peer and that they have an adult they can go to if there are any problems.
- Foster carers should try to encourage children to talk about any problems they may have so that action can be taken before matters get worse.
- Foster carers may want to help the child develop a story about why they are looked after that they feel comfortable sharing with their peers.
- Foster carers can also consider strategies to help the child make friends by inviting school friend's home for tea or encouraging the child to join after school clubs and taking up activities.

Responding to incidents

If a child discloses that they are being bullied, foster carers should:

- reassure the child they have done the right thing in telling someone about it;

- find out where the bullying is taking place and who is involved;
- explain to the child what action will be taken to stop the bullying and ask them to report any further incidents;
- ensure incidents are recorded;
- discuss the issue with the child's social worker and ask what resources can be put in place to help the child (ie: counselling);
- consider what support the child needs to help them to deal effectively with the bullies so that they can increase their self-esteem and assertiveness;
- continue to monitor the situation.

Bullying at school

If the incidents are taking place at school, the carer should speak to the class teacher or designated LAC teacher and find if the child may be a victim of bullying. The teacher should suggest that he/she will keep an eye on the situation and discuss ways of helping the child. The foster carer should ask for a copy of the school's anti-bullying policy and liaise with the school on a regular basis to ensure the situation improves.

If there is no resolution to the problem, a formal complaint can be made to the head teacher. Schools have a variety of sanctions they can use to deal with bullying from informing the bully's parents and fixed term or permanent exclusions.

Bullying in the placement

In addition, foster carers take the following actions to prevent bullying in placement:

- Carers should give clear messages to all children within the household that bullying is not acceptable. There should be a climate of openness so that children are not afraid to raise issues of concern.
- Within a foster placement it is possible for one child to bully another. Carers must be alert to the dynamics between children placed with them and between looked after children and their own children. Again concerns should be discussed with the social worker.
- Any incidents of bullying or being bullied should be recorded (what happened, location, names of children involved and any injuries suffered by the victim) and discussed with the social worker. The action to be taken should be discussed with the child who has been bullied.
- Victims of bullying should be reassured that they have taken the right course of action in telling their carer about it. Foster carers should be prepared to help them deal with feelings of guilt, shame and anger.
- Foster carers should monitor children's use of technology (see Internet and Mobile Phone Safety) to ensure they are not experiencing cyber bullying.
- Foster carers can discuss with the social worker whether counselling may be helpful for both bullies and victims.

- Foster carers should model appropriate ways of interacting with others, showing tolerance and acceptance.

Dealing with children who bully

It is important for foster carers to understand the motivations for bullying in order to address the behaviour effectively. Bullying behaviour should be recorded and reported to social workers so that a plan of action can be put in place to address the problem.

This could involve:

- talking to the child to gain an understanding of what is driving the behaviour;
- reassuring them if they have specific fears or anxieties and looking at how to make things better;
- using behaviour management techniques to deal effectively with negative behaviour;
- helping the child to recognise how their behaviour affects the victim;
- making the child apologise or otherwise make reparations;
- considering any direct work that the child needs to overcome their bullying behaviour;
- reviewing the safer care policy with the supervising social worker if the bullying took place in the placement;
- linking with the school if the bullying took place at school.

Any concerns or incidents should be discussed with the social worker as soon as possible. In serious cases, medical attention may be required, the police involved and child protection procedures initiated.

Further help and advice

The following websites may be helpful for both carers and children.

www.bullying.co.uk
www.bbc.co.uk/schools
www.kidscape.org.uk
www.childline.org.uk

Relevant Standards: 3.6; 4.1; 4.2; 4.3; 4.4

Relevant Camden policy: Anti-bullying policy for foster placements

Camden Association for Foster Care

The Camden Association for Foster Care (CAFC) receives funding from the borough and is affiliated to Fostering Network. It is a voluntary group run by and for foster carers. Once approved, all foster carers automatically become

members and are welcome to attend meetings and access the benefits of membership of the national network.

CAFC is independent of the fostering service but works closely with managers and staff, with whom committee members have regular meetings. The Association's key function is to provide a means for foster carers to communicate their feedback and opinions to the department. Equally the department can contact the group to elicit the views of carers on new procedures, the implementation of government regulations or to inform them of important events, such as a forthcoming inspection.

The Association can also on occasion provide individual support and advice to carers who feel isolated or are having difficulties. Attending meetings is an opportunity to meet with other foster carers and share different ways of resolving the many difficult situations which foster carers can encounter.

The Association has its own website that contains important information and links for foster carers. During the year, the Association arranges a number of trips and outings for foster carers and children.

Relevant Standard: 21.4

Car safety

Foster carers have a duty to ensure that their car, as well as their home, is safe for foster children. This is especially important as car accidents are the most frequent cause of accidental death in children. No car ride can ever be completely safe, but wearing the right safety restraint significantly reduces the likelihood of being injured in an accident.

Car seats and booster seats

By law all car passengers must wear seat belts for every journey, no matter how short. Children under the age of 12 or less than 135 cm tall must travel in an appropriate car seat or booster seat and should sit in the rear passenger seat. The driver of the car is responsible for making sure that passengers are securely fastened and can be fined if they are not. Children should never be carried in an adult's lap.

Drivers must also ensure that car seats meet the current safety standards, are correctly fitted and suitable for the height and weight of the child. This means replacing the seat as a child becomes bigger.

As a general guide baby seats are for infants weighing up to 13 kilograms (birth to 9-15 months). They face backwards and can be fitted in the front or rear of the car with a seat belt. However, they should never be used in the front seat where there is an airbag fitted, as due to their smaller size a child could be suffocated if it inflates. For the first few months a baby will need the extra support and protection of a head cushion.

Child car seats are for children weighing between 9 and 18 kilograms (aged 9 months to about 4 years) and have their own straps. They are fitted facing forwards in the back of the car.

Booster seats are for children weighing between 15 to 36 kilograms and up to 135 cm in height (aged about 4-11); they are designed so that children can use an adult seat belt.

The Fostering Service can provide the appropriate car seats on loan for each foster child.

Other advice

- Only the carer should undo and fasten the child's safety belt and should not teach their child how to do this because they can otherwise never be sure that the child is securely fastened.
- If the child removes the seat belt, the carer should stop the car and put it back on.
- A child must never be left unattended in a child seat as they may accidentally put the seat belt around their neck and suffocate.
- If children begin fighting or behaving in such a way that it becomes dangerous to drive, carers should stop the car until they are calm.
- Large and heavy objects should be placed in the boot of the car, rather than on the back seat or on the parcel shelf, because they may be thrown forwards in a collision and injure the passengers.
- Children should never travel in the boot area of estate cars unless the model of car is specifically designed to take passengers.
- Car keys must be kept in a safe place out of the reach of children.
- Some foster carers may experience difficulties in transporting all the children in the household, the number of whom may exceed the amount of seats in the car. If this is the case, the carer should agree a plan with the supervising social to ensure the safe transportation of all the children.

More information can be obtained from childcarseats.org.uk

Relevant Standards: 4.1; 4.2; 10.4

Related topic: Health and Safety

Care plan

Making plans for children in care is essential. This ensures that the child, family, foster carers and other professionals share information and views and have a common understanding of the plan and their role in it. If, for instance,

the goal is that the child should return to his/her birth family, it makes sure everyone is working towards this end. In addition, courts must be satisfied with the local authority's care plan before granting a care order. Each child should have a care plan before a placement is made or within 10 days of becoming looked after if the child is placed in an emergency. The foster carer must receive a copy of the care plan.

The care plan brings together all the information about children to enable their assessed needs to be met. The care plan incorporates a number of specific plans:

- placement plan – this is agreed at the placement agreement meeting and sets out the details for the child's day to day care;
- health plan – this sets out any health needs the child has and how they will be met;
- personal education plan – this sets targets for the child's educational attainment and what support will be put in place to help them achieve these;
- permanence plan – this is the overall plan for the child's future care, for example returning home to parents or adoption;
- pathway plan – this is a special plan for young people over 16 that sets out how they will be supported during the transition to independence.

Together these plans provide comprehensive information about the child, which is required to provide the best possible care. It will include:

- information about the child's background and the reasons why they need to be looked after
- the reasons for choosing the current placement
- information about the professionals involved with the child
- the views of the parents and wishes and feelings of the child
- what responsibilities of day to day care will be delegated to foster carers such as medical consent
- details about the legal status of the child
- arrangements for contact.

All parts of the Care Plan will be reviewed at the Children Looked After Review and the plan updated to incorporate changes.

Relevant Standards: 9.7; 31.2

Related topics: Assessment Framework; Children Looked After Review; Pathway Plan; Personal Education Plan; Placement Plan

Relevant Camden policy: Care planning

Care proceedings

In order to secure the future safety of children, it may be necessary for Camden to apply to the court for a care or supervision order. This application will be made under the Children Act 1989 and the process is known as care proceedings.

Making an application

Where Camden cannot ensure the safety and wellbeing of a child by other means, such as the agreement of the family to work with FSSW, an application may be made to the court for a care or supervision order.

In order to make the application, Camden has to be satisfied that:

The child is suffering or is likely to suffer significant harm and that the harm or likelihood of harm is attributable to:

- (i) The care given to the child, or likely to be given if the order were not made, and which is not that which would be reasonable to expect a parent to provide; or
- (ii) The child is beyond parental control.

No care or supervision order can be made with respect to a young person who has reached the age of 17.

Once an application has been issued by the court, Camden will serve copies of the application, statement and care plans to the parents and their solicitors (if they have legal representation). If the father is not named on the birth certificate, he will only be served with notice of the hearing.

The court will appoint a solicitor and Children's Guardian to represent the interests of the child. These two people have different roles. The solicitor will take instructions from the child (if they are of sufficient age and understanding) about their wishes and advocate for these in court, even if these are in conflict with the Guardian's or Camden's views. For instance, a child may wish to return home, even if there is evidence that his/her parents are unable to care for him/her.

The child's best interests will also be represented by the Children's Guardian, although their recommendation may not concur with the child's wishes. For example, the child may wish to go home, but in the view of the Guardian, the child's welfare will be better served in a substitute family.

First hearing

Once Camden has filed an application with the court, there will be the first hearing within 6 days at which Camden will apply for an interim care order (ICO). If granted the first order will be for 8 weeks and thereafter it needs to be renewed every 28 days. An ICO gives Camden parental responsibility

(PR); however, the parents still retain PR and have the right to be consulted about decisions regarding their child. If an ICO is granted, the child may be placed with foster carers or an extended family member, who is assessed as suitable to care for the child.

The hearing will also consider the following:

- Who will be a party to the case; this means those people who have a direct interest in the out-come of the case, namely the child, parents and sometimes other people such as grandparents.
- Parties may have opposing views about the outcome of the case and may have separate legal representation. For instance, mothers, fathers and grandparents may have their own representation.
- Timetabling with regard to when statements and reports need to be filed with the court and the date of the final hearing; this is to prevent delay. The aim is to complete the case within 50 weeks of the application but this is not always possible due to the complexity of some cases.
- The court may make directions about whether there should be an expert assessment, for instance by a psychologist.

Statements

Foster carers may be asked to provide a written statement of their observations, which is why it is important to keep on-going and accurate records. Foster carers will receive help from the Fostering Service in writing this statement, but it should be written in the carer's own words and should be a balanced account including both positive and negative aspects. It should include everything the carer has observed as well as anything the child or family members have said directly to the carer which is relevant to the child's welfare. Carers should satisfy themselves that it is accurate before signing it.

The statement, along with all the other witness statements, will be filed with the court and distributed to all the other parties in advance of the hearing.

On occasion, foster carers will be asked to attend court and give evidence based on their written statement. This will involve being cross-examined by lawyers for the parents and other parties who will wish to highlight information favourable to their clients. This can be a stressful experience for foster carers who will be supported by the Fostering Service for the case.

Final hearing

The social worker, foster carer, parents and Children's Guardian may be required to give evidence. As the court and all the parties will have read all the statements and reports prior to the hearing, the verbal evidence will focus on clarification or expansion of this information and those areas where there is disagreement about the facts.

After hearing the evidence, the court will decide whether or not this supports the making of a care order, a supervision order or no order.

- If a care order is made, consideration will be given to whether the child should be adopted or placed with long term foster carers;
- If a supervision order is made, the child will be returned to the care of their family and will receive supervision and support from a social worker in their care of the child;
- If no order is made, the child will return to the care of the family.

Related topics: Children Act; Children's Guardian

Relevant training: Reporting and recording

Child and adolescent mental health service (CAMHS)

CAMHS provides help for children and young people who are experiencing emotional and mental health issues, including looked after children, and there are clinicians who specialise in working with this group. The kind of therapeutic treatment which is offered depends on the needs of the child and can include clinical psychology, psychotherapy, play therapy, family therapy or psychiatry.

CAMHS also works with foster carers and other professionals to support them in working with looked after children.

Some of the situations in which carers have found CAMHS' support useful include:

- Direct work with children and young people who are living with experiences of loss, abuse and neglect;
- Assisting the carer to understand the child's behaviour in the context of their experiences and to find effective ways of talking to the child and managing their behaviour;
- Helping carers where the child's experiences trigger memories and feelings about their own experiences of abuse and loss, assisting them to separate out their own emotions from those of the child;
- Helping the carer manage their feelings of grief when a child moves on.

Camden is also unique in having links with the Tavistock Clinic that can provide foster carers with specialist input for children experiencing mental health difficulties.

Relevant Standards: 3.7; 21.6

Related topics: Mental and emotional health

Child development

Child development is an important concept when assessing children's needs and planning interventions to meet these needs. There are different dimensions of development, which mirror those in the Assessment Framework which is used by social workers:

- health
- education
- identity
- family and social relationships
- social presentation
- emotional and behavioural development
- self-care skills

The framework consists of milestones for development in each dimension that that the child is expected to reach at a certain age. However, sometimes children reach milestones in some areas but not in others or do not reach milestones due to disability.

Children who have experienced separation, abuse and neglect are likely to suffer a degree of developmental delay. Some examples of how looked after children's development can be affected by their experiences are:

Birth to 1 year

Babies of this age usually form strong attachments to caregivers and begin to develop muscular control and language. Children with interrupted development may be passive and unresponsive and have poor muscle control and will be slow to sit or start crawling. They may also show a mistrust of adults.

1-3 years

At a time when most children are able to leave the carer for short periods and explore, children with interrupted development may be fearful of exploration. They may be either very clingy or may be too independent.

3-6 years

At this stage children who are reaching their milestones show rapid language development, curiosity and the development of self-care skills, such as washing, dressing and going to the toilet. Children with interrupted development may have little language, poor co-ordination, lack of control over bodily functions and a high level of aggression.

6-10 years

At this stage children normally begin to be able to use reasoning, enjoy social relationships and develop an understanding of right and wrong. Interrupted development may lead to poor concentration, an inability to think logically and difficulty making friends.

10-16 years

Teenagers have the difficult task of dealing with physical and emotional changes and to begin the process of becoming independent. Young people without a secure start are likely to have low self-esteem, inability to sustain relationships and confusion about their identity. Their behaviour may include constant challenges to authority, experimenting with drugs and alcohol, being sexually provocative and violence.

Children with disabilities may have developmental delay in some areas, but reach their milestones in others, depending on the nature of their disability.

Foster carers need to be familiar with the stages of development so that they can identify where children and young people may need additional assistance.

<p>Related topic: Assessment Framework</p>

<p>Relevant training: Child development</p>
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Child protection

As a local authority, Camden has a duty to carry out an investigation under Section 47 of the Children Act 1989 where they have reasonable cause to suspect that a child, including a looked after child, is suffering or is likely to suffer significant harm. The borough must make enquiries and decide whether any action (including removal of the child from the placement) or provision of services is required to safeguard and promote the child's welfare.

Like all members of the community, foster carers have a duty to report any behaviour by a parent, foster carer or any other person, which they believe has caused harm to a child.

Child Protection Conferences

The first stage of this process is to organise a child protection conference. The meeting will be chaired by a Child Protection Officer, who is independent from direct involvement with the case. It is attended by professionals working with the child, including social workers and managers, foster carers, teachers, health visitor and doctors. In addition, it will be attended by the police (in most circumstances) and the parents. The parents may only attend part of the

conference, in which case the chair will inform them of the discussion and decisions reached.

The purpose of the conference is to share and assess information about the child and family and decide what action, if any, needs to be taken to safeguard and promote the welfare of the child. If it is considered that the child is at risk, a child protection plan will be put in place. The purpose of the plan is to ensure that action is taken to keep the child safe from harm. Some children remain with their family, while others may be placed with foster carers.

Every child on a child protection plan has a social worker who is responsible for co-ordinating the work with the child and family. Regular core group meetings are held, which include all the professionals involved and the parents, to focus on what support needs to be provided or what needs to be changed to ensure the child is kept safe. The plan is reviewed at regular intervals, initially after three months and then at least every six months until all participants agree the child no longer needs a child protection plan.

Conferences will also be held when child protection plans need to be amended or ceased or where there is a proposal that a child should return home, if they are placed with foster carers or other placement away from their birth family.

Child protection plan

A child protection plan is drawn up at a child protection conference where professionals agree that a child is at risk of suffering or is likely to continue to suffer significant harm.

The plan is a written record for parents and professionals, setting out what work needs to be undertaken to reduce child protection concerns and meet the child's needs. It also sets timescales and who is responsible for undertaking specific pieces of work. The plan ensures that professionals from different agencies work closely together in protecting the welfare and safety of the child.

The child protection plan is regularly reviewed and remains in force until it is believed that the child is safe from further harm. For instance, if the child is placed with foster carers, it may be decided to end the child protection plan as he/she is now in a place of safety.

Like other local authorities, Camden maintains a list of children resident in the borough (including looked after children placed by other authorities) who are subject to a child protection plan. The purpose of this is to provide an accessible source of information to professionals who have concerns about a child, for instance medical staff in Accident and Emergency departments, who may be treating a child for what they suspect may be non-accidental injuries. The plan also allows the monitoring of incidents in relation to each child; where one incident might not be significant on its own, a pattern of similar

incidents might be a serious cause for concern. In addition, information can be passed on if the child moves out of the area.

Occasionally, a child who is subject to a child protection plan will become looked after because concerns about their welfare increase. In these cases, FSSW will work to discharge the plan as soon as possible. However, there may be circumstances where the child protection plan needs to remain in place, for example if there are concerns the child may be removed from the placement. In order to reduce the number of review meetings and streamline the process, the IRO may decide to combine the review of the child protection plan with the child's statutory LAC review.

Camden Safeguarding Children Board

Camden's Safeguarding Children Board has been set up in line with legal requirements to oversee safeguarding and child protection in the borough. Because child protection relies on the close co-operation of many agencies and professionals, it is essential to have a forum where agencies can come together to plan work and ensure every agency aware of their role in protecting children. The aim of the Camden Safeguarding Children Board is to improve the way professionals in different settings, including social care, health, education and voluntary agencies, co-operate to safeguard children and promote their welfare.

Membership of the LSCB is made up of senior managers from different services and agencies in a local area, including the independent and voluntary sector. In addition, the board receives input from experts and has an independent chair.

Camden follows the London Safeguarding Children Board child protection procedures available at the Board's website.

[London Safeguarding Children Board](#)

Relevant Standards: 4.7; 22.1.; 22.2; 22.3

Related topics: Children Act 1989

Relevant Camden policy: Safeguarding LAC

Child minding

Some foster carers are also registered childminders. Carers do not necessarily need to stop childminding when they start to foster. However, they should bear in mind the following:

- Carers cannot look after more than three children under the age of 5.

- The parents of minded children must be informed that the carer is also fostering. This is because the behaviour of a looked after child can sometimes present risks to other children.
- Parents need to have a realistic view of any potential dangers.
- Carers will need to demonstrate to their supervising social worker that they are able to cope practically and emotionally with the additional work and responsibility of caring for both fostered and minded children.

Children Act 1989

The Children Act 1989 is a comprehensive piece of legislation that aims to ensure the protection and welfare of children. Although subsequent legislation, such as the Children Act 2004, has clarified and strengthened the enactment of its principles, it remains the single most important act of parliament with regard to the care of children and the one which gives Camden the authority to make decisions affecting children and their families.

Principles underpinning the Children Act 1989

The Children Act introduced a number of guiding principles which remain current:

- The interests of the child are paramount and should be considered over and above those of their parents.
- Wherever possible, and as far as is consistent with their welfare, children should remain living with their birth family.
- The provision of substitute care should be seen as a service to children and families to help avoid long-term family breakdown.
- Wherever possible services to families should be arranged on a voluntary basis.
- If children are placed in foster care, close contact should be maintained with their family and they should be reunited with them as soon as possible.
- Children's wishes and feelings should be listened to and acted upon whenever possible.
- When making plans for children, there needs to be consideration of their gender, racial origin, religion, culture and language.
- All agencies, including education and health authorities, the police and voluntary agencies must work together to secure the best interests of children.
- Agencies should work closely with the child's family, who should be included in decision-making wherever possible.
- As the corporate parent of the child, the local authority must ensure that they meet their needs for continuity and security through to adulthood.

Legal status of children

It is important that foster carers understand the legal basis in which a child is placed with them, as this can have implications in terms of the day to day decisions they can make and the circumstances when they need to seek permission from others who hold parental responsibility. Foster carers should ensure that they have copies of any court order as this is evidence that the child cannot be removed from the foster carer's home without permission from the court to do so.

Camden has a duty to look after children in the following circumstances:

- They are lost or abandoned or have no-one to care for them
- Their parents are unable to look after them for any reason, ie: illness
- They are suffering or likely to suffer significant harm because of the standard of care received from their parents or because they are beyond parental control.

Children may become looked after if it is considered they are suffering or likely to suffer significant harm due to physical or sexual abuse; the impairment of physical, intellectual, emotional, social or behavioural development; or the impairment of physical and mental health. They can be looked after through one of the following arrangements:

Section 20 (Accommodation)

The child is accommodated in a voluntary agreement between the parent or other person with parental responsibility (PR) and Camden. This means the child is not subject to an order granted by a court and the parent can remove the child at any time. While the child is in foster care, parents retain the right to be closely involved in decision-making.

However, it is essential that foster carers clarify with the social worker what they should do in the event that the parent wishes to remove the child. This is because although the placement is voluntary, there may be reasons why it is not in the best interests of the child to return home immediately. In some cases, if the voluntary agreement breaks down, it may be necessary to approach the court to make an order.

Accommodation can continue until a young person is 18, although a 16 year old can make a decision that they no longer wish to be accommodated. If a child was accommodated prior to their 16th birthday, the local authority has a duty to continue to assist and advise them until they are at least 21 (Leaving Care Act 2000).

Sections 44 & 45 - Emergency Protection Order (EPO)

An EPO can only be made by a court if the local authority is able to prove that:

- There is reasonable cause to believe that the child is likely to suffer significant harm if not removed or;
- Where a local authority is investigating the child's safety and access to the child is urgently required, but is being unreasonably refused.

If granted, the local authority can relocate the child to a place of safety. The court can also make conditions about contact with family, assessment, medical treatment or examination. A person with PR or the child (if of sufficient age and understanding) can appeal against the EPO after 72 hours, if they were not in court at the time the order was made.

An EPO lasts up to 8 days and can, in exceptional circumstances, be extended for a further 7 days. At the end of this time the order may lapse and the child either returns home, is accommodated with the agreement of the parent or the local authority applies for an Interim Care Order. For the duration of the EPO, the parent cannot remove the child from the placement without the consent of the local authority.

Section 46 - Police Protection Order (PPO)

The police have powers to provide immediate protection for children for up to 72 hours if they believe that otherwise the child would suffer significant harm. If this happens, the police will liaise with FSSW to identify a safe placement for a child, such as with a foster carer or in a residential unit.

Once informed by the police that a child is subject to a PPO, the local authority must convene a Section 47 investigation to consider what measures, if any, need to be taken to ensure the continuing safety of the child.

Section 31 - Interim Care Order (ICO) and Care Order

An interim or full care order allows a local authority to take over the care of a child because their safety and welfare cannot be promoted if they remain at home.

An ICO can be made by the court if it considers that a child needs continuing protection while the application for a Care Order is prepared. The ICO must be renewed after 8 weeks and thereafter every 28 days, at which time the local authority must ensure that the thresholds for the order continue to be met.

The legislation makes clear that a care order should be made only if there is no alternative. This is called the 'no order principle'. In deciding whether to grant a care order, the court must take into account the welfare checklist:

- The wishes and feelings of the child (appropriate to age and understanding);
- The child's physical, emotional and educational needs;
- The likely effect on the child of any change in circumstances;

- The child's age, sex, background and any other relevant characteristics;
- Any harm suffered by the child or the likelihood of future harm;
- How capable a parent or other relevant adult is of meeting the child's needs.

In recognition of the fact that there may be a conflict of interest between the child and others who are party to the proceedings (for example their parents or carers), the court will appoint a guardian and a solicitor to represent the views of the child. They will have access to the child's case file and may also request to see the foster carer's file. If this is the case the foster carer will be informed. They will also speak to the child and the foster carer in order to understand the views and feelings of the child, to assess their best interests and to decide how to present this to the court.

A Care Order places the child in the care of the local authority until they are 18 unless the order is discharged by the court. The local authority shares PR with the parent and has the power to restrict their exercise of this, if necessary, to safeguard and promote the child's welfare. Importantly, it can decide where a child lives and therefore under a care order, a parent does not have the right to remove a child from a foster home. However, parents retain the right to be involved in decisions about their child's life from having their hair cut to which school they attend. Therefore, foster carers must clarify with the parents and social worker which day to day decisions they can make and which they need to discuss. If a parent does not agree to a request which is considered to be in the child's best interests, for example attending a residential school trip, the local authority may ask the court to make the final decision.

The question of what authority for making decisions about the child will be delegated to the foster carer will be discussed and agreed at the placement agreement meeting and recorded on the placement plan.

The local authority has a duty to promote contact with those who are seen as significant to the child. It cannot decide to stop or change contact arrangements without applying to the court.

Relevant Standards: 1.1; 1.2; 1.3; 1.4

Related topics: Child Protection; Children's Guardian; Legislation; Parental Responsibility; Delegated Authority

Relevant Camden policy: Making decisions to accommodate children: Delegating authority to foster carers

Children's guardian

Children's Guardians are qualified social workers with training and experience of working with children and families. They are appointed by the court to

represent the rights and interests of children and are independent of Camden, the courts and everyone else involved in the case. They work for CAFCASS (Children and Family Advisory and Support Service), whose function is to safeguard and promote the welfare of children involved in family court proceedings.

Children's Guardians are responsible for writing a report, setting out their view as to what is best for the child. The report must also tell the court about the wishes and feelings of the child.

In order to write the report, the Children's Guardian will talk to the child and the family, as well as a range of other people who know the child, including relatives, foster carers, teachers, social workers and health visitors. They will also read files and attend any relevant meetings, such as statutory LAC reviews.

Although they will inform the court of the child's wishes and feelings, they may not agree that what the child wants is best for his/her long term needs. Equally the court will take into account the Children's Guardian's recommendations, but may not follow them as it will also need to consider the evidence presented by other interested people, including parents.

Children's Guardians will want to meet with foster carers to find out their views and with the child. The foster carer and social worker will need to help children to understand the purpose of the meeting.

Relevant Standards: 1.1; 1.2; 1.3

Related topic: Care proceedings

Children's rights

The United Nations Convention on the Rights of the Child (1989) sets out the basic human rights of children throughout the world. These include the right:

- To survival;
- To develop to the fullest extent;
- To protection from harmful influences, abuse and exploitation;
- To participate fully in family, cultural and social life.

The UK is a signatory to the Convention, meaning UK legislation upholds these basic rights and enables children and young people to exercise their rights. The Convention also states that rights need to be balanced with responsibilities, in particular the responsibility to respect the rights of others. At its heart is the belief that children and young people need the chance to participate in society. If they are not given this experience, they will struggle to become responsible adults with an understanding of justice and right and wrong.

These rights are reflected in the way that FSSW works with looked after children in the following ways:

- Incorporating children's rights in policies;
- Listening to children's wishes and feelings;
- Encouraging children to be involved in decisions about their lives;
- Helping children maintain contact with their birth families;
- Ensuring children have access to high quality education and health care;
- Giving children opportunities to develop their skills and talents;
- Helping young people prepare for living independently;
- Informing children of their right to complain;
- Upholding children's right to personal privacy and confidentiality with regard to personal information;
- Respecting and preserving children's religion, culture and heritage;
- Supporting children who suffer discrimination and ensuring it is challenged.

Camden has a dedicated Participation Officer based in the Quality Assurance Unit whose role it is to ensure that children and young people's views are heard and services meet their needs. The Participation Officer co-ordinates the Children in Care Council, the Young People's Forum and other projects that encourage and support looked after children and young people to be involved in service development in Camden. The Participation Officer also works with the Foster Carer's forum and the Camden Association of Foster Carers to ensure foster carers have a voice within FSSW and can participate in service development.

Relevant Standards: 1.3; 1.5; 1.6

Related topic: Participation Officer

Relevant Camden policy: Participation and service user involvement

Clothing

Part of the foster carer's allowance is designated for clothing. Children should always be dressed well and in good quality clothing, suitable to their current activity. Where they are of a sufficient age, children should be involved in choosing clothing, but foster carers should balance this with appropriate guidance. All of this can assist children's wellbeing and self-esteem.

If children arrive in the placement without clothing, foster carers can request an initial clothing grant to buy the necessary items. Normally carers will buy the clothing themselves and are reimbursed on the production of receipts. Carers should discuss, in advance, what clothing is needed with their supervising social worker.

An additional grant for school uniform is made when the child changes school or if they arrive in the placement without their uniform. Otherwise the carer should use the clothing allowance to buy uniform.

When the child leaves the placement they should take with them sufficient clothing, which is in good condition and of the right size. As clothing can sometimes cause differences of opinion between carers, it is advisable to write a list of the clothing, which a child takes with them to their home or to another placement as part of the child's inventory of belongings.

Relevant Standard: 2.5

Relevant topic: Allowances

Complaints procedure

All local authorities must have a system for dealing with complaints, open to anyone who wishes to complain about services or challenge decisions made by the borough. It is especially important that children and young people are aware of their right to complain or for someone to make a complaint on their behalf. An effective complaints procedure can help improve services by highlighting what needs to change.

What is a complaint?

A complaint is a written or oral expression of dissatisfaction about services. Foster carers, parents and children can make complaints on their own behalf; carers or parents can also complain on behalf of a child. Camden has a special complaints procedure for children and one for foster carers.

What can be complained about?

These are some examples of what can be complained about:

- An unwelcome or disputed decision;
- Concern about the quality or appropriateness of a service;
- Delay in decision making or provision of services;
- Delivery or non-delivery of services;
- Quantity or frequency of a service;
- Attitude or behaviour of staff;
- Application of eligibility and assessment criteria.

However, there are some limits regarding what the service is able to make judgements on:

- It does not replace other formal appeals processes, for example it cannot overturn decisions following appeal to the agency decision-

maker with regard to termination of a foster carer's approval, although it may be able to comment on whether procedures were properly followed.

- It cannot intervene in professional decisions with regard to matters of child protection; child protection procedures take precedence over the complaints procedure. This would include the suitability of a person to be a foster carer, although again the investigator would be able to comment on whether the assessment was fair and may recommend a re-assessment.
- It cannot investigate decisions made by other agencies such as the courts, police or health service.

What happens when a complaint is made?

Where possible, staff will work with the complainant to try to resolve the complaint as soon as possible and without needing to utilise the more formal parts of the procedure.

Children's Complaints procedure

The children's complaints procedure relates to complaints made by a child or young person or by an adult on their behalf. Camden aims to provide children and young people with an advocate (normally from Voice) to support them through the complaint.

The stages of the complaints procedure are:

Stage 1: Initially the team manager will try to resolve the complaint and reply within 10 working days but this may be extended to 20 working days by agreement or alternatively, this stage of the complaint may be dispensed with and the complaint moved on to stage 2. The matter will be moved to stage 2 if a resolution cannot be found within the timescale.

Stage 2: The matter will be transferred to the Children, Schools and Families Complaints Manager who will appoint an investigating officer and an independent person to investigate the complaint fully and report to the Assistant Director of FSSW with recommendations. The Assistant Director will then write to the child or young person with the outcome of the complaint. Camden aims to complete investigations within 25 working days but this may be extended. If the child or young person is unhappy with the investigation findings, they may choose to take their complaint to Stage 3.

Stage 3: At this stage the complaint will be considered by a review panel, which consists of three independent people, who are not Camden employees. Their recommendations will be put to the Director of Children, Schools and Families, who will respond with the authority's response and any actions that are proposed.

Foster carer's complaints procedure

This procedure is used where the complaint is solely about the foster carer's experience rather than a complaint by or on behalf of a child. Foster carers may also use representation from the Camden Foster Care Association if they wish.

At stage 1, the foster carer should write to the Principal Officer for Children's Provision who will try to resolve the issue within 10 working days. If the foster carer is not happy with the outcome, the matter may be moved on to stage 2.

At stage 2, the matter will be investigated by an Independent Reviewing Officer or Child Protection Officer who is independent of the case and a representative from Voice. Their report will be passed to the Assistant Director for a decision. This will be notified to the foster carer within 10 working days of the report.

If the foster carer is not happy, the matter may go to stage 3, which is a referral to the Children Schools and Families Complaints Unit for a review within 14 days of receipt of the Assistant Director's letter of notification. Stage 3 Reviews are held within 28 days of the foster carer's written request and the panel will report back to the Director of Children Schools and Families within 5 working days of the hearing.

If the complainant is still not satisfied, they can contact the Local Government Ombudsman at:

Local Government Ombudsman Advice Team
PO Box 4771
Coventry, CV4 0EH

Relevant Standards: 1.1; 1.3; 1.6

Related topic: Children's Rights

Relevant Camden policy: CSF complaints procedure; Foster carer's complaints procedure

Appendices: Flow chart for foster carer complaints

Confidentiality and information sharing

There are many professionals involved in the life of a looked after child, so it can be difficult for some children to accept that, even though the intention is to meet their best interests, these workers are privy to a great deal of very private information about them and that this information is regularly discussed at meetings.

Consequently and also to comply with the Data Protection Act 1998, it is imperative that everyone with access to personal information should keep this

confidential. This can be more challenging for foster carers who do not work in an office which has systems in place to achieve this.

In order to be able to provide them with the best standard of care, foster carers will need to keep information in their home about children that they are looking after. To ensure that this is secure they must take the following steps:

- All papers, including the foster carer's daily log, should be stored in a lockable box or filing cabinet, and the key kept separately in a place known only to them. Foster carers can claim back the cost of such items from the Fostering Service.
- When children leave the placement, any written information should be returned to the social worker.
- Information about looked after children should not be saved on computers as other members of the family may have access to these. Computers can be used to write reports which should then be deleted. Reports should not be saved on memory sticks as these can easily be lost.
- E-mails should not include full names or addresses or detailed information about the child.
- Foster carer's computers should be password protected.

Sharing information

Foster carers should be careful about what information they share, even with other professionals. Information about children must be shared on a need to know basis and not everybody needs to know everything. If other people, such as nominated carers will be looking after children, the carers need to think carefully about what they need to know about the child to provide effective care. For instance, carers may need to inform them about behaviour issues or the possibility of false allegations, but they will not need to go into detail about any abuse that has occurred.

If carers talk to their nominated carers in general terms about the kinds of problems looked after children might have and how this may impact on their behaviour, this can also serve to reduce the amount of specific information they need to give.

Carers should consider how much information they should share with their sons and daughters who are also living in the household. This will be dependent on their age and understanding and their own ability to be discreet. Again it is helpful to prepare them in general for problems that may occur.

Friends and neighbours can be curious; should they ask questions foster carers should be clear they are not at liberty to discuss the child's personal information.

If they are unsure about what information they should share with whom, carers should discuss this with their supervising social worker who will be able to advise them.

There are some looked after children who do not have the ability to understand the consequences of telling others about what has happened to them. Foster carers need to assist them to keep their personal information private and help them with a cover story as to the reason that they are not living with their parents.

Third party information

This means information, provided by someone other than the people directly involved. For instance, a foster carer may be given a copy of a report about the child by a psychologist or information about the child's parent. This information cannot be shared with anyone without first obtaining the permission of the author of the report and/or the person who is the subject of the information.

When is it important not to keep confidences?

Children may sometimes want to tell a foster carer or member of their family something in confidence. It is important to explain that you may not be able to keep the information confidential if it involves the child or another person being harmed. Foster carers need to talk to their sons and daughters, as well as nominated carers, about the importance of not promising to keep secrets.

Relevant Standards: 3.5; 26.4

Related topics: Access to files; Disclosures

Relevant training: E-safety

Connexions

Connexions is a locally based careers service offering one stop assistance to young people in the transition from school to employment. It provides information, advice and guidance to 13-19 year olds to help them make the most of their educational and vocational choices and development opportunities during their teenage years. A Connexions advisor is also based in the 16+ service to provide specialist advice and support to Camden's care leavers.

Relevant Standard: 12.1

Related topic: Preparation for Independence

Relevant Camden policy: 16+ leaving care service

Contact

What is contact?

Contact is the process by which children and young people in care remain in touch with their birth families and other significant people. It can include direct visits and overnight stays and indirect contact such as e-mails, telephone calls, text messages, social networking sites and letters. Contact may be with parents or other adults but can also be with siblings who are in other placements, and occasionally previous carers.

Why is contact important?

The Children Act makes it clear that all looked after children have a right to contact with family members and other significant people if this is in their best interest, and that the local authority must make arrangements for this.

Sometimes it may appear to foster carers that contact is not benefiting the child, due to the emotional turmoil that it can cause. Looked after children may be upset or angry after seeing their family and children who otherwise appear settled in the placement may regress to previous challenging behaviour.

However, research suggests that the well-being of looked after children is improved, in the majority of cases, if they maintain links with parents and other family members. Maintaining regular contact is a key contributory factor to children returning home early and there are fewer placement breakdowns where children remain in contact with the birth family. Contact also allows children to retain and develop their sense of identity more easily.

Arranging contact

Social workers are responsible for making arrangements for a looked after child's contact, and these arrangements should be recorded on the child's care plan and placement plan and discussed in detail at the placement agreement meeting. All arrangements are subject to careful risk assessment to ensure the child's safety and to stop any further abuse.

The contact arrangements that are put in place will depend on the long-term plan for the child's care and the purpose of contact, for example whether contact is to facilitate a return home or to help the child remain connected with their past and their own identity in the event that they do not return home. Some contact is designed to provide an opportunity to assess relationships and parenting skills prior to making a decision on whether the child should return home or remain looked after.

When a child becomes looked after, their social worker will meet with the Supervised Contact Service based in the Resource team to discuss contact arrangements and agree a plan for contact. Camden's policy is that initially, all contact will be supervised in order to safeguard the child.

Contact will normally involve direct, face to face contact with some other form of indirect contact such as telephone calls, emails or letters.

Foster carers should check any proposed contact arrangements at the time the placement is requested. If they will not fit in with the needs of their family, they should say so.

Parties to contact

Social workers will identify those people with whom contact would be beneficial to the child, and will normally include birth parents, extended family members and other people who are significant to the child. Most importantly, children will have contact with any siblings from whom they have been separated. Sometimes when children move on to permanent placements or independent living, they may continue to have some contact with previous carers.

Restricted or terminated contact

The law is clear that contact must be beneficial to the child and not pose any kind of risk to their wellbeing. In a small minority of cases, contact with one or both parents or other family members may be deemed harmful to children, if for instance they use contact to continue an abusive relationship or contact may put the child at risk of harm.

Where this is the case, FSSW may end or severely restrict or even end contact if the child is subject to a care order. This may mean that FSSW will need to apply to court for a court order. Foster carers will be made aware of any terminated or restricted contact and will be provided with copies of court orders where necessary. Foster carers should also notify the child's social worker where a child refuses to take part in any contact arrangements.

Frequency of contact

Frequency of contact will depend on the child's care plan. Where the plan is for the child to return home, contact may be set at high levels to support and enhance the relationship and allow any work to be carried out to improve parenting skills. For a baby where the plan is rehabilitation with the mother, contact needs to take place virtually every day in order to build the bond between them. For older children where the plan is to return home, it could be 3-4 times per week.

If it is later decided that a child is not able to go home, contact will be reduced, though this may happen gradually over a number of weeks. Contact will be less often for children in long-term placements, possibly 3-4 times a year and sometimes contact consists of letters and photos, rather than face-to-face meetings. Where contact will cease altogether, which may happen prior to adoption, there will be a goodbye visit.

Contact venues

In Camden, particularly at the early stages of a child being looked after where parents are in dispute with FSSW and the situation is still subject to risk assessment, contact is most likely to be supervised by a specialist worker. Supervised contact will take place in a designated contact centre, either Vadnie Bish or the Crowndale Centre. As plans for the child progress, and particularly where a return home is the likely outcome, contact will be less heavily supervised and more focused on family outings.

Contact is only likely to happen in a foster carer's home where parents have accepted the plan for the child and are not in dispute with FSSW. This is most likely to be where a parent has agreed to the child being adopted or for long-term permanent foster care.

Monitoring contact

All contact is monitored to make sure it is beneficial and safe for the child. How contact is monitored depends on the level of risks, with high risk situations requiring a high level of monitoring, normally through supervised contact where parents and children are observed by a specialist contact supervisor. This is normally a Family Support Worker from the Resource team, but may be a foster carer if they have received the necessary training.

Role of the foster carer

The role of foster carers is to make sure that the child's experience of contact is as positive as possible. This means recognising the intense emotions involved in contact and being sensitive to the needs and feelings of the child and parents.

For supervised contact, foster carers will be expected to escort children to and from contact sessions but where possible, to avoid conflict, will not be expected to remain during the contact session or to come into contact with parents. The exception to this is with young babies where the foster carer, as the primary care giver, will be expected to remain on the premises in case help is needed to settle a distressed baby.

When collecting children from contact, foster carers may need to deal with a child's reluctance to leave and to calm and soothe children who may be emotionally upset following contact. Foster carers should note in their daily/weekly recording sheet the child's behaviour following contact.

Foster carers may need to monitor indirect forms of contact such as telephone calls. This should be discussed in advance at the placement agreement meeting, and agreement reached around what would be excessive contact and whether the carer needs to be within earshot of calls or read emails etc.

Where parents do attend at the foster carer's home, strict times of arrival and departure must be observed in line with agreed contact arrangements. If

parents turn up outside the pre-arranged times, carers should be polite but firm about telling them to come back at the designated time or in persuading them to speak to the social worker. If parents are abusive or under the influence of drugs or alcohol (even if it is the correct time), carers should ask the parent to leave. If they do not do so, carers should call the police and notify FSSW.

Where the parent is taking the child out on their own, they should return the child at the designated time and keep in contact with the foster carer if they are running late. If they do not return at the designated time, carers should inform FSSW.

Sometimes, where the plan is rehabilitation, foster carers may be asked to support contact. In these cases, the parents may need help and support from the carer to undertake appropriate personal care tasks, such as feeding, bathing and changing nappies, which help with the bonding process and help them develop the necessary skills. Foster carers should also act as role models in terms of their interaction with the children, for instance if the children are misbehaving and the parents are allowing this to continue, they should demonstrate how this should be managed.

Foster carers need to observe the interactions between the parent and child and record these in their log, to be shared with the social worker. They should ensure this is a balanced record which sets down the positive aspects as well as concerns.

Working with birth parents

Except where it is not deemed to be in the child's best interests, parents have a right to be involved in their children's lives. However, the fact that their child has been removed from their care means that they may feel guilty or angry with the department and the foster carer as its agent. They may disagree that there is a problem with their care of the child, or they may fear that the foster carer will replace them in their child's affections. They may be envious of the foster carer who is seen as more competent than them. As a response, parents may be critical of carers or make complaints in order to undermine the placement.

On their side carers may feel angry at the treatment a child has suffered or their parents' complaints and at the parents' lack of control over their own lives. Additionally, in some cases carers may feel that contact is undoing the progress that they are making with the looked after child, who reverts to former behaviour patterns after seeing his/her parents.

None of this makes it easier to form a working relationship with the parents. Nonetheless, foster carers must do so for the sake of the children. For the children, their parents are important people, whatever they may have done and children may not see their parents realistically – they imagine them to be not what they are, but what they would like them to be.

Along with other professionals, foster carers must work to the agreed care plan. If the plan is to work towards rehabilitation, this will mean using contact sessions to help the parents develop the skills to adequately care for their children.

Supervising contact can raise anxiety levels and carers should discuss this with their supervising social worker. Sometimes it is helpful to request support for the first couple of sessions, so that the carer can get to know the parents and discuss with their supervising social worker how best to work with them.

How can foster carers help make contact work?

Foster carers can work with the social worker to help both children and parents manage contact in the following ways:

- It is difficult not to make judgements about parents who have mistreated their children, but carers should not allow their personal feelings to affect their work with the parent. Trying to understand how the parent came to be in the position they are in can sometimes help, for instance parents themselves have frequently experienced poor parenting and been in the care system themselves.
- Parents may sometimes want the carer to become their confidante. The carer should maintain their focus on the child and remind the parent that the contact session is about their interaction with their son or daughter.
- Carers should try to make the contact as relaxed and comfortable as possible. If they are supervising the session, they should try to do this in a way which is as unobtrusive as possible, although of course the parent must be aware that they are being observed. Sometimes going out, for instance to the park, can make this easier, although this must be agreed by the social worker first. The parent should feel that they are still a part of their child's life.
- Carers should try to convey to the parents that they are not seeking to take their place in the child's affections and that their only concern is to do the best for their child. Asking parents for details about the child's background and routines can reassure them that their role is important.
- During contact sessions, the foster carer should encourage the parent's interaction with the child, helping them develop skills such as playing with their child or managing difficult behaviour. This can often be achieved by modelling how it is done.
- Carers should be tactful and non-judgemental when parents bring an excess of presents and sweets to contact and understand how this may be their way of trying to compensate for past failures in caring for the child.
- Parents may be unreliable and may not turn up to contact sessions and carers will need to support children should this happen. They should find an honest way of explaining this, according to the age of the child, but one which is not openly critical of the parents. Foster carers will also need to support children to understand why they can only have contact with their family at certain times or why the contact will stop.
- Parents often want to have contact with their children on special occasions, such as Eid, Christmas and birthdays. This might cause foster carers a degree of inconvenience and they may have wanted to celebrate

with the child themselves. Nevertheless, it is important to understand that parent and child may wish to spend time together at these special times.

- Children may need considerable support following contact sessions, which will reawaken difficult and painful feelings. As carers get to know the child, they will discover what works best; for some children this could be another activity, others may need to talk.
- Carers should themselves ask for support if necessary to deal with the difficult emotional issues which are raised for both the child and them as a result of contact sessions. This is particularly important for family and friends carers who may be dealing with difficult family relationships.

Foster carers who supervise contact

Some Camden foster carers undertake supervised contact for children placed with other Camden foster carers. These carers have undertaken specialist supervised contact training and would be involved in the planning process for supervised contact, agreeing their role and the recording of contact notes.

Why is it difficult to change contact arrangements?

Unless there are clear reasons why they should not see their child, legislation requires the local authority to promote contact with the child's family and other significant people. If they believe it is not in the child's best interests, they need to seek the permission of the court to restrict or terminate contact. In an emergency the local authority can stop contact for up to 7 days, but only if they feel the child will be at risk. This is why requests from foster carers to change contact arrangements usually cannot be accommodated until agreement has been made with the child's social work worker.

Withholding the placement address

By law, local authorities should take reasonable steps to let parents know where their children are placed, but a placement address may not be given to parents if the child is subject to a care order and it is thought letting parents know the address may put the child at risk of harm.

A decision to withhold the foster carer's address will be taken by the child's social worker and their manager. Foster carers will be notified where this is the case and should check that any documents relating to the child does not contain the placement address.

Contact after a child has left the placement

Where a child has lived with a foster carer for some time, the question of continuing contact should be discussed, as it is beneficial for the child to know that they still think and care about him/her. Although this does happen in many cases, some parents or adoptive parents do not encourage the contact because they may feel threatened by the child's attachment to the foster carer. In such cases foster carers will need to accept this, as Camden no longer have parental responsibility for the child.

Impact of new technology on contact

New technology has made it more difficult to supervise children's contact with their families, who may try to pressurise them for their own ends. Children may be complicit to the contact but not mature enough to realise the harm it may cause. There are no easy answers to this issue but there is some advice under the Internet and Mobile Phones Safety entry.

Foster carers must notify FSSW via the supervising social worker or child's social worker of any instances of contact via email, text or social networking sites that is not beneficial to the child so that action can be taken.

Relevant Standards: 9.1; 9.2; 9.3; 9.4; 9.5; 30.9

Related topic: Mobile phones and the Internet

Relevant Camden policy: Contact

Corporal and other unacceptable punishments

Foster carers are in a position of power and authority over children and must act at all times with their best interests in mind. Carers are never allowed to use any measure of control, restraint or discipline which is excessive or unreasonable. This includes the following:

- Corporal punishment – including smacking, hitting (with the hand or other objects), shaking, rough handling, pinching, squeezing, punching or throwing objects, washing their mouth out with soap and water;
- Any sanction which the child could experience as humiliating or which could cause them to suffer ridicule, for example verbal abuse, swearing or ridicule, being isolated from other children, being made to stand in uncomfortable positions or wear distinctive or inappropriate clothes;
- The use of bribery or threats;
- Fines or financial penalties, other than reasonable sums by way of reparation for deliberate damage to property;
- Depriving the child of sleep, food or drink (except for treats such as sweets), contact with their family, forcing a child to eat or locking them in or out of the house;
- Locking a child in a room, although carers are allowed to restrict children's movements to keep them safe, for instance by locking external doors or using safety gates;
- The use of solitary confinement, other than for a short period, as time out; if a child needs to be separated from children for any length of time, they should have adult supervision;
- Withholding aids and equipment from a child with disabilities;

- Withholding medication or medical treatment or misusing medication to control the child;
- Involving a child in imposing a punishment on another child or sanctioning a group of children for the behaviour of one of them;
- Denying a child the right to contact their social worker, advocate or other professional, including internet and telephone helplines which offer counselling or advice to children.

Foster carers are forbidden by law to discipline foster children with any such forms of punishment and in signing the foster care agreement, they are confirming that they will not do so.

Despite the fact that it is not illegal in the UK for parents to smack their own children, many people believe that it is a form of abuse and ineffective in changing children's behaviour. For looked after children the reasons are even more compelling. Many will have experienced physical abuse and violence in their birth families. In the foster home, the child may associate even a tap on the arm with distressing past events. Foster carers are also adding to the message that violence is acceptable, particularly if the recipient is smaller and more vulnerable. Finally, foster carers need to protect themselves against allegations – the use of physical punishment can be used by parents or children to undermine the placement.

Relevant Standard: 3.2

Related topics: Behaviour management; Restraint

Relevant Camden policy: Behaviour management

Corporate parenting

One of the key problems faced in caring for children away from home is how a local authority can replace a parent's personal role in encouraging children to make the most of their opportunities and have high aspirations for them, as well as making sure the necessary resources are available. Lack of a consistent, interested parent figure who can advocate on behalf of the child is cited in most research as the reason why looked after children have such poor outcomes in comparison to their peers.

Corporate parenting is the term used to describe the responsibility that local authorities hold for ensuring that children's' experience of being in care matches the standards and quality of care that children living at home would receive from their parents, so that they have the same life-chances as any other child.

The principle of corporate parenting is that councillors and officers responsible for delivering services should demand the same levels of care, services and opportunities for looked after children that they would expect for their own

children. This duty also applies to foster carers as the child's main care giver, and it is expected that carers will fill the role of the "pushy parent".

Culture and identity

Culture

A person's cultural identity develops from birth in response to their interaction with their family and environment. It is influenced by factors such as race, religion, language, physical ability, mental capacity, education, personality, personal and family history, class, age, gender and sexual orientation.

Culture is not static and changes over time, for instance Britain has a much more diverse population than it did 50 years ago. Individuals have also adapted in response to the changes in society, absorbing aspects of a range of cultures into their everyday lives. For example, it is reflected in the food we eat, the clothes we wear and our relationships - there are now more marriages between people of different ethnicities than at any time in the past.

Identity

Personal identity encompasses aspects of culture and values. It also includes our genetic heritage and the impact of positive and negative experiences in our lives. If a child lives in a family which provides love, affection and consistent boundaries, they are likely to grow into self-confident and secure adults.

However, most looked after children have had a number of negative experiences, including neglect and abuse, which will adversely affect their feelings about themselves. This is made worse by the confusion children feel if they have had a number of moves and been cared for by a series of different people. Consequently, it is usual for looked after children to have poor self-esteem and be less resilient when faced with further difficulties and challenges in their lives.

Where possible, children are placed in foster families which match their own ethnicity and religion as this provides children with carers who have a basic understanding of their needs and an environment with which they feel more familiar. Where children are unavoidably placed in transcultural placements, carers will need to work even harder to understand and meet their needs. For instance, if a black child is cared for by a white family, the family will not be accustomed to recognising and challenging racism.

The role of foster carers

Foster carers, working with the social worker and supervising social worker, play a crucial role in helping children make sense of their past and in helping them improve their self-esteem. This involves helping them develop positive

feelings about their social identity, such as their race and culture. It also means assisting them to overcome the effects of abuse and neglect.

To carry out this role the carer needs to know as much as possible about the child. The information should be supplied by the social worker, but it is important to obtain as much information as possible from the parent, who is the person who knows the child best.

Some actions foster carers can take:

- Find out as much as possible about a child's background, history, family life, routines, diet and personal care. This needs to be specific to the child as families practise their religion and maintain their culture in different ways.
- Ensure that children are able to maintain religious observances such as attending church or the mosque and not eating pork.
- If the child's religion or cultural background and history is different from their own, foster carers should find out as much as possible through reading, the internet and talking to people from the same background.
- Have toys, books and TV channels which reflect the background and experiences of the child.
- Ensure the child is able to continue to use their first language.
- Foster carers should ensure that they use the child's given name and do not change or shorten it for their own convenience.
- Help and encourage the child keep in contact with family, friends and other people in their community.
- Work with the social worker to find ways of talking to the child about the reasons they are unable to live at home while preserving the positives about their birth family.
- Help the child to understand their history and experiences by working with the social worker and the child on their life history.
- Encourage the child to continue or take up interests and hobbies to build competence and self-esteem.
- Support the child's educational achievement, which will also help to build their self-confidence.
- Understand the impact of experiencing discrimination on a child who already has low self-esteem; support the child by challenging incidents and helping them develop their own coping strategies.

Relevant Standards: 2.1; 2.2; 2.3; 2.6

Related topics: Diversity, Values

Relevant training: Total Respect; Working with BME children and families

Cycle safety

Riding a bicycle is a good way of exercising and can boost confidence, encourage independence and reduce stress. Having a bicycle is positive for children but they must learn to use it safely.

The following will help children to ride safely:

- Carers should arrange for children to attend cycling proficiency classes and they should not cycle on the road until they are competent.
- Bicycles should be maintained and the carer should check they are in good working order on a regular basis.
- All bikes should have lights and reflectors.
- Children should wear bright reflective clothing.
- They should use cycle lanes when these are available.
- Helmets must always be worn.

Helmets

Although they do not prevent accidents, wearing a helmet reduces the chance of serious injury. Helmets must have a recognised safety certification, preferably a British kite mark. They must also be the right size and fit securely on the head. There should only be room for two fingers to be inserted between the chin and the strap.

A brightly coloured helmet will be more easily seen by other road users. The polystyrene layer inside the helmet, which compresses to absorb the force of an impact, can only be compressed once and helmets should be replaced after any knock or crash.

Ensuring younger children wear a helmet is usually relatively easy, however older children often face pressure from not wear one. One way to encourage them may be allowing them to choose their own, within a limited budget.

Foster carers should take every reasonable step to ensure that the child wears a helmet. Should they knowingly allow a child to ride a bicycle without a helmet, they may be legally liable in the case of an accident.

Relevant Standard: 26.4

Death of a child

In the event of the death of a looked after child in their care, foster carers will need to be clear about whom they should inform and what action to take. The following is designed to help at a time when everyone will be confused and distressed.

- Contact the relevant emergency services, ambulance and police.
- Immediately notify the child's social worker; if they are unavailable, talk to the manager or duty worker. If the death occurs outside of office hours the Emergency Duty Team should be contacted.
- The social worker will take responsibility for informing the child's parents and anyone else with parental responsibility. The social worker will also inform senior management.
- Following the death of a child, any legal order (apart from an Adoption Order) lapses and the responsibility for funeral arrangements lies with the parents. Whether foster carers can be involved in this depends on the parents' wishes.
- The foster carer's supervising social worker will offer support and keep the carer informed.
- The department has a legal responsibility to inform the Secretary of State in writing about the child's death. They may request a formal review of the causes of the child's death.
- In the event of a sudden death, there will be an inquest which the foster carer will be required to attend.

Fortunately this is a very rare event and one which the vast majority of foster carers will not have to deal with.

Defiance

Defiance is a refusal to respond to the request or command of another person. Such behaviour is a normal part of a child's development and is often a sign of a child's desire for more independence. It is a particular characteristic of the "terrible twos", but research shows that four and five year olds will only comply with about two thirds of parental requests. Therefore, defiance should not necessarily be seen as a problem.

Looked after children may exhibit a higher level of defiance than other children due to their experiences prior to coming to the placement. For instance, children are more likely to be defiant if they come from families where there is little structure or few boundaries and where parents give into a child's demands to "keep them quiet". Conversely, where there has been unduly harsh discipline children are also more likely to be non-compliant.

Fostering children who persistently refuse to co-operate can be frustrating and exhausting. Foster carers should aim to avoid a confrontation which may end in a power battle. If the child still refuses to comply, this can only make it more difficult to enlist their co-operation in the future.

Some techniques foster carers can try:

- Give commands only when they are absolutely needed;
- Make sure requests are clear and expressed respectfully for instance "please speak quietly" as opposed to "shut up";

- Give a warning in advance, for instance "in 5 minutes, it will be time to go to bed";
- Praise compliance, so that the child wants to please the carer again. This focuses on the positive (desired) behaviour rather than the negative (undesired) behaviour;
- Use star charts and stickers that can be collected for good behaviour and traded in for a treat once a certain number have been collected;
- If children continue to refuse to comply, a sanction like time out can be used; this would involve children sitting by themselves for a short designated amount of time.

To maximise understanding and use of these and other behaviour management techniques, foster carers are strongly advised to attend the Fostering Changes training.

Relevant Standards: 3.1; 3.2; 3.3; 3.4; 3.8

Related topics: Behaviour Management; Fostering Changes

Relevant Camden policy: Behaviour management; Fostering Changes

Delegated authority

Delegated authority relates to agreements around those decisions about a looked after child's care that can be taken by their foster carer and those decisions that have been retained by the parents or local authority and for which permission must be sought.

Children and young people say that it is important to them that foster carers are able to take a greater range of decisions about day to day aspects of their care in order to stop them from standing out as different from other children. Difficulties in getting permission from social workers and parents can result in trips and other opportunities being missed.

It is therefore very important to agree in advance who can make which decisions about a looked after child, and that this is understood by all key parties and reviewed regularly. Foster carers should be given the maximum appropriate flexibility to take decisions relating to children in their care, within the framework of the agreed placement plan and the law governing parental responsibility (PR). Except where there are particular identified factors which dictate to the contrary, foster carers should be given delegated authority to make day to day decisions regarding health, education, leisure, etc.

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 1989 Act, 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.

If a child is subject to a care order, interim care order or emergency protection order, the parent(s) share PR with the local authority and the local authority can limit the extent to which the parent(s) can exercise their PR if this is necessary to safeguard or promote the child's welfare. As far as possible, however, parents whose child is subject to a care, interim or emergency protection order should be consulted about their child's care and their views taken into account. Whatever the legal status of a child's placement, parents should be helped to understand the role of foster carers and the relevance of appropriate delegated authority so that they can support the foster carers.

Arrangements for delegated authority should be given particular scrutiny when children are confirmed in long term or permanent placements, and attention given to how responsibilities are shared in order to reinforce and support the long term bonds and attachments which foster carers will be expected to build with the child. In all placements, particularly those that are long term or permanent, what is appropriate to delegate to the foster carer, and what the parent(s) are prepared to delegate to the local authority, may change.

Agreements about delegation of authority should therefore be regularly reviewed through care planning and review meetings, taking into account the views of birth parent(s), the child, the foster carer and the legal status of the placement, and any changes should be recorded in the placement plan.

Reference: Children Act 1989 Statutory Guidance Volume 4 : Fostering Services; Chapter 3 of Children Act 1989 Statutory Guidance Volume 2; Care planning, Placement and case reviews (2010)

Related topics: Overnight stays; Parental Responsibility; Placement Agreement Meeting

Relevant Camden policy: Delegating authority to foster carers

Dental care

All looked after children and young people are required to have six-monthly dental check-ups. If they are not already registered with a dentist reasonably close to the foster carer's home, the carer should make it a priority to arrange this. Foster carers may have to reassure children who have fears about going to the dentist.

Carers can reinforce the need for good dental hygiene by ensuring that children brush their teeth twice per day and educating them about the reasons why looking after their teeth is important. Restricting sugary foods to reasonable levels can also help.

Relevant Standards: 6.1; 6.2; 6.3; 6.4

Related topic: Health

Relevant Camden policy: Promoting the health of LAC

Designated teacher

It is a legal requirement for each school to have a designated teacher whose role is to ensure that looked after children optimize their educational achievements. The designated teacher is a dedicated staff member who looks after the interests of looked after children in the school and makes sure the school policies are inclusive and do not further disadvantage them.

The teacher has a responsibility to ensure that all staff at the school understand the particular difficulties children looked after experience in school and with learning. This is important because looked after children are more likely than their peers to have a history of disrupted education, exclusion, poor attendance and difficulties in learning.

The designated teacher is also responsible for ensuring the child's personal education plan (PEP) is followed so that they are able to close the gap in attainment with the non- looked after population. The PEP is a document which outlines the child's educational history, progress and future goals and the support to be provided to help them achieve their potential.

Designated teachers work with social workers and the head of Camden's virtual school, the Camden LAC Academy.

Related topics: Personal Education Plans; Virtual School Head for Looked After Children

Relevant Camden policy: Promoting the education of LAC

Destructiveness

Foster children can sometimes seem to have little respect for possessions, either their own or other people's. They may destroy their own toys or work that they have done, even when these items are important to them.

This behaviour can be an expression of anger and frustration or due to feelings of lack of self-worth. Destruction of good work that children have done or valued possessions can be a way of communicating that they do not feel deserving of nice or positive things. In the same way, some children may not respond to behaviour management programmes which promise rewards for good behaviour. They may start to earn the reward but undermine it

before completion, again because they do not feel deserving of a treat or privilege.

Destructive behaviour can also be caused because the children have not received unconditional love and care in their birth family. This could lead to children feeling like they are not valued or valuable.

Each child is different and as carers get to know the child, they will find the best way of responding to the behaviour. Remaining calm is important, as this will help an angry or frustrated child begin to calm down and regain control. Although the child must be helped to understand that the behaviour is not acceptable, sending the child to their room to calm down, for instance, may reinforce the sense of rejection that they feel. Foster carers may want to use a sanction which keeps the child close by, such as sitting on a chair in the same room or distracting and re-engaging the child with an alternative activity, as this may be more effective as it reinforces the feeling that the adult cares about the child.

Talking to children about why they have behaved as they did can help them begin to understand the triggers for the behaviour, such as a negative remark from a teacher or another child at school. In the future this knowledge may help to anticipate and prevent an incident, as the carer can remind the child that they understand why they want to destroy something, but that there are other ways to deal with their feelings.

Relevant Standards: 3.1; 3.2; 3.3; 3.4; 3.8

Related topics: Anger; Behaviour Management; Fostering Changes

Relevant Camden policy: Behaviour management

Disability

Disability is a wide term which encompasses physical disabilities and learning disabilities of many different types. In 2003, government figures suggest that there were 770,000 children with disabilities in the UK, which represented 7% of the child population. Many children have more than one impairment and there are more boys than girls with disabilities, especially in the category of 'severe disability'.

Medical model of disability

This places an emphasis on the person's medical condition, illness or disability. It portrays disabled people as having a condition which needs to be treated or cured, that is that there is 'something wrong with them'.

This model encourages negative attitudes towards people with disabilities, including:

- Pity and/or fear;
- Assuming that they have a low level of intelligence;
- Regarding them as passive recipients of services who are unable to make decisions for themselves;
- Isolating them from the mainstream in special schools and other institutions.

Social model of disability

This represents a more positive view of disability and highlights the barriers, both physical and social, which prevent disabled people from fully participating in society. The model emphasises that the problem lies not with the disabled person, but with social structures and attitudes.

Improving the physical environment by providing aids and adaptations for disabled people allows them greater freedom and choice. In more recent years, there has been increased awareness of the needs of disabled people and new public buildings must be accessible by the provision of ramps and lifts. Other examples include Braille (which can be read by some people with a sight impairment) on medicine packaging and spoken announcements of bus and train stops. Nevertheless, it will be some time before disabled people will experience the same level of access as able-bodied people.

On a social level, attitudes towards disabled people, such as those listed under the medical model, still need to change. Until they do disabled people will continue to be avoided, ignored and to experience discrimination. This can take the form of overt abuse, such as the use of terms such as 'spastic', or a more subtle form, which gives people with disabilities the feeling of being excluded from activities which able-bodied people take for granted.

Fostering children with disabilities

Each child with a disability is, like any other child, unique and has individual needs. Children with disabilities will usually require additional care, attention and supervision, dependent on the nature of the disability. For example, they may need medication, tube-feeding and greater assistance with personal care like dressing and toileting. However, it is impossible to generalise, since the range of disabilities is very wide and even children with the same condition are likely to be affected in different ways. Children with disabilities are likely to have delayed development at least in some areas, but as with any other child, it is important to assist them to develop new skills and help them reach their maximum potential.

Foster carers without experience of caring for a disabled child are often worried that they will not be able to cope. Before making a decision about whether or not to accept the placement, it is important to find out as much as possible about the child's needs and how to meet them because each child will be different. Carers will be given training and support appropriate to the particular child's needs.

Apart from autism and dyslexia, this handbook does not include information about specific disabilities or syndromes because there is a vast number, some of which affect relatively few children. In addition, their effects can vary enormously from child to child with some affected mildly and others more severely.

Camden has a short break scheme which provides a service to families with disabled children, giving them a regular break from the demanding role of caring for a disabled child.

Relevant Standards: 2.1; 2.2; 2.3; 3.6; 6.1; 25.12

Related topics: Autism; Dyslexia; Equality, Short Breaks, Disability Living Allowance

Disability living allowance

Disability Living Allowance (DLA) is a benefit that can be claimed by people under the age of 65 who have a disability. Children under the age of 16 years cannot claim DLA for themselves and foster carers will need to claim it on their behalf. Once the young person becomes 16, they will be able to submit their own claim.

The DLA has a mobility and a care component; the mobility component has two rates (higher and lower) and the care component has three rates (higher, middle and lower). If the child is entitled to the DLA care component at the middle or higher rate, then the carer may also be able to claim Carer's Allowance. Receipt of fostering allowances does not affect the outcome of a claim.

DLA is normally paid every four weeks in arrears and can be awarded for a fixed or indefinite period.

Care component

This is paid to anyone who needs to be looked after because of a disability. There is no lower age limit, but the child must have needed more care and supervision than an able-bodied peer for at least three months preceding the application. The allowance is split into three rates, depending on the level of care needed.

DLA would be payable if looked after children require, for example, assistance with washing, dressing, bathing, eating, going to the toilet, turning during the night, taking medication, physiotherapy, coping with the effects of deafness or blindness or supervision to prevent them harming themselves or others. If the child needs intensive help both during the night and day, the highest rate may be payable. If only occasional help is needed during the day, the lower rate may be paid.

Mobility component

The child must be at least three years old to receive the mobility component. It must be shown that they have had mobility difficulties for at least three months preceding the application. The mobility component is paid at two rates (children aged three or four can only get the higher rate). DLA can be paid for children who cannot walk or who can only walk very slowly for a short distance because of pain or breathing difficulties, or for whom the effort of walking leads to deterioration or damage to their health. Children who are both deaf and blind may also be eligible.

The lower rate is for children who can walk but need someone to guide, support or help them in unfamiliar areas. This might be because they need physical assistance or because they have no sense of danger and are at risk. Children with developmental delay, sensory impairment or hyperactivity may qualify for the lower rate.

Role of the foster carer

The foster carer may be asked by the social worker to apply for the DLA, but given the complexity of the form, may need support to do this. Supporting evidence can also be provided by the social worker or health visitor. The foster carer must notify the Department for Work and Pensions (DWP) about changes in the child's circumstances, for instance if the child moves out of the foster home.

It is the responsibility of the foster carer to use the benefit appropriately to support the practical and emotional needs of the child. However, there should be regular discussion with the social worker about how it is being spent. The exact way in which the money is used will depend on the individual child's needs, and any surplus must be saved for the child's future. Appropriate use would include the purchase of special equipment or toys or for special activities.

The DWP is responsible for monitoring the expenditure of the allowance and will clarify if it is appropriate to use the DLA for particular activities. They can be contacted on **0845 712 3456**.

Carers' Allowance

Foster carers may be able to claim this benefit if the foster child receives the DLA care component at the middle or higher rate. To be eligible the carer must be giving at least 35 hours care per week and earning less than £100 per week. Fostering allowances are not counted as income, nor is the income of a partner. However the receipt of some non-means-tested benefits will mean the carer may only be entitled to a smaller amount called a carer premium.

Relevant Standard: 28.9

Disclosures

As a person they trust, children will often talk to the foster carer about their past experience, and this can happen in a piecemeal way over a period of time.

Disclosures can relate to physical, sexual, emotional abuse or neglect or information about the actions of their parents, perhaps involving drug misuse, domestic violence or criminal activities, or about previous carers and their family. The child may begin by asking that the information is kept secret. It is important for the carer to explain that this is not possible, as they would need to inform the child's social worker of any concerning information.

It is also essential to convey to the child that you believe him/her, that telling is the right thing to do and that it is the adult's not the child's fault and that the child will be protected and supported. The carer should remain calm and not react with horror, as this will reinforce the child's sense of shame or guilt. If the carer does not appear overwhelmed by what the child is saying, it helps the child feel more secure and able to manage his/her own feelings.

The carer should let the child tell the story at their own pace and should not ask probing or leading questions about what happened, as this may affect the chances of a criminal prosecution, should such action be taken. The carer must record what was said in the child's own words. The carer should also explain to the child what will happen next and report the disclosure to the social worker immediately.

Children may also confide in the carer's sons and daughters and they will need to be prepared for this eventuality. Foster carers need to be confident that their children will tell them about such disclosures and ready to give them support, as sometimes the information can be very distressing.

Relevant Standards: 4.1; 4.2; 4.3; 4.6; 22.1

Related topic: Abuse and Neglect; Child protection

Disclosure and Barring Service (DBS) check

All foster carers must have a DBS check at three yearly intervals. If during the intervening period they have a new conviction or caution, they need to inform the Fostering Service immediately. An assessment will need to be undertaken to decide whether this will affect their suitability to continue as a foster carer.

DBS checks will need to be carried out on other members of the fostering household including other adult children (over 16) and any other people within the family's extended network with whom a looked after child will have frequent contact.

It is not necessary for every person who comes into contact with a looked after child to have a DBS check as the child has the right to be treated like any other child. Therefore, if a looked after child wants to stay overnight with a school friend or member of the foster carer's family, the carer should make a decision as to whether it is safe, as any reasonable parent would do. The carer should make an informed decision based on their knowledge of the host family and of the child.

Relevant Standard: 7.7

Related topics; Babysitting; Overnight Stays; Delegated authority; Placement Planning Meeting

Discrimination

Discrimination is the act of judging a person negatively on the grounds of their race, ethnicity, disability, sexuality, gender, religion, class or social background, age, marital status or any other factor which defines their difference from what the discriminator sees as 'normal'. Looked after children can also be seen as 'different' and suffer discrimination. For this reason, they may sometimes wish to agree a 'cover story' with carers, for example telling other children that they are their aunt or uncle to prevent too many questions being asked.

Discrimination can take the form of abusive language or attacks or being denied equal opportunities in job applications or the allocation of services. Children who suffer discrimination can feel ashamed, angry and rejected and it can affect their confidence and self-esteem.

Foster carers will need to help children to verbalise their feelings and reassure them that it is not them but the perpetrators who are at fault. They will also need to help them develop strategies to deal with experiences of discrimination and advocate on their behalf as necessary, for instance if the child is being bullied at school, they should ensure that the school is taking the necessary action.

Relevant Standard: 3.6

Related topic: Equality; diversity

Related training: Total Respect

Diversity

Britain is a multi-cultural society and includes people with a range of different languages, religions, foods, clothing, cultures and customs. Similarly, either

by choice or by circumstance, people live in different ways - for instance as single parents, in extended family units, on their own or in same sex or heterosexual relationships. No one way of living is intrinsically better than any other and differences between people should be valued and respected. In fact they bring variety, interest and new ideas, which can widen everybody's understanding and experience.

Any group of people will have visible and non-visible differences which makes each individual unique. This is true even where the group shares the same race, religion or other common characteristic. Within each group there will exist different views and opinions, in response to individual experiences and circumstances. For instance members of the same ethnic or racial group (including the white British population) living in London will have integrated different aspects of its diverse culture into their lives.

Therefore, it is important for foster carers not to make assumptions about the specifics of a child's culture, even if they come from a similar background to their own. For example, within the Muslim community there are many variations on the clothing that children will be used to wearing and there will also be variations in the diet to which they are accustomed.

At the same time, even if the placement is a transcultural one, there will be aspects of their life and experiences that the foster carer has in common with the child and their family and it is important to use these as a means of establishing communication and to help the child feel comfortable in the placement.

Unfortunately, sometimes the differences between people can lead to discrimination. Looked after children, for instance, may experience discrimination and bullying because they are in care, as well as on the basis of such issues as their race or disability. The foster carer needs to be able to challenge this and support the child in developing strategies to deal with discrimination.

Relevant Standards: 2.1; 2.3

Related topics: Culture and identity; Discrimination; Values; Equality

Drug and alcohol misuse

Over the past decade, alcohol misuse has increased, binge drinking has risen dramatically and alcohol-related hospital admissions have soared. Misusing alcohol and drugs can lead to addiction and crime and can have a negative effect on relationships, health and safety.

Drugs can include street drugs such as heroin, cocaine, LSD, amphetamines; other drugs such as barbiturates can be obtained legally on prescription but

can be misused. Household substances can also be used as drugs, including gas, glue and aerosols.

Why do some young people take drugs?

Research suggests that most young people do not drink excessively or take drugs and most of those who experiment do not end up as alcoholics or problem drug users. Some young people experiment with these substances because of peer pressure, wanting to fit in and to feel grown up. Others use drugs as a means of rebellion, out of curiosity or as a form of escapism. Some find in drink and drugs a way of relaxing and enjoy 'getting high' and losing their inhibitions. Young people in care may be more susceptible to using alcohol and drugs as part of risk-taking behaviour, often linked to low self-esteem or the desire to escape from their problems.

How will the carer know if a young person is drinking or taking drugs?

Signs may include:

- Dramatic change in behaviour such as becoming moody, erratic and distant;
- Staying out late;
- Sleeping a lot or very little, being either very drowsy or hyper-active;
- Disinterest in school, hobbies or friends;
- Slurred speech and forgetfulness;
- Poor hygiene;
- Secretiveness;
- Pocket money being unaccounted for or other money missing;
- Unusual equipment found in the house, for instance burnt foil, empty aerosols, syringes or torn cigarette packets;
- Smell of alcohol on clothes and breath.

In themselves, some of these signs might not be due to drug or alcohol misuse; however, they may alert the carer to the possibility of a problem.

What are the risks?

Taking drugs and excessive alcohol is risky because:

- Drugs are often mixed with other substances and it is impossible to know their strength or purity, which can lead to an accidental overdose.
- Mixing drugs with other drugs or alcohol can be dangerous.
- Giving drugs to friends can lead to a criminal charge for supplying.
- Sniffing gases, glues and aerosols can lead to death, even on first use.
- Some people become addicted to drugs or alcohol and become indebted and involved in crime.
- Any drug can affect health in different ways; healthy young people have died from taking drugs; effects can also be long-term, such as damage to the liver, kidneys and heart.

- Alcoholism can lead to severe liver damage.
- Taking drugs can increase the risk of mental health problems.
- Having taken drugs or excessive alcohol, young people are more at risk of assault, becoming involved in violence, making decisions that they regret, such as having unprotected sex, being sexually exploited or having an accident.
- Drugs and excessive alcohol may damage relationships with friends and family.

How should foster carers talk to children and young people about drugs and alcohol?

Given the prevalence of alcohol and drugs in society, young people will inevitably come into contact with them. Talking to them at an early age can help them make the right choices.

First of all carers need to arm themselves with the facts about drugs and alcohol by attending training or asking for advice. They also need to think about how they will respond if the young person admits to using drugs; it is important to stay calm and not to panic.

It is a fact that most young people who take drugs or drink alcohol do so without becoming ill or getting into trouble. Therefore, carers need to approach the subject in a balanced way. Young people need to know about the very real potential risks and they need concrete information rather than scare stories. This includes being honest about the dangers of different drugs, rather than lumping them together. Although no drug is safe, there are differences in the dangers of cannabis and heroin. Being honest will mean young people are more likely to take the information seriously. At all times, it is important to keep the channels of communication open, so that they feel able to ask questions and discuss concerns with the carer. Using opportunities such as storylines in soaps to discuss drugs are good openings and keep the topic live.

What to do in an emergency

Occasionally a young person might have a bad reaction to a drug or alcohol. Carers should remain calm, reassuring and find out what the young person has taken. If the carer is at all concerned, an ambulance should be called. Any pills, powder or vomit should be given to medical staff.

Foster carers should use their knowledge of first aid to assist the young person before the ambulance arrives, for instance keeping him/her conscious or if this is not possible, placing them in the recovery position.

As soon as they safely can, the foster carer should inform the social worker or telephone the Emergency Duty Team and record the incident and the actions taken.

The carer should discuss what happened in a non-judgemental way with the young person at a later time to try to ensure that it does not recur.

Confiscating illegal drugs or syringes

Removing drugs from a young person, and therefore having possession of them, is not regarded as an offence and there is no legal requirement to inform the police. However, they must be disposed of safely and the carer should contact the social worker for advice.

If the carer finds syringes, they should be handled with care as they may carry blood-borne viruses. They should be put in a rigid container, such as a tin and taken to a hospital, doctor's surgery or drugs service for disposal.

As always the carer should inform the social worker of his/her actions and record the incident.

More information

Foster carers can obtain further advice from the LAC nurse. Information and leaflets can also be obtained from talktofrank.com who are available on **0800 776600**. Carers and young people can talk to them in confidence.

Where carers are concerned about young people's drug use, they should discuss this with the social worker and supervising social worker and a Drug Use Screening Tool (DUST) assessment carried out. If young people need help to deal with their drug use, a referral may be made to the Multi-agency Liaison Team (MALT) or the FWD drug and alcohol team.

Relevant Standard: 6.1

Related topic: Alcohol

Relevant Camden policy: Promoting the health of LAC

Duty

All social work teams run a duty system between the hours of 9am to 5pm on weekdays.

If the social worker or supervising social worker is not available, foster carers should ask to speak to the duty social worker. If the matter cannot wait until the return of the social worker, they will deal with the issue as necessary.

If the duty social workers are temporarily engaged with another enquiry and the matter is urgent, the foster carer should request to speak to the team manager.

Carers should contact the Emergency Duty Team, out of office hours.

Related topic: Emergency Duty Team

Dyslexia

Dyslexia refers to a combination of difficulties a person may have in connection with written language which affects aspects of reading, writing and/or spelling. People with dyslexia may also have difficulty with organisation and memory. Dyslexia can affect people with all levels of ability. It is estimated that dyslexia affects 10% of the population to some degree, with 4% severely affected. More males than females are affected. Often there is a family history of difficulties with written language or speech.

Signs of dyslexia in younger children can include:

- Confusion between directional words, for example up and down, in and out, left and right;
- Difficulty with sequence, for example days of the week or numbers;
- Difficulty learning nursery rhymes, inability to remember words and the use of jumbled phrases;
- Late speech development;
- Difficulty in tying shoelaces and dressing;
- Tendency to trip over and bump into objects;
- Difficulty in catching and throwing a ball;
- Writing letters and numbers the wrong way round;
- Poor concentration;
- Problems understanding what he/she has read.

Although it is not possible to cure dyslexia, many people can learn strategies for coping with the difficulties and do well academically, although they are likely to have to work harder than others to achieve the same results.

Children with dyslexia can have poor self-esteem associated with their learning difficulties and may make poor progress at school. It is important that dyslexia is diagnosed early to ensure that children receive the help that they need. Therefore, foster carers who are concerned about a child's progress and development should discuss this with the social worker and the school.

Eating problems

Before coming to the placement, some children may have experienced food deprivation or meals so irregular that they were not sure when they would next eat. Despite the fact that there is no shortage of food in the foster

placement, some children may act as if this is still the case and they may steal, hoard food or overeat.

Foster carers can help by providing regular meals and by involving the child in choosing the menu as this gives them a sense of control. Carers should try to be reasonably relaxed about food while encouraging the child to restrict his/her intake. If hoarded food is found, they should talk to the child about why they needed to hide it, rather than punishing him/her.

Some children on the other hand may cause concern because they eat very little. Restricting what they eat can give them a sense of control over their lives, which they do not have in other areas. If foster carers show how worried they are it can make the problem worse. This is because it increases the child's sense of control as they can make an adult concerned about them. Carers should not force a child to eat, but should try to help them feel that they do have control in other parts of their life by helping them put forward their views about what they want for the future and making sure they are listened to.

Eating Disorders

This is a group of disorders characterised by abnormal eating patterns, involving either insufficient or excessive food intake. Anorexia nervosa (restricting food intake), bulimia (vomiting after eating) and compulsive eating disorder are potentially serious illnesses that can have damaging effects on a child's physical and emotional health and development. As soon as the carer is aware of either behaviour, this should be discussed with the social worker.

Relevant Standard: 6.1

Education

Looked after children traditionally do less well educationally than their peers and are nine times more likely than other children to have a statement of special educational needs.

This is because of the impact of their pre-care experiences, including:

- Disrupted education and poor school attendance;
- Lack of sufficient help to catch up when they fall behind academically;
- Unmet emotional and physical needs which impact upon their education;
- Carers not being equipped to provide sufficient advocacy, support and encouragement for learning;
- Low expectations of what looked after children are capable of achieving.

Camden aims to ensure looked after children make the most of their educational opportunities and are able to attain to the highest academic level. To do this, the following have been put in place:

- Personal Education Plans (PEP);
- The Camden LAC Academy, a virtual school for Camden's looked after population that oversees the education of all LAC;
- a designated teacher in each school who is responsible for looked after children;
- A grant for care leavers who engage in ongoing training or study;
- Care planning processes designed to reduce unnecessary school moves and help children who become looked after to remain in their current school;
- Priority allocation to looked after children for school places if a change of school is necessary;
- Avoidance where possible of exclusion of looked after children; if a child is permanently excluded from a school, providing alternative full-time provision immediately.

Foster carers play a key role in helping children to enjoy and achieve in education. They should be ambitious for the children they care for and while not pushing them to achieve beyond their capability, they should ensure that neither they nor the school has too low expectations of them. Some of the measures carers can take include:

- Ensuring children attend school regularly and that any appointments are arranged outside of school hours; taking older children to school if necessary to ensure that they arrive;
- Supporting children to resolve any difficulties which might contribute to their reluctance to go to school, for instance bullying or problems with their schoolwork;
- Liaising closely with the school to identify problems early and attending PEPs, parent's evenings and other meetings about the child;
- Providing support with homework and ensuring that it is completed by putting in place a suitable routine and a quiet area for study; if the carer lacks knowledge in some areas, there may be someone else such as an adult child who may be able to help;
- Encouraging children to make full use of after-school clubs and activities;
- Ensuring children have access to a computer;
- Providing a stimulating environment, which includes having books, magazines and educational computer games and visits outside the home such as to libraries, museums, plays and concerts;
- Undertaking research about new schools, if for instance the child is moving on from primary to secondary school; foster carers cannot choose a child's school, but can gather information about what is available for discussion with the parents and social worker;
- Ensuring younger children are able to take up free early years provision.

Camden expects foster carers to be actively involved in the education of the children they look after and generally most matters to do with education, such as liaising with the school and attending school meetings, will be delegated to the carer. This will be discussed at the placement agreement meeting and recorded in the placement plan. The carer will also be responsible for attending PEP meetings and helping the school and the social worker to draw up the child's PEP.

Foster carers can request advice about education matters from the Camden LAC Academy virtual school and should approach the child's social worker for any extra resources.

Relevant Standards: 7.1; 8.1; 8.2; 8.3; 8.4; 8.6; 8.7; 21.1; 21.6

Related topics: Designated Teacher; Exclusions; Personal Education Plans; Pupil Referral Unit; Special Educational Needs; Virtual School for Children Looked After; Delegated responsibility

Relevant Camden policy: Promoting the education of LAC

Educational psychologist

Educational psychologists have training and experience in teaching children and an advanced qualification in educational psychology. They help children and young people to overcome learning difficulties and problems with their emotions or behaviour. The work mainly focuses on problems that arise in educational settings. They can give advice to schools about how to help a child who has special educational needs and will be involved in the process if a statutory assessment of educational needs is undertaken.

They make assessments by observing and interviewing the child or young person, as well as using standardised tests, and gather information about a child's progress at school and in other situations to produce written reports making recommendations on how to tackle the child's difficulties. In most cases, the educational psychologist's recommendations are put into practice by other people, particularly teachers, parents, foster carers and health professionals.

Related topic: Special Educational Needs

Emergency duty team

Camden's Emergency Duty Team (EDT) deals with any emergencies with regard to children that arise outside of office hours.

Foster carers should contact EDT if there is an urgent issue, such as a child being missing, a serious accident or where a child is at risk of harm or harming others. All carers need to have the EDT number at hand and the team can be contacted on **020 7974 4444**.

However, if immediate assistance is required, foster carers should first call the police and then inform EDT.

Relevant Standard: 21.3

Emergency placements

It is preferable to be able to plan placements and allow time for the child and family to be introduced to the foster family prior to moving in. However, there are occasions where children need to be moved away from their family immediately as they would otherwise be at risk of significant harm.

Sometimes, in an emergency situation, it is not possible for a foster carer with the necessary approval or skills to be found to care for a child. In these circumstances, the local authority can ask any approved foster carer, whom they consider will be able to provide suitable care, whether he/she is willing to look after the child, while other arrangements are made.

If the carer agrees, they can care for the child for up to 6 days before they need to move. Alternatively, if the local authority and the carer agree, a variation or an exemption can be applied for, which would allow the child to remain.

Camden has a rota of foster carers who are able to take children at very short notice overnight and will only look after the child for a short period before they are returned home or moved on to a more suitable placement. Foster carers who wish to know more about emergency placements should talk to their supervising social worker.

Related topic: Variations and Exemptions; Why Children Become Looked After; Placements

Relevant Camden policy: Matching and placements
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Emotional maturity

Children who have been deprived of consistent parenting and who have parents who are themselves emotionally immature will not have had the chance to learn about their emotions. They will not know how to manage them or even how to name them. As an example, foster carers may be looking after children of 8 who regress to the emotional behaviour of a 2 year old.

Foster carers can help children in the following ways:

- Help the children gain an understanding of their feelings through the use of books, games and television programmes. Name the feelings that characters are expressing, for example anger or sadness and relate it to a child's experience, for instance "you felt angry when I told you to go to bed".
- Comment on emotions displayed by the child. For example, say, "You seem sad" or "You seem upset" and encourage them to talk about why.
- Talk through the child's problems and help him/her to think of solutions and decide what constructive action to take, for instance if the child is having a problem at school.
- Accept emotional responses as legitimate, even if you don't like the behaviour the feeling produces. For example, if a child hits someone, stop the child and say, "It's okay to feel angry but it's not okay to hurt others. Talk to me about what you are feeling."

Relevant Standards: 2.1; 2.2; 2.6
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Employment

Having part-time employment can be positive for children, as it introduces them to the world of work, helps with budgeting skills and can help them gain self-confidence and self-esteem. However, care should be taken that given their age, the type of work and the hours are legally permissible.

Until children reach the Mandatory School Leaving Age (MSLA), they can only work a certain number of hours per week and only do certain jobs. Children are of compulsory school age until the last Friday in June in the academic year of their 16th birthday. After this they have reached the MSLA and they can apply for their National Insurance Number and work full time.

No child under 13 years of age can work, except in television, theatre, modelling and similar activities, in which case they need to have a performance licence.

Children over 13 may have part-time employment as long as it is not in a setting which may be harmful to their health or wellbeing, such as a factory, pub, betting shop, night club, fairground or commercial kitchen.

In addition, the following conditions apply:

- Children must not work during school hours, before 7 a.m. or after 7.p.m or more than one hour before school;
- They must not work for more than four hours without taking a break of at least an hour and they must have a two week break from any work during the school holidays in each calendar year;
- They have an employment licence issued by the local authority.

During term time children may work a maximum of 12 hours per week. This includes:

- A maximum of two hours on school days and Sundays;
- A maximum of five hours on Saturdays for 13 to 14 year olds, or eight hours for 15 to 16 year olds.

During school holidays 13 to 14 year olds may work a maximum of 25 hours per week. This includes:

- A maximum of five hours on weekdays and Saturdays;
- A maximum of two hours on Sunday.

During school holidays 15 to 16 year olds may work a maximum of 35 hours per week. This includes:

- A maximum of eight hours on weekdays and Saturdays;
- A maximum of two hours on Sunday.

The child, foster carer or employer must apply for an employment licence from the local council as a young person is not insured without one. Children do not need a work permit for work experience that his/her school arranges.

Employees aged 16 or 17 (who are older than Mandatory School Leaving Age) are entitled to at least £3.68 an hour (National Minimum Wage). There is no legal minimum for young people who are of compulsory school age.

Work experience

Like other children, children in care will benefit from a period of work experience to help them explore the possibilities for training and employment in the future. This should be recorded in the pathway plan. Sometimes looked after children miss out on work experience due to changing schools or lack of support in planning or sustaining a placement. If this is the case, the foster carer can discuss the situation with the social worker, designated teacher, personal adviser or Connexions adviser in order to request that a placement be arranged. Alternatively, they can organise work experience themselves, if they have appropriate contacts, but should seek advice about insurance.

Details of jobs considered suitable for young people and general advice on employment for young people can be obtained from the Education Welfare Service on **020 7974 7162** or at the link below.

[Child employment - a guide to the law for employers - Camden Council](#)

Equality

Legal duty

Camden is a diverse community and the council recognises the importance of celebrating this diversity and taking steps to ensure social cohesion in the borough. To achieve this, all council services will be delivered in a way that promotes equality of opportunity for all in order to eliminate discrimination and harassment.

As a local authority, Camden has a Public Sector Equality Duty under the Equality Act 2010. This means the council must have due regard to the following when developing policy and making decisions with regard to the implementation of policy or carrying out its legal duties:

- eliminating discrimination, harassment, victimisation or any other conduct prohibited by the Act
- advancing equality of opportunity
- fostering good relations.

The duty covers any form of discrimination based on the following characteristics (known as protected groups):

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex and sexual orientation.

Equality and the Fostering Service

The Fostering Service will make sure they meet Camden's equality duty in the following ways:

- The service will ensure equality of opportunity in its recruitment of foster carers and the setting of eligibility criteria that do not discriminate against any group except as to safeguard the welfare of looked after children.
- The service will recruit carers from as wide a range of backgrounds as possible in order to match the background and profile of looked after children.
- Fostering staff will work in an anti-discriminatory manner that is inclusive and ensures carers are able to voice opinions and raise concerns with confidence in line with the principles of the Foster Carer's Charter.
- The Fostering Panel will ensure that all decisions taken are done so in the spirit of the Equalities Duty.
- The service will provide support for foster carers where there is a trans-cultural placement.

Equality and foster carers

People applying to be foster carers will be considered whatever their ethnic background, whether they are single (male and female), married or cohabiting, in a same sex relationship or have a disability. The focus will be on whether they have the skills and competences necessary to care for looked after children, whether they have sufficient space and time to foster, their health and whether their relationship is stable.

As the needs of children are always paramount, we may prioritise applications from people who have the skills or attributes which most closely match the needs of children who require foster homes. For example, this could be people who are able to look after disabled children or teenagers. Additionally, we try to match children with families who reflect their ethnic background and we may prioritise applicants where we have a particular need or turn down applications if we have sufficient carers in a particular category.

Camden believes that the diversity of the borough's people should be valued and respected. Foster carers will be expected to help a foster child to be positive about their background and identity.

Looked after children are a disadvantaged group as they suffer from poorer health (both physical and mental) and do less well educationally than other children. As adults, they are more likely to be unemployed or in prison. For this reason, Camden's policy is to help children in care to narrow the gap between their achievements and those of their peers who grew up within their birth families. One of the key points is that we often expect less of looked after children than we do of other children. If foster carers and social workers do not believe that looked after children can succeed, then they are unlikely to do so. Practical measures such as Personal Education Plans (PEPs), pathway plans and annual medicals are all designed to improve outcomes for looked after children, but foster carers must also believe in the child and have high aspirations for them and challenge any discrimination.

Camden expects foster carers to be committed to equality.

- We expect foster carers to help children learn to value and respect diversity and difference by being good role models.
- We expect foster carers to act as an advocate for children who experience discrimination, for instance if they suffer abuse based on their race, sexuality, learning difficulties, physical disabilities or because they are looked after.
- Carers need to understand how low expectations can disadvantage children in care and be able to support them to achieve their full potential.

Relevant Standard: 25.9

Related topics: Disability; Discrimination; Diversity

Equipment

A list of recommended equipment for a child's room or general care will be drawn up upon completion of the foster carer's assessment and will vary from household to household, according to the age and needs of the children that the carers will be looking after.

Essential items will be provided by Camden for the first placement. Thereafter, carers will be expected to replace items from the maintenance allowance. However, in order to ensure that all equipment is of the required standard, carers should discuss the purchase with their supervising social workers in advance. Where equipment is damaged by a child, foster carers should discuss replacing items with their supervising social worker or approach their insurers.

Orders will generally be placed with Argos and will be delivered to the carer's home.

Sometimes carers may prefer to purchase the items themselves and be reimbursed. If the carer chooses this option, they need to confirm with their supervising social worker the maximum amount they can spend and will not be refunded money in excess of this. Carers will be reimbursed on the production of receipts.

The expectation of the department is that if additional equipment is required, carers will discuss this with their supervising social workers. Carers may not be reimbursed if they have not first consulted their supervising social worker or if they spend more than the agreed amount.

All equipment is on loan to the carer; depending on the quality of the equipment, when carers stop fostering they will be required to return the equipment to the department, unless agreed otherwise.

If carers are looking after a child with disabilities or complex medical needs, they will be provided with suitable equipment.

Relevant Standard: 28.8

Exclusions

Legal background

Statutory guidance allows a head teacher to exclude a child either for a fixed period or permanently in response to a serious or persistent breach of the school's behaviour policy and where allowing the child to remain at the school

would seriously harm the education or welfare of the child or others in the school.

Decisions to exclude should be fair and lawful and should not discriminate against any particular group. Schools should also give particular consideration to the fair treatment of pupils who are particularly vulnerable, including looked after children. Exclusion should be a last resort response only where other strategies have failed to improve matters.

As exclusion may be indicative of the pupil having extra needs, early intervention to meet these needs should avoid the use of exclusion. Where a child has special education needs or a disability that may contribute to disruptive behaviour, this must be taken into account when making decisions on exclusion.

Because of their situation, looked after children are particularly vulnerable to exclusion; they are more likely to exhibit challenging behaviours and may find it difficult to settle into school. Camden expects foster carers and social workers to work with schools to avoid exclusion, especially permanent exclusion, and to appeal against decisions to exclude where appropriate.

Head teachers must notify carers of any exclusion on the day of the decision, and the notification should state:

- reasons for the exclusion
- period of exclusion
- how the carer can make representations to the governing body regarding the exclusion
- details of any alternative education provision.

Foster carers must notify the child's social worker of any exclusion period immediately so that they can make contact with the designated LAC teacher to discuss the matter. The social worker will also contact the head of Camden's LAC Academy virtual school who will take up the matter with the school and ensure the child receives proper support or alternative provision.

Fixed term exclusion

During a fixed term exclusion, the school must set and mark work for the pupil during the first five days; after this alternative education provision must be made, for instance at the Pupil Referral Unit. During the first five days of the exclusion, the foster carer must ensure that the child is not in a public place during school hours, whether in the company of an adult or not; non-compliance can lead to a fine. After five days, carers must ensure that the child attends whatever alternative educational provision has been provided.

Where a child is returning to school following a fixed term exclusion, the designated LAC teacher should make arrangements with the foster carer and social worker for the child's reintegration, normally through an agreed plan.

Permanent exclusion

A permanent exclusion is a final step in the process of dealing with disciplinary offences when a wide range of strategies have been tried and failed. It is only in extremely exceptional circumstances that a head teacher would exclude a pupil permanently for a one-off or 'first offence'. If a looked after child is permanently excluded, arrangements for alternative education must be made immediately.

Governing bodies are required by law to consider any representations from parents about a permanent exclusion and foster carers may be asked to attend this meeting with the child. If this is not successful, the social worker will seek advice from the head of the LAC Academy regarding an appeal against the decision to exclude to the Independent Review Panel. It is likely that the child's IRO will request that the statutory LAC review is brought forward to look at the issues and ensure that the child will be allocated a new school place or other long-term provision.

Unofficial and unlawful exclusions

Sometimes a school might unofficially exclude a child, for example sending them home for unacceptable behaviour without following the formal exclusion procedures. If this happens, the foster carer should inform the social worker immediately so that this can be taken up with the school by the head of the Camden LAC Academy.

Preventing exclusions

The professionals working with looked after children have a duty to work together to try to prevent exclusions, particularly permanent exclusions. Foster carers and social workers should liaise closely with the school to ensure that any problems are tackled early and that a consistent approach is being used in the placement and at school.

Where there is a risk of permanent exclusion, a pastoral support programme should be drawn up to help the child change the behaviours which could result in exclusion.

Head teachers who are considering permanently excluding a child should consult other professionals and explore other alternatives such as:

- Fixed term exclusion followed by referral to the Pupil Referral Unit;
- Fixed term exclusion followed by urgent progression of a statement of special educational needs;
- Fixed term exclusion followed by a reduced timetable and support from the Learning Support Unit.

Relevant Standards: 8.3; 8.6; 8.7
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Related topics: Pastoral Support Programme; Pupil Referral Unit; Special Educational Needs; Virtual School for Children Looked After

Relevant Camden policy: Promoting the education of LAC

Family and friends foster carers (connected persons)

Where children cannot remain with their birth families, the local authority has a duty to consider whether there are any members in the child's family and friends network (connected persons) who might be willing and able to provide suitable care.

This can be beneficial to children as they will not have to adapt to living with strangers. Also, as they remain within their own family network, children are more able to maintain their culture and identity and remain in contact with their community. However, children and carers need to be made aware that the care arrangement will bring changes to their relationship as the relative or friend takes over a parenting role.

Although many of the tasks and responsibilities of family and friends carers are similar to those of other carers, they may also have different challenges. For instance protecting a child who has been moved from their birth parents due to abuse can be more difficult where the carers have had a longstanding relationship with the birth parents. In addition, disputes within the family can arise over the carer's changing role and the carers must cope with these in a way that minimises their impact on the child. Formal contact arrangements may be more difficult to adhere to within a family network, which is by nature informal, and family and friends' carers will receive support around this issue as necessary.

Family and friends carers are expected to meet the National Minimum Standards and comply with Fostering Service policies in terms of the quality of their care and are trained, supported and supervised in the same way as other carers. The Fostering Service runs a special support group for family and friends carers and also recommends the specialist groups below.

Useful websites:

<http://www.grandparents-association.org.uk/>

<http://www.grandparentsplus.org.uk/>

[Support for families when social services are involved | Family Rights Group](#)

Relevant Standards: 30.1; 30.8; 30.9; 30.11; 30.12; 30.13

Relevant Camden policy: Family and friends care for LAC

Family finding

Family finding is the name given to the process of looking for a suitable adoptive or long-term foster placement for children who are unable to return to live with their birth families.

After a period in care, the majority of children or young people return to their own family. However, where this is not possible, their care plan will reflect the need to find them a permanent substitute family. Adoption is in the best interests of most children, but for some children, long-term fostering may be considered, for example children who are older and those for whom it has not been possible to find an adoptive placement.

The plan for adoption or long-term fostering must be agreed by the Adoption Panel. The Adoption and Permanence team (APT) searches for appropriate families by looking at families assessed in-house, contacting other local authorities, private and voluntary agencies and by use of the North London Adoption Consortium. Careful thought is put into creating photographs, videos and profiles to support this process.

The child's social worker and family finder will read the Prospective Adopters' Report (PAR) of families who come forward and visit those who appear to be suitable. The meeting with the family will serve the purpose both of giving the family more information about the child as well as assessing their ability to meet the child's needs.

As it is a permanent arrangement, the matching process must be very detailed to ensure that the family will be able to provide a stable home for the child into adulthood. Once potential families are identified, a selection meeting is held to consider which family best meets the child's needs. The meeting will include managers and social workers from the children's LAC team and the APT.

Current carers can put themselves forward as prospective adopters or long term foster carers for the child. However, they need to be aware that they may not be considered the best possible match for the child. If a match with the foster carers is agreed, the carer will need to apply for formal assessment to approve them as adopters or in the case of long term foster carers a prospective foster carers report will be completed.

Once a family has been identified, social workers will prepare a matching report for either the Fostering or Adoption Panel, which will be accompanied by information about the child and carers. The Panel will recommend to the agency decision-maker whether or not the match should go ahead.

If the decision is positive, introductions between the child and family will be planned and take place over a period of time, according to the needs of the child.

Related topics: Adoption; Introductions;

Family link carers

Family link carers provide specialist short break provision (previously known as respite) for disabled children and young people and their families up to the child's 18th birthday. The purpose of the breaks is to offer the child new experiences and give parents a break from caring. The carer's role is to care for a child in their own home for short periods of time on a regular basis. Placements can be at weekends and/or time during school holidays and the carers can be linked with more than one family.

Children eligible for short breaks will have a range of different disabilities and often multiple impairments and some may also have complex health needs, requiring medical care. Each child will require individualised care in order to meet his/her needs.

Most children receiving short break care will not be looked after; others will be looked after for the duration of their stay with the Family link carer because they are receiving a high level of support and this is the best way to co-ordinate their care and therefore safeguard their welfare.

Family link carers are carefully matched to children and parents and will be able to meet up with the family prior to respite care starts to ensure that everyone is happy with the arrangements. This also gives the carer time to learn in advance about the child and family and the child's care needs and how they are met.

Each child will have a Resource Plan that includes all the information carers will need to care for the child safely and sensitively in a way that helps the child progress.

Supervision and support

As with all foster carers, family link carers will be supported by a supervising social worker so that they are able to carry out their task and to ensure that the quality of care meets the National Minimum Standards, except where it is stated that they do not apply to family link carers. The carers are not required to provide clothing or pocket money and there are no formal contact arrangements, as the parents still maintain full parental responsibility for the child/young person.

The number of visits that the SSW makes to the family link carer will be proportionate to the frequency and duration of the placement and the needs of the Family Link carer. This will include at least one unannounced visit annually.

Safer Care

Like any other carer, Family Link carers may have a complaint or allegation made against them. As the majority of children with disabilities will require the carer to help with or undertake personal care tasks, there will need to be an individual safer care plan for each child, setting out how these will be performed. This should be based on information from the parent about the routines at home which will provide continuity and familiarity for the child. The following principles should always be observed when carrying out intimate care tasks:

- Ensuring the child's privacy, for instance by closing curtains and the door and keeping the child covered as much as possible;
- Explaining to the child what is about to happen and asking their permission;
- Checking with the child frequently while carrying out the task;
- Never undertaking a task without proper knowledge and training as to how it should be done;
- Allowing the child to carry out any task which is within their capacity, for instance washing or dressing, even where this takes longer;
- Using appropriate language, for instance pad rather than nappy and tabard as opposed to bib;
- Reporting and recording any incidents or observations while caring out personal care tasks, for instance if the child feels sore or tender in the genital area, if the child is sexually aroused by the actions of the carer; if the child misunderstands or misinterprets any action, if the child has a strong emotional reaction without any apparent reason or if the carer accidentally hurts the child during the care.

Family link carers should be aware that children with disabilities are more vulnerable to abuse and neglect and that they should ensure that they are protected while in their care. Carers should also be alert for any evidence that the child is being abused, for instance in their reaction to being touched or any physical signs. If they have any concerns, these should be discussed with the child's social worker or the supervising social worker.

Training

Family Link carers must receive relevant generic training about their role in addition to training in specific topics such as lifting and handling. For each child they care for, they should receive specific training on how to meet their needs, for instance how to administer medication, carry out clinical procedures and how to use the child's preferred method of communication. Family Link carers are required to complete the Training Support and Development Standards within their first year of fostering, and can complete the general standards or the ones specifically for Family link care.

Lifting and handling

Family link carers who care for children who need lifting should attend the training on lifting and handling. This will ensure that the risks of injury to both the carer and the child are avoided.

If a child needs to be lifted on a regular basis, advice should be sought from an Occupational Therapist.

Relevant standard: 10.3

Related topic: Disability; Supervising Social Worker

Family profiles

Family profiles are created by both adopters and foster carers to give social workers and children some information about their family prior to placement. This will give social workers important information to help with choices and help to alleviate some of the anxieties children will be feeling in going to live with people unknown to them.

The Fostering Service has some templates (designed for younger and older children) that can be used as a guide to constructing these, but equally carers can create their own.

The book should contain photos and script about the family's members, their house, interests and activities. A picture of the foster child's bedroom should be included and it should be clear that the child will be welcomed into the family.

Relevant Standard: 11.1

Related topic: Placements

Family Services and Social Work

The Family Services and Social Work Service (FSSW) is part of Camden's Children, Schools and Families Directorate and is responsible for delivering all social care services for children and their families.

FSSW is made up of the following teams:

- Duty and assessment teams that take referrals and carry out assessments of children
- Long-term social work teams who work with children and families where the child lives at home
- The Looked After Children (LAC) teams that work with children who are looked after by Camden

- The Fostering and Adoption teams that provide long and short term carers for looked after children
- The 16+ team that provides a service for care leavers.

FSSW provides the following social work services:

- A child in need service for children and families who need help to deal with difficulties that are affecting the child's development and wellbeing.
- A child protection service that investigates concerns that a child is suffering significant harm and intervening to protect the child.
- A Looked After Children service that provides support for children who need to live away from home.
- Children's Provision, of which fostering is a part, that provides the placements for looked after children.

All children receiving a service from FSSW will have an allocated social worker from the relevant team. Foster carers will be allocated an assessing social worker during the period of assessment and a supervising social worker once approved. The Fostering Service is responsible for overseeing the standards of care provided by Camden's foster carers, and for ensuring they are supported in their role.

Fire safety

Every foster carer must have a fire safety plan which is known to all members of the household. The plan should detail how the family will exit the house in the event of a fire. The plan should be displayed where everyone in the household can see it.

In order to ensure that there is an early warning, foster carers must have at least one smoke alarm on each floor of the house and they should be regularly tested. There should be a fire blanket in the kitchen.

On rare occasions, looked after children have been known to start fires deliberately or by accident. Foster carers should ensure that their fire safety plan is regularly reviewed and reinforced, especially when a child joins the fostering household. The local Fire Brigade can visit foster homes to offer advice if necessary.

<p>Relevant Standard: 10.3</p>
<p>Related topic: Health and Safety</p>

Forced marriage

Forced marriage is not the same as an arranged marriage. In arranged marriages, family members take a leading role in choosing a marriage partner

and in arranging the marriage, but the choice on whether to agree to the arrangement or not remains with the individuals getting married. Forced marriage is when a marriage takes place without the proper consent of one or both parties or where the individuals have been forced either physically or emotionally to give consent. Forced marriage is regarded as a form of domestic violence or child abuse.

It is possible that foster carers may be asked to care for a young person who is at risk of being married against their will. This will require great sensitivity; the young person may be fearful of her family continuing to apply pressure and may be concerned about confidentiality, especially if he/she is placed with a family who they believe may have links with their community.

Foster care agreement

This is a written agreement between the foster carer and Camden setting out the responsibilities and expectations on both sides. It is signed immediately after approval and before the first placement is made and renewed if there are changes in the carer's approval.

Foster carers should read this agreement carefully; not only does it clarify what is expected of them, but also sets out what carers can expect of Camden and allows the carer to ensure that the local authority are doing what is required on their part.

Relevant Standard: 21.9

Appendix: Foster Carer Agreement

Relevant Camden policy: Approval and registration of carers

Foster care charter

One of the key components of care is the unique position of foster carers and their relationship with the child they care for. In recognition of this, all Fostering Services are required to provide a charter setting out how foster carers will be supported in their role.

Following consultation with staff and foster carers, Camden has drawn up a Foster Carer's Charter that sets out how foster carers and the fostering service will work in partnership to make sure looked after children receive the highest quality care and services. The charter is a recognition of the important and unique role carried out by foster carers and contains the principles underpinning partnership working and the standards of care and support which carers and fostering staff will endeavour to uphold.

Appendices: Camden Foster Care Charter

Fostering Changes

Fostering Changes is a 12 session programme to help carers build new skills and strategies in managing challenging behaviour. Research into the effectiveness of the model has found that attendance led to improvements in children's behaviour and the interactions between the carer and the child, as well as an increase in the carer's confidence in managing difficult behaviour. This in turn has reduced placement breakdown.

Foster children have learned to behave as they do for reasons connected with abusive or neglectful experiences in their birth families. Throughout the course, carers have the opportunity to think about the reasons for the foster child's behaviour and what strategies they can use to change this behaviour. Ultimately this will help children feel more positive about themselves and achieve better outcomes in terms of education, employment and relationships with others.

The course requires that carers have a child in placement, as it is expected that they will use their learning in a practical way between sessions. During the course they can share difficulties and think through new solutions with the assistance of other carers and the facilitators.

The course includes:

- How to develop positive attachments with children, including through the use of communication, play, praise and positive discipline;
- How to set limits, incentives and consequences for undesired behaviour;
- How to communicate with children to achieve a desired outcome;
- How to help children manage their thoughts and feelings;
- How to help children develop social skills, independence and problem-solving skills;
- How to support children to achieve academically;
- How the carer can remain calm and positive.

All foster carers should attend this course; those with placements of young people over 13 may be eligible for an additional fee, once they have successfully completed Fostering Changes.

Relevant Standards: 3.1; 3.2; 3.3; 3.4; 3.7; 3.8

Related topic: Behaviour Management

Fostering Consortium

Camden is part of the North London Fostering Consortium, other members being Haringey, Enfield, Islington and Barnet. The boroughs have come together in order to improve services by working together and sharing resources in certain areas of fostering.

Fostering Network

Fostering Network is a charity working throughout the United Kingdom with the aim of supporting foster carers and improving the lives of children in care.

They run training courses and publish a wide range of books and leaflets for foster carers and social workers. Fostering Network also provides advice on practical and legal matters, finance and welfare benefits. There is also an insurance scheme covering legal costs that might be incurred by foster families, if for example there is an allegation.

Confidential advice on fostering matters can be obtained from Fosterline, a government funded service run by Fostering Network. An advice and mediation service can provide support for foster carers in the event of an allegation.

Fosterline can be contacted on **0800 040 7675** between 9am and 5pm Monday to Friday.

In Camden, all carers become a member of Fostering Network following approval and can access its services and website. The password can be obtained from the supervising social worker. Benefits of membership include:

- Access to the 24 hour helpline Fosterline;
- Legal advice in the event of an allegation leading to criminal charges;
- Legal expenses up to £100,000;
- Advice on tax, national insurance and benefits;
- Advice on mortgages and retirement planning;
- Discounts on home insurance, including damage caused by children in placement;
- Access to information via magazines and e-bulletins.

Fostering Panel

What does the Panel do?

The Fostering Panel is an independent body that oversees all decisions about foster carers in Camden to ensure that the Fostering Service deals with matters fairly. The panel considers the suitability of people to act as foster carers and also has a responsibility to ensure that assessments are fair and of

a sufficiently high quality and thoroughness to ensure that any child placed with a foster carer is safeguarded and their welfare promoted. It is a legal requirement that each fostering agency has a Fostering Panel.

The Camden Fostering Panel considers:

- Applications to foster from all prospective carers
- Annual reviews of all foster carers, where it is necessary for the review to come to the Panel. The Panel must consider the following:
 - a carer's first review
 - every third review
 - reviews where there has been a change of circumstances
 - a recommendation to vary the approval terms
 - following an allegation, serious complaint or if there are concerns about the standard of care the carer is providing.
- Reviews that do not fall into any of these categories can be signed off by the chair on behalf of the Panel;
- Specific issues relating to foster carers, for instance where a change of approval is recommended or when there is a recommendation for termination of approval;
- Matches between children and long term foster carers;

In each case, the Panel must consider the suitability of the person to act as a foster carer and also their terms of approval, which is the age range, number of children and gender that they are approved to care for. Family and friends and long term carers will be approved for specific named children.

Who is a Panel member?

Fostering Panels are made up of a pool of people with a range of personal and professional backgrounds and expertise. Some members work for Camden but others will be independent. The chair of the panel is independent of Camden. The Panel members have a range of experience in fostering, education or health and may include previously looked after young people, foster carers, the sons or daughters of foster carers, social workers and elected members. The Panel is balanced in terms of gender and reflects the ethnicity of the community.

The Panel cannot sit unless the following members are present:

- the chair or vice chair
- a social worker with three years relevant post qualifying experience
- at least 3 other members
- at least one independent member from any of the above.

Also present, but without voting rights, are a panel adviser, the borough's legal advisor, the medical advisor and a panel administrator, responsible for taking the minutes.

The Panel meets monthly, but occasionally there are additional Panels where there is a large volume of work.

Before Panel

The supervising social worker will have written a comprehensive report prior to Panel, which the foster carer or prospective foster carer will have seen and signed. These reports are distributed to panel members in advance to allow them to read the information and prepare any questions they may have.

Foster carers will receive a letter inviting them to attend the Fostering Panel. Although carers are not obliged to attend, their presence ensures that the process is open and inclusive and that the Panel has all the information it needs to make a recommendation.

If the carer wishes to bring someone with them to panel, for instance a friend or a relative who supports them with fostering, they may do so, but this should be discussed with the supervising social worker in advance. However, it is normally not appropriate to bring children under 16.

Prior to Panel, carers should be given a list of current members, in order that they can identify whether there is someone on the panel who is known to them. If a carer knows a panel member, he/she should inform their supervising social worker and this person may be able to stand down for that case. Similarly Panel members are required to declare an interest before any discussion takes place if they know the subject of a case they are considering. A decision will then be taken by the chair about whether they should be involved in any discussions about a specific case.

All Panel members will have signed a confidentiality agreement, agreeing not to discuss cases with anyone outside the Panel.

What happens at Panel?

Panel members discuss each case and raise any questions they have. Once this is done the foster carer, social workers and any other attendees are invited into the room. Sometimes the social workers will be asked into the room in advance of the foster carers; the reasons for this will be explained to the carer.

Most questions are directed via the chair and designed to clarify or expand on matters discussed in the report. The carer will have the opportunity to make a statement or ask questions if they wish. The supervising social worker will be able to support the carer to make their views known as necessary. The attendees will then be asked to leave the room while the Panel considers its recommendation which can be:

- Recommendation of approval;

- Deferring their recommendation until panel members have further information;
- Recommendation of non-approval or termination of approval.

The chair will inform the carer of the outcome; however because the Panel does not make decisions, only recommendations, the decision will not be final until it is agreed by the agency decision-maker, who is the Assistant Director of FSSW.

After Panel

Once the minutes are ready, the agency decision-maker will consider the Panel's recommendation and make a decision. The carer will then receive a letter confirming the decision and the reasons for it. Although rare, it is possible for the agency decision-maker not to agree with the panel's recommendation.

What happens if the carer does not agree with the decision?

If the carers are unhappy with the decision, for instance to terminate their approval, they can either:

1. Write to the agency decision-maker setting out their views within 28 days of the date of the letter. The agency decision-maker will refer the case back to the Fostering Panel for further consideration. Carers will be invited to attend this meeting to give their views in person and can bring someone to advocate on their behalf. The Panel will then make a new recommendation, taking into account any new information. However, they may not change their previous recommendation. As before, the agency decision-maker will make the final decision and write to the carers with the outcome.

Or (it is only possible to opt for one of these choices)

2. If carers wish to have an independent review of their case, they can request a review by the Independent Review Mechanism (IRM). A review panel will consider the case and make a recommendation to the agency decision-maker, who may or may not accept it. If carers wish to take this course of action, they should write to:

Contract Manager,
Independent Review Mechanism,
Unit 4,
Pavilion Business Park,
Royds Hall Road,
Wortley, Leeds LS12 6AJ.

It is important to remember that although every effort will be made to provide an equitable and fair service, where there is an element of doubt about

someone's suitability to act as a foster carer, the needs of the child will be paramount.

Relevant Standards: Standard 14 is concerned with the Fostering Panel

Related topics: Independent Review Mechanism; Annual Foster Care Review

Relevant Camden policy: Fostering Panel

Gang activity

A gang can be a normal friendship group, but can also be a group of young people brought together for the purpose of crime and serious youth violence. These street gangs can pose a major risk to the safety and welfare of young people, whether they are gang members or victims of gang activity.

Young people involved in gang activity are at risk of significant harm and may place themselves and other members of the fostering household at risk. Gang members may be targets of violence from rival gangs and membership can immerse the young person into criminal behaviour such as drug dealing. Many gang members carry knives and may have access to guns.

Although there are “girl gangs”, their role is normally to assist in criminal activity such as hiding or transporting drugs and weapons but also through their sexual exploitation by male gang members.

Foster carers should be informed of about a young person’s involvement in gangs at the start of the placement and strategies put in place to keep the young person safe, such as not entering certain postcodes or wearing gang colours. Foster carers also need to be aware of those young people who are trying to exit gangs as they are particularly vulnerable.

Foster carers should be vigilant about young people they care for becoming involved in gang activity and report any concerns to the young person’s social worker and the supervising social worker. Factors to be aware of are:

- Withdrawal from family life;
- Decline in school attendance and attainment;
- Use of new slang words;
- Unexplained money and possessions;
- Stays out very late;
- Change in appearance, wearing particular items similar to young people they associate with;
- Lack of interest in hobbies and activities;
- New nickname;
- Unexplained physical injuries;
- Graffiti style “tags” on possessions;

- New friends seem to have considerable influence;
- Breaking off contact with old friends;
- Increased use of social networking sites;
- Adopting certain codes of behaviour such as handshakes;
- Aggressive and intimidating behaviour towards other young people;
- Scared to enter some postcodes or estates;
- Concern about presence of other youths in the area.

Young people involved in gangs are likely to be receiving a service from the Youth Offending Service and will be known to Camden's Community Safety strategy group on gangs and serious youth violence. As part of this strategy, they may have been referred to a specialist group known as the "Bronze Group" that monitors their activities in order to reduce risk to the community and work intensively with the young person to help them exit from the gang.

Health

One of the key duties local authorities have regarding looked after children is to promote their health. Looked after children may experience more health problems than other children. This is because:

- They may have missed routine health screenings, due to reasons such as neglect.
- Their pre-care experience of abuse and neglect may mean they enter care in poor health.
- They are more likely to suffer from emotional and mental health problems because of their early parenting experiences.
- They are more likely to exhibit risk-taking behaviour and self-harm.
- Children with many placement changes may have had problems in accessing primary health services such as GPs and dentists and this may also result in gaps in their recorded health history.

The Fostering Standards and Regulations make it clear that the Fostering Service must work to improve the health and development of looked after children. In particular, the service must ensure that each child is registered with a GP and has access to such medical, dental and mental health services as he or she may require. In addition, each child must be provided with such individual support, aids and equipment as he/she needs as a result of a health condition or disabilities.

The Fostering Service must also ensure that foster carers are provided with information about the state of health and health plan of any child placed with them and that arrangements for giving consent to medical or dental examination or treatment are in place. Foster carers also need to know the reasons for any medications that the child is taking and how they are administered, as well as details of any illnesses and allergies and hospital and clinic appointments. Foster carers should receive guidance and training to provide appropriate care for children with complex health needs.

Foster carers are expected to register a child with the GP and dentist; this may not be necessary if the child's home address is close to that of the carers and they are already registered. Otherwise carers would normally put the child on the list of their own GP (on a temporary basis if it is likely to be a short placement) and dentist.

Additionally, carers are expected to take children to the opticians, for immunisations and other health appointments as required and to give attention to health issues such as diet, hygiene and exercise in everyday care.

Foster carers should work with children to understand their health needs so that they can make informed decisions about their own health and treatment.

Camden's medical adviser

Camden has a medical advisor, based at the Crowndale Health Centre, whose role is to monitor the health of foster carers and looked after children. The medical adviser carries out all medicals for assessments of foster carers, including renewals on a two-yearly basis, as well as initial statutory health assessments for children who become looked after. The medical adviser can also provide advice to foster carers and social workers on the health of individual looked after children.

The designated LAC nurse

The designated LAC nurse is a qualified nurse based at the Crowndale Health Centre and is a member of the LAC Health Team, working closely with Camden's Medical Advisor.

The role of the designated LAC nurse is to ensure that the health needs of all children who are looked after by Camden are met and to maintain health records for each of them. The nurse carries out review health assessments and is also available to give advice to carers about any aspect of a child's health.

The nurse is also involved with foster carer training. She works closely with the medical adviser and is the link between health and social care with the aim of ensuring that children and young people achieve the best possible health outcomes.

Carers are welcome to contact the designated LAC nurse with regard to any health concerns about a child or young person in their care. If unable to assist, the nurse will be able to give the carer advice as to where to access appropriate guidance.

Relevant Standards: : 21.1; 21.66.1; 6.2; 6.3; 6.4; 6.5; 6.6; 6.8; 6.11; 6.12; 21.1; 21.6
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Related topics: Allergies; Children Looked After Nurse; Dental Care; Healthy Living; Hearing; Medication

Relevant Camden policies: Promoting the health of LAC

Health assessment and health plans

It is a statutory requirement that every looked after child should have a health plan that is part of their care plan. This means when a child becomes looked after, they must have a medical assessment on which the health plan is based and this assessment must be reviewed on a regular basis.

- Initial health assessments are carried out before a placement, if practicable, unless there has been a health assessment in the previous three months;
- In emergency placements, assessments should be carried out within 2-3 weeks of the child being looked after;
- Assessments should be reviewed at least once every six months up to a child's fifth birthday, after which time they should be reviewed annually.

Initial health assessments are always carried out by Camden's medical advisor and the reviews are undertaken by the designated LAC nurse unless the child is placed at a distance from Camden, in which case arrangements are made for assessments to be carried out by the child's GP.

Social workers and foster carers are responsible for ensuring children are able to attend assessments. Foster carers may be asked to take children to these medicals and to encourage reluctant young people to attend. They should take the child's Personal Health Record (formerly the Red Book) with them.

Depending on their age and level of understanding, children cannot be medically examined and treated without their consent.

It is understandable that some children may not want to have a health assessment. They can view it as intrusive, particularly if they feel well and do not need to see a doctor or nurse. It may make them feel different from other children and may reawaken memories of previous abuse. However, many children in public care may have received poor medical care in the past and they may have undiagnosed health conditions.

The medicals are designed to ensure that looked after children receive the same health advantages as their peers and to make sure they enjoy good health in the future. Sometimes an explanation and reassurance can convince the child or young person of the benefits.

These assessments are in addition to universal services provided by a health visitor or school nurse and as it is a statutory requirement, it is essential that carers ensure children and young people are encouraged to attend.

Relevant Standards: 6.1; 6.2; 6.3; 6.5; 6.6

Related topic: Health

Relevant Camden policy: Promoting the health of LAC

Health and safety

Every year as many as one child in five has an accident in the home that is serious enough to need medical treatment. In order to prevent as many accidents as possible, a health and safety check of the foster home is carried out during the assessment process and again by the supervising social worker at least once per year; this will usually be during an unannounced visit. The supervising social worker is also required to undertake a check of carers' second homes or caravans.

Although health and safety standards are set at quite a stringent level, it must be remembered that this is also a home which needs to feel relaxed and welcoming. The checks can feel quite intrusive, but they are important because foster carers are looking after other people's children and the local authority needs to ensure that all steps are taken to protect them. In addition, foster children may not have been taught to recognise and cope with potential dangers in the same way as foster carers' own children.

On a day to day basis the foster carer is responsible for the safety of children in their care both inside and outside the home, including the car. Although foster carers need to anticipate and prevent dangers, they must also teach children in an age appropriate way to understand how to avoid hazards related both to physical risks and hygiene.

Carers should refer to the health and safety checklist to ensure that their accommodation meets the required criteria in between the social worker's inspections. Foster carers are legally responsible for the safety of children in their care and could be deemed negligent if they have not taken reasonable precautions to ensure their security. Health and safety issues should be covered in the carer's own safer caring policy.

Relevant Standards: 4.1; 4.2; 4.4; 4.5; 10.1; 10.2; 10.3; 10.4; 25.9

Related topics: Car Safety; Fire Safety; Lifting and Handling; Safer caring

Appendices: Health and Safety Checklist

Healthy lifestyle

Food

Before coming to the placement, many foster children will have been used to a diet which included a lot of 'junk' food. Some may have experienced food deprivation or meals so irregular that they were not sure when they would next eat. Others may have a limited range of foods which they are prepared to eat; yet others may either eat too much or too little.

Introducing children to a healthy diet will take time and patience and it is important that mealtimes are relaxed, social occasions for the family and do not become a battleground. Carers may have to make compromises in the short term. Children need to be encouraged, but not forced, to try new foods and to understand the health advantages of eating fruit and vegetables. They should not be deprived of treats such as sweets, crisp and desserts but these should be in the context of an otherwise healthy diet.

Some ideas for helping to change eating habits are:

- Model good eating habits as children will often copy the eating patterns of other members of the family, especially other children;
- Serve small portions so that the child feels more able to eat a food they may not be keen on;
- Ignore picky eating, as negative attention will reinforce the behaviour;
- Offer limited choices, for example, ask children which one of two options they would like to eat, giving them a sense of control over what they are eating;
- Avoid snacks between meals and instead give treats after children have eaten their meal.

Where there are problems with eating, further advice can be obtained from the designated LAC nurse or health visitor.

Exercise

Integrating exercise into their life is as important for children as healthy eating. Although children will do sport as part of the school curriculum, carers should ensure that they have regular physical activities, such as trips to the park, swimming and bike riding during their leisure time. Foster carers should research what is offered by their local leisure centre.

Hearing

Indications that a child may have a hearing problem include:

- Turning up the TV;
- Shouting rather than speaking;
- Not responding to the carer if facing in the opposite direction;
- Have difficulty in correctly forming words.

It is important that hearing problems are diagnosed because they can lead to delayed speech and language development. It may also cause listening and attention problems which affect behaviour. This can cause problems with educational achievement.

If carers suspect a child has a hearing impairment, they should discuss this with the social worker, GP, health visitor or LAC nurse as a referral can be made to the audiology department.

In order to prevent future hearing loss, carers should ensure children do not listen to music at high volume on i pods and similar devices.

Relevant Standards: 6.1; 6.2; 6.3; 6.4

Related topic: Health

Holidays

Holidays with the looked after child

The LAC social worker and supervising social worker should be informed about holiday plans several months in advance, especially if the family are planning to go abroad as permission from parents and possibly the court may need to be sought. Also, obtaining a passport for looked after children can sometimes be a lengthy process and the application needs to be submitted early.

Children who are going abroad should be covered with suitable health insurance and be included as dependent children in the carer's European Health Insurance Card (EHIC) if the holiday is in Europe. They should also receive recommended vaccinations, for which permission will need to be obtained.

Family breaks should take place in the school holidays as it is unlikely that the school and social worker will agree to a looked after child missing lessons and certainly not if a child will miss examinations.

Details of holiday allowances can be found in the Foster Carer Allowance document in the appendices.

Holidays without the looked after child

It is expected that any child or young person placed with foster carers will be treated as a member of the family and therefore included in holidays unless the holiday was booked prior to the child joining the fostering household.

If a foster carer wishes to take a holiday without the children they look after, permission must be sought from the Fostering Service in advance and will be limited to 1-2 weeks per year.

Foster carers will need to discuss taking holidays without looked after children with their supervising social worker and will be asked to make a formal request to the Fostering manager for permission, stating:

- Why they need to go away without the child
- How long they will be away
- What arrangements will be put in place for the child's care.

The manager will consider the request in the light of what is best for the child and will seek the views of the child's social worker. Permission will also depend on what arrangements are in place for the child's care and whether they are considered suitable.

Alternative care arrangements should be with a nominated carer who has been assessed and whom the child knows, or with another foster carer. An unannounced visit is likely to be carried out during the respite period.

Children's previous experiences may mean that they regard not being included in a holiday as a rejection and they should be carefully prepared. If they do not know the carer already, they should meet with the family and the positives in the arrangement should be highlighted. The substitute carer should arrange fun activities and outings and the foster family should make sure they have another holiday, which includes the foster child.

Relevant Standard: 7.2

Related topics: Allowances; Nominated carers; Passports

Relevant Camden policy: Passports for LAC

House rules and home safe caring policy

All households have rules that everyone is expected to follow. Normally, these are not written down because they are instilled in each family member over time and often become second nature. Rules may also naturally change and

evolve in relation to different circumstances, for instance the ages of the children.

However, a looked after child joining the household will not have any knowledge of the family's expectations and may not even have a basic understanding of how to value and treat others with respect. Therefore, it is important that the foster family identifies the rules that the family lives by, and puts them in writing, so that they can be explained to a child coming to live with the family. This will be the home safe caring policy for the household.

As fostering is different from caring for birth children, the foster family will normally find that they have to make some changes to their current lifestyle and some compromises in order to ensure that the foster child does not feel unfairly or differently treated. For instance, young children may have been used to visiting their parents' bed in the morning, whereas this would be inappropriate for a looked after child. The carers will therefore need to find another way of spending positive time with the children.

Where possible the house rules should be given and explained to looked after children prior to them moving into the placement.

Some examples of family rules are:

- Keeping bedrooms tidy;
- Eating meals together;
- Going to bed at the agreed time:
- Not going into other people's bedrooms;
- Always locking/closing the bathroom and toilet door;
- Always wearing a dressing gown when walking around in night clothes;
- Returning home at the agreed time;
- Never hurting any member of the household, including pets;
- Considering the feelings of others in the household;
- Not swearing;
- Completing homework on time;
- Not smoking in the house;
- Talking to the carer about any problems.

It is important to introduce the rules in a positive way, for instance explaining that they are the way that the family ensures that they live happily together. In addition, children should not be overwhelmed by too many rules and if necessary, they can be introduced more gradually as the child settles in.

It is also essential to remember that looked after children may have lived in households where there have been few consistent boundaries and where people have behaved in a violent or abusive manner to each other. This will mean that they will need time to adapt to a new kind of lifestyle. Consequently, foster carers may need to give them more leeway at first if they break the rules. Birth children can sometimes find this leniency, which applies to the looked after child and not to them, difficult to accept. The foster carer

may be able to anticipate this and help their own children to understand why the child needs time and support to change their behaviour.

Related topic: Safer Care

Relevant Camden policy: Safeguarding children in foster care

Hygiene

Children, Schools and Families may not be aware of any infectious conditions which children and young people may have. It is therefore important that hygiene precautions are applied universally and particularly when coming into contact with bodily fluids including blood, urine, faeces, vomit, semen and breast milk. This also has the advantage as not singling any one person out as a 'problem'.

Everyday hygiene precautions should include:

- Avoiding direct skin contact with blood or other body fluids; if they are splashed on the skin they should be washed off immediately with soap and water;
- Seeking immediate medical help if an injury is sustained involving a needle or blood is splashed into the eyes or mouth or onto broken skin (such as a cut or eczema);
- Washing hands after handling any bodily secretions, including your own;
- Not sharing towels, flannels, razors or toothbrushes;
- Washing soiled clothes in a hot wash cycle;
- Covering cuts and grazes with a plaster or other dressing;
- Disposing of disposable nappies, tampons and sanitary towels in an incinerator or double wrapped in polythene bag prior to disposal;
- Wearing disposable gloves when clearing up any spillages of bodily fluid and washing and drying hands after removing them;
- Keeping surfaces, toilets and bathrooms clean and any blood or other bodily fluids promptly wiped up with diluted bleach and a disposable cloth;
- Teaching children to avoid contact with other people's blood and to wash their hands before meals and after using the toilet.

Relevant Standard: 6.1; 6.7; 10.2; 10.3

Related topic: Blood-borne Diseases

Identity cards

All carers will be issued with a photographic identity card, which will be renewed from time to time. On approval, carers will be asked to provide their supervising social worker with a passport photo for the card.

They should be used to prove the status of the carer, if challenged. However, they should be used discreetly, given that they will highlight the fact that a child with the carer is fostered.

If the card is lost, this should be reported immediately. They should be handed over to the supervising social worker, when the carer ceases to foster.

Independent Review Mechanism (IRM)

The IRM is a process which foster carers and prospective foster carers can use if they do not agree with some of the decisions made following a report to the Fostering Panel.

It is an alternative to the option of making representations to the Fostering Panel; the applicant or carer must choose whether they wish to appeal to the Panel or ask the IRM to carry out a review.

Carers or prospective carers can ask for an independent review if the Fostering Service has:

- Turned down their full application for approval as a foster carer following presentation to the Panel; this does not apply to assessments for interim approvals as family and friends carers;
- Terminated their approval as foster carers;
- Changed the terms of their approval, that is the age-range, number of children or gender.

The IRM cannot overturn the decision of the Fostering Service; they can only make a recommendation which the Fostering Service will take into account before making their final decision.

Making an application

This must be made in writing within 28 days of the formal decision letter from the Agency Decision Maker and should include the following:

- The reasons why the carers disagree with the decision;
- The date of the letter informing the carer of the decision;
- The name and address of the Fostering Service to enable the IRM to obtain relevant paperwork.

This should be sent to the Independent Review Mechanism, Unit 4, Pavilion Business Park, Royds Hall Road, Wortley, Leeds LS12 6AJ.

Who will consider the case?

The case will be considered by a review panel made up of people who have professional or personal experience of fostering; however, no member will have had any previous connection with this specific case.

How will the case be reviewed?

The carer will be invited to attend the meeting and can be accompanied by a friend whose role will be to provide moral support but cannot speak on the carer's behalf. The Fostering Service will also be asked to send a representative with knowledge of the case.

Having heard from both the carer and the Fostering Service representative and asked any relevant questions, the panel will discuss the case and make their recommendation.

What happens next?

The IRM will write to the Fostering Service and the carer with their recommendation and the reasons for it. The Fostering service will then reconsider the case. However, whatever the recommendation of the IRM, the Fostering Service is not obliged to agree with it.

The carer has no right to further appeal and may need to take their own legal advice if they wish to take the matter further.

Carers may wish to make a formal complaint through Camden's complaints procedure, but it is only possible for the Complaints Unit to consider whether procedures have been correctly followed and they cannot change the decision about the approval or its terms.

Related topic: Complaints Procedure; Fostering Panel

Independent reviewing officer (IRO)

IROs provide independent oversight of decisions made by Camden about looked after children's care. This is to ensure the following:

- The child's best interests are being considered throughout the care planning process and that their views and feelings are taken into account whenever decisions are made about their care.
- Camden is properly discharging its legal duties towards a looked after child both in terms of the care they receive and decisions and plans made for them.

It is a legal requirement for a looked after child to have an allocated IRO to look after their interests. IROs are independent in the sense that they are not involved in working with looked after children and their families on a day to day basis. Each child looked after should know the name of his/her IRO and how to contact this person if they have any concerns.

The function of the IRO is:

- To chair LAC reviews; each IRO has a caseload of specific children so that they have knowledge of the case and they are familiar to the child;
- To ensure that the child's wishes and feelings are heard and acted upon, where this is seen to be in the child's best interests;
- To ensure that the care plan is discussed and updated according to the current needs of the child;
- To make sure that professionals are carrying out the work required to fulfil the goals of the plan;
- To take action where plans are being delayed or not implemented properly by taking the matter up with senior managers.

If the IRO is not satisfied that the care plan is being progressed and the child's needs are not being met, they can, as a last resort, make a referral to the Child and Family Court Advisory and Support Service (CAFCASS), who may decide to take action.

IROs also provide oversight in the annual review of foster carers and ensure the review process is fair and transparent (see annual foster carer review).

Relevant Standard: 1.4

Related topic: Children Looked After Review; Annual Foster Carer Review

Relevant Camden policy: Working with IROs; Monitoring and reviewing LAC placements; Review and termination of approval

Independent visitor

Any child who does not have regular contact with a member of their birth family or extended family may benefit from having an independent person allocated to fulfil this role and provide an extra level of support and independent advice for the child. In these circumstances, the local authority may consider appointing an Independent Visitor.

Independent Visitors are volunteers who befriend and advise children and young people who are looked after. They help promote their developmental, social, emotional, educational, religious and cultural needs and encourage them to participate in decision-making about their lives. For example, Independent Visitors may support children with schoolwork, take them to their

place of worship or to sport and social activities. For young people nearing independence they may help them practise skills such as shopping, budgeting and cooking.

Children looked after should be consulted about whether they would like an Independent Visitor and what kind of person they would like. The child should meet the person in advance before deciding whether they feel comfortable about continuing the relationship.

Relevant Standards: 1.1; 1.3; 1.5; 1.6

Insurance

Foster carers are responsible for ensuring they have adequate insurance cover. This is particularly important as by law, foster carers can be held liable for any damage caused by a child they are caring for and could also be responsible for any damage or injury to a child in their care if they are proved negligent.

When they start fostering, carers should write to their insurance company (or each company if they have contents and buildings insurance with different firms) informing them of their approval. Carers should request confirmation in writing that any children placed will be regarded as members of the family while in the household and that the public/personal liability clause of the policy covers any claims arising out of the actions of children placed there. The company should also be reminded of this fact at every renewal.

The insurance company should be informed of the age (it is better to say up to 18 as this covers all eventualities) and the number of children the carer may foster at one time. The company should be informed immediately if this changes. The company should be informed if children exhibit any behaviour which may impact upon the policy, such as a history of arson. However since this is confidential information, permission to share this must be obtained from the local authority in advance.

Carers should also ensure that the sums they are insured for are sufficient to cover the replacement costs of all the items in their home.

Camden has an insurance policy which covers carers for the following:

- Damage to property up to £100,000 (not including cars) which is not covered by another insurance policy; therefore if carers have accidental damage insurance, they should claim on their own policy. However, it may not cover deliberate damage, which may need to be claimed under the council policy. Camden may also be willing to cover any policy excess;
- Personal and legal liability for loss or damage to property or injury arising from the activities of children while placed with foster carers up to £1,000,000.

In addition, all Camden foster carers are members of Fostering Network, which provides cover for legal costs arising out of their work as carers. They can also get discounts on specialist home insurance for foster carers. Further information and advice can be obtained from Fostering Network.

Internet and mobile phone safety

Undoubtedly there are many benefits to new technology, but there are also a number of risks.

It is a particularly important subject for foster carers because of the increased vulnerability of looked after children to exploitation and abuse. However, teenagers especially are inclined to be secretive while also having the right to a certain amount of privacy. This makes finding the appropriate balance between protecting them and not invading their privacy problematic. In addition to this, children can access the internet in different ways and in different places - via mobile phones and in internet cafes. It is not possible to supervise children and especially teenagers 24 hours per day.

There are no easy answers for avoiding risks, especially as technology changes so rapidly. The best approach for carers is to ensure they are aware of the risks and take steps to minimise them. More importantly, children need to be taught how to keep themselves safe online; much of this work is carried out by schools so foster carers may wish to find out how the school goes about keeping children safe online and asking for a copy of the school's internet safety policy.

Benefits and risks

These are some of the benefits:

- The internet assists children with learning and schoolwork.
- Familiarity with computers and the internet prepares children and young people for the world of employment, where it is almost certain they will require IT skills.
- It helps children develop interests and maintain friendships.
- It allows children with disabilities to overcome communications barriers.
- It enables children to be taught "remotely", for example children who are unable to attend school.
- It can help with shopping and budgeting by providing price comparison websites.

However, as in many areas the benefits are balanced by a number of risks for example:

- The internet contains much unsuitable content which if accessed could expose children to pornography, violence and exploitation.

- There is a wealth of information but children may not be able to judge whether it is reliable or accurate.
- Children can plagiarise (copy someone else's work and pretend it is their own) information found on the internet.
- Children can become the target of bullies (cyber bullying) or paedophiles via social networking sites.
- Children can have unsupervised contact with their birth family which may not be in their interests.
- Children can become addicted to social networking and computer games and gambling websites.
- Personal information and photographs posted on the internet can be misused.
- Children can be vulnerable to unregulated commercial activity and give out financial information leading to identity theft and fraud.

What can foster carers do?

The most important step carers can take is to learn about the internet and how it works so that they can spot problems before they become serious. This also allows them to teach children the dangers and how to protect themselves.

Here are some other steps that carers can take:

- Talk to the child about the dangers of using the internet and agree the household internet safety rules;
- Place computers in the living room (not in children's bedrooms) where carers can monitor their use;
- Use parental controls to block unsuitable sites, but do not rely on these, as some children know how to get round them;
- Have a family e-mail address which enables the carer to see with whom the child has been corresponding;
- Ask the child or young person to show the carer what they do online and get to know a child's online friends in the same way as other friends;
- Install anti-virus software, spyware and a firewall;
- Learn cyber language such as ASOL (age sex location), POS (parent over shoulder); however this changes continually;
- Report any messages which are sexual in nature or threatening to the Internet Service Provider (ISP);
- Remind children that not everything they read online will be true and any offer that sounds too good to be true probably is;
- Teach children the following rules;
 - Do not give out personal information, such as address, date of birth, school name or telephone number on social networking sites or chatrooms
 - Do not post photos or videos which could be exploited as once they are on the internet it is impossible to remove them;
 - Do keep passwords secret;

- Show children how they can report abuse and encourage them to discuss any concerns, for instance sites such as Facebook have a panic button which can be clicked on;
- Set reasonable rules and guidelines for computer use. Discuss these and post them near the computer. Monitor the child's compliance with the rules, especially with regard to amount of time spent on the computer. See below;
- Attend training on the use of the internet.

If the child receives unsuitable images...

- tell them to close the link then go into the history folder and delete the website address;
- contact the Internet Watch Foundation (IWF) to report any unsuitable websites.

If the child is being bullied...

- tell the child not to reply;
- print or save messages and emails as evidence;
- if the bullying is through email, mobile phone or instant messaging, contact the internet or phone service provider and ask them to block all messages from the sender;
- if the bullying happens in a chat room, tell the child to leave the chat room, then contact the chat room moderator to deal with the problem;
- if the bullying involves hurtful comments on personal websites, contact the website provider and ask them to remove the comments;
- consider changing the child's email address or mobile number and look into the security settings for accessing personal websites;
- if the bully's identity is known and attends the child's school, let the school know what's happening so they can help deal with it;
- if the threats are severe or go on for a long time, contact the police.

If the child is in on-line contact with an unsuitable adult...

- keep any messages as evidence;
- tell the child to end the on-line friendship;
- ensure the child only allows close friends to access their social networking site by setting their privacy level to "friends only";
- report the matter to the police or the Child Exploitation and On-line Protection Centre.

If carers have any concern that children or young people are arranging to meet someone they have met online they should inform the social worker immediately.

Household internet safety rules

Children and young people must agree to:

- Decide with the foster carers on the time of day they can be online, for how long and which sites they can visit;
- Not to give out personal information without permission;
- Never agree to meet with anyone without checking with the carer or social worker first;
- Never respond to any messages that make them feel uncomfortable and tell the foster carer immediately so that these can be reported;
- Not to upload photographs or information onto social networking sites unless the carer agrees;
- Not to buy anything off the internet without the carer's permission;
- To only use a web-cam with people they know and trust;
- Not to open attachments to emails unless they know and trust the person who sent it.

Mobile phones

Activity on these is even more problematic to supervise as they are capable of accessing the internet at any time. Some of the same rules apply as with the internet, such as informing the carer if they are being harassed or bullied.

Children can also become addicted to texting and ensuring they do not have the phone at night can limit this.

Some ideas for mobile phones:

- Children should pay for credit from their pocket money;
- Phones to be turned off at an agreed time and left in a central place such as the hall at night;
- Phones should not be taken to school;
- Phone calls to looked after children's family members should be made on the landline;
- Children should be helped to understand that the use of a mobile phone is a privilege and not a right.

Useful links:

Think U Know

www.thinkuknow.co.uk

Childnet

www.childnet-int.org

Internet Watch Foundation

www.iwf.org.uk

Relevant Standards: 4.1; 4.2; 4.3; 4.4

Relevant Camden policy: E-safety

Relevant training: E-safety

Interpreters

Where parents and children do not speak English, interpreters will be arranged to support them in meetings. Important issues are being considered and it is essential as well as their right to understand what is being said.

Attendees at these meetings should be patient in order to accommodate this process, which inevitably makes the meeting longer.

There is some support for foster carers with limited English to enable them to fully participate in training sessions and meetings. However, it is the expectation of the borough that all carers will work to improve their English, as this enhances their learning, enables them to help children and young people with schoolwork and also to advocate on their behalf.

All interpreters used by Camden Council have a CRB check which has been verified by the social worker.

Introductions

This describes the process by which a child is introduced to their new adoptive or long term family. As the first stage of a new lifelong relationship, it is important to ensure that it is carefully planned and facilitates the bonding between the child and his/her new family. For this reason a placement planning meeting is held which includes all those involved; social workers, foster carers and adopters or long term carers.

What are the aims of the introduction process?

Introductions enable the children to transfer their attachments to the new family at their own pace, giving children and the new family time to get to know each other and feel comfortable together. It is also an opportunity to help the new family feel confident in caring for the child and for the new carers to find out about the child's day-to-day care and routines.

What are the timescales?

Timescales for introductions vary according to the age and particular needs of the child, and the time period tends to lengthen if the child is older.

What happens during introductions?

Before they meet their new family, the foster carer and social worker will be involved in preparing children for the move, firstly by talking to them in general terms. Once the match is agreed, there will be a family profile which includes photos and information about the new family, which the foster carer can use to talk to the child and answer their questions about the move.

The process of introductions can include the following, but will be individualised according to the needs of the child:

- Visits by the new family to the child in the foster home at different times of the day, such as meal times, bath and bedtimes;
- Outings for the child with their new family, including the foster carer for the first one;
- A first visit to the child's new home;
- Further longer visits by the child to the new home possibly including an overnight stay for an older child;
- An introductions review meeting to assess whether any changes need to be made to the plan;
- Leaving toys and other personal items in the new home.

Social workers are actively involved at all stages of the process, either by visiting or maintaining contact by telephone.

What can help the introductions go well?

Introducing a child to their new family can be a time-consuming and emotional experience for everyone. Foster carers are advised that they should not plan any other major activities during the period of introductions. All involved should adhere to the plan and ask for a review if there are concerns that it is not working or there are any disagreements.

Foster carers may find themselves in the position not only of dealing with their own feelings of grief, but of having to support the foster child, the new family and their birth children with their feelings about the move. This can be very emotionally draining and they should not be afraid to ask for support for themselves if they need it.

For the process to work well, everyone needs to be flexible and sensitive to the feelings of all involved. Sometimes the pace of the introductions needs to be changed in the interests of the child or the new family. Changes to the plan will always be done following consultation with everyone involved, and in a planned way.

Relevant Standard: 11.5

Related topics: Family Books; Placements

Relevant training: Life story work

Jealousy

A looked after child may be jealous of the foster carer's own children or even their own siblings. Birth children can also be jealous of the amount of special attention or privileges that looked after children receive both from their social worker and their parents. This can cause rivalry for attention.

Discussions with sons and daughters often help them understand how the previous experiences of the child are contributing to this behaviour. Carers should make sure each child has some special time with them. They should also discuss the situation with the social worker and supervising social worker.

Related topic: Sons and Daughters
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LAC social workers

Every looked after child or young person must have an allocated LAC social worker responsible for ensuring that Camden's legal duty to the child as a looked after child is being met. This includes ensuring that:

- they have a care plan in place setting out how their assessed needs will be met now and in the future
- they are in a placement that is able to meet their needs
- their welfare is safeguarded
- their health and education are promoted
- they are receiving a high standard of emotional and physical care which meets their assessed needs.

Their main tasks are to:

- work to achieve the goals set in the care plan;
- maintain links for the child with his/her birth family by arranging contact in the foster home or other venue;
- visit the child in the foster home and see him/her alone and with the carer;
- help and support birth parents;
- ensure that the foster carers have all the available information about the child and that all paperwork is completed and signed;
- work with the foster carer to promote the educational, health and developmental needs of the child;
- carry out direct work with the child, including life story work, to help them understand and come to terms with their circumstances;
- co-ordinate the involvement of other professionals and organise specialist support, where this is necessary;
- prepare a child to move on, whether this is back to their birth family, to another substitute family or to live independently.

In order to carry out their responsibilities, the child's social worker will need to visit the foster carer on a regular basis to observe the child in their home environment and to discuss how the placement is going. The social worker is required to visit during the first week of the placement and thereafter, at not more than 6 weekly intervals. If the child is with a long-term carer until they are 18, managers may agree that visits may take place at intervals of not more than three months after the first year. Social workers are also required to visit more often if requested to do so by the child or foster carer, and may visit more frequently where there are concerns about the placement or the placement is at risk of breakdown.

There should be a significant exchange of information between the carer and the social worker on each visit and by telephone in between visits as required. The foster carer should update the social worker about the child's day-to-day and educational progress, behaviour, health, contact issues and relationships with friends and within the foster family.

The social worker must pass on details of developments to the foster carer, for example, events within the birth family or forthcoming legal proceedings.

Foster carers can help by preparing a child for their social worker's visit and by providing the time and space for the social worker to spend time with the child on his/her own.

Relevant Standards: 1.1; 1.2; 1.3; 1.4; 1.5; 1.6; 1.7; 21.6; 21.12

Related topic: Supervising Social Worker, Care Plan

Relevant Camden policy: Monitoring and review of placements

Leaving care service

Camden's leaving care service is delivered by the 16+ team, which consists of social workers, personal advisers, and a Connexions adviser. The wishes and feelings of young people are central to the service provided and the workers aim to empower the care leaver to make their own decisions about future plans.

Young people who have been in care for 13 weeks without a break on or after their 16th birthday are eligible to receive services from the 16+ team. The team becomes involved with young people who are looked after around their 16th birthday, and are responsible for ensuring that young people receive the support they need to prepare for living independently.

Each care leaver has a personal adviser and a pathway plan which covers all aspects of their lives including education, employment and training, where they will live, development of social and independence skills and finances. Support will continue until the young person is able to live independently and

can be up until 24 years of age if they remain in further education (or 25 if they have a disability).

The team works with young people to find suitable housing, at first supported housing in specialist hostel accommodation, mother and baby accommodation, university accommodation and permanent accommodation. Ultimately, care leavers may be entitled to a Camden tenancy.

The Connexions adviser assists young people to learn new skills, try a range of career options through work experience, receive help to improve Maths, English and computer skills, write CVs and develop interview skills.

Care leavers can receive financial support and advice about their entitlements from the team. Financial help can include personal allowances, travel and accommodation costs whilst studying, educational grants for books and equipment, setting up home allowances, holiday grants, and emergency payments in times of crisis.

Relevant Standards: 1.5; 12.1; 12.4

Related topics: Connexions; Pathway Plan; Personal Adviser; Young People over 18

Relevant Camden policy: 16+ leaving care service policy

Legislation

This is an overview of the legislation relating to children since the Children Act 1989.

Children Act 1989

This is the main legal framework for children's care and underpins all the ensuing legislation. It introduced some of the main principles by which we now work including the welfare of the child is paramount, working together with families and the need to listen to children's wishes and feelings.

Leaving Care Act 2000

This Act followed concerns that care leavers generally have worse outcomes than their peers. They are less likely to be in education, employment or training and more likely to suffer poor physical and mental health and be without safe accommodation.

The Act was designed to ensure that young people do not leave foster families until they are ready, which may be after their 18th birthday and that they have effective support when they do move on.

Its main terms are:

- Local authorities must assess and meet the needs of young people aged 16 and 17 who are in care or care leavers and keep in touch with care leavers until they are at least 21.
- All young people in care should have a pathway plan at 16, which maps out the way they will be supported to prepare for independence.
- Each young person should have a personal advisor who will coordinate the provision of support and assistance. Particular emphasis should be placed on helping the young person into education, training or employment.
- Care leavers should receive financial support to enable them to achieve independence.

Adoption and Children Act 2002

This aimed to modernise the law concerning adoption and in so doing increase the options for children waiting to be adopted.

Its main principles include:

- The child's needs and welfare are paramount in the adoption process;
- Delay must be avoided when planning for children who cannot be cared for by their birth family;
- The introduction of the special guardianship order as an alternative form of permanence for children;
- Widening the range of people able to adopt by allowing unmarried couples to adopt jointly (including gay and lesbian couples);
- New regulations with regard to the release of information to previously adopted adults.

Children Act 2004

This Act provides the legal framework for information sharing and multi-agency working in children's services. It also sets out the 5 outcomes essential for children's safety and wellbeing that underpins the work of the Fostering Service:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic wellbeing.

Children and Young People Act 2008

This Act sets out the legal framework for the care of looked after children, focusing on how to help children who are in care to achieve the same good outcomes as their peers, with regard to education, training, employment and security in their home life.

National Minimum Fostering Standards and Fostering Regulations 2011.

These set out the framework for Fostering Services and foster care and provide the expected standards for the care of looked after children.

Related topics: Children Act 1989; Child Protection; National Minimum Standards; Pathway Plan; Special Guardianship

Leisure and activities

All foster children should be encouraged to develop interests and skills and build and maintain friendships as these are a key way in which they can experience enjoyment, a sense of achievement and develop social skills. This in turn can help them become more resilient in other areas of their life. In the first instance, providing a stimulating environment in the foster home will support children's emotional, intellectual, social, creative and physical development. As they grow older children should be supported to take part in activities outside the home.

Playing with children and providing them with toys and other items, according to their age, will stimulate dexterity, imagination and cognitive skills. Games and other creative activities in the foster home will also allow children to grow and develop a range of interests and skills.

Children should also be able to have time to relax and undertake quiet activities, such as reading, watching TV or playing computer games. The foster carer may feel the need to limit time spent watching TV or using the computer, as any reasonable parent would.

At the appropriate age, it will help their development to encourage children to participate in a range of leisure activities outside the home, such as sports, cycling, cubs, scouts, brownies and guides, drama groups, youth clubs and volunteering. This will build on the child's existing interests and talents and help them find new ones. The leisure passes, available to looked after children can also be utilised.

In addition, making full use of local resources, such as libraries and taking children on outings, such as to the seaside, museums and the theatre can widen children's experience and help them discover new areas of interest.

Children will also benefit from interaction with their peers and inviting friends to the foster home or visiting them in their homes, either for a few hours or to stay overnight, can improve social skills and self-esteem.

Some older children may wish to earn pocket money through part-time employment. This can be beneficial in terms of learning about the world of work and budgeting. Employment of children is controlled by legislation and the foster carer should discuss this with the social worker in advance.

The placement plan should state clearly where authority is delegated to the foster carer to give permission for activities, including overnight stays with friends and school trips. This helps to normalise a looked after child's experience, rather than causing them to feel different from their peers.

Relevant Standards: 7.1; 7.2; 7.3; 7.4; 7.5; 7.6; 7.7

Related topics: Delegation to Foster Carers; Employment; Play; Special Occasions

Life story work

How does understanding the past help children?

Everyone who has lived and grown up in the same family throughout their childhood will probably take for granted all that they know about themselves and their family. This body of knowledge evolved naturally as they grew up and represents their understanding of where and how they belong to their family and wider community. Children are able to maintain their culture, religion and language just by living as part of their birth family and their sense of belonging will have been extended by personal memories and family history, customs and stories. This is the foundation on which self image and identity is built.

Looked after children will have moved away from their birth family and may even have moved several times. Unless steps are taken to help them keep memories and information about their origins safe it can easily become lost over time, leaving children confused about their past and identity. Where children live with foster families who do not reflect their cultural and religious background and speak a different first language, it can lead to further confusion as children struggle to live between two cultures.

If a child has had a particularly unhappy past, foster carers may be tempted to try to protect them by encouraging them to forget the past. However, children need to understand why they are separated from their family and why previous caregivers are now unable to care for them. It may dispel feelings that they are somehow to blame for the separation, allowing them to accept the past and move forward into the future with more positive hopes and aspirations.

What is life story work?

Life story work is a way of working that can help children separated from their birth families to maintain a good sense of their life journey and identity. It includes three main parts:

- Gathering treasured objects, photographs, videos and mementoes;

- Creating a written story, explaining the reasons for the child's moves and information about birth family members;
- Communicating the story to the child in a meaningful way.

Life story work can offer children the opportunity to gain access to important information, express their wishes, feelings and fantasies, accept difficult areas of their life and experiences, learn new ways to understand themselves and increase personal confidence and self-esteem.

It can also help carers to gain a better understanding of the child they look after.

A wide range of people can contribute to the creation of a child's life story, including foster carers, birth family members, social workers and teachers.

When does life story work start?

The foster carer should collect memorabilia and record information about the child's life and development from the beginning of the placement and the information should be stored in a memory box, scrap book or other format. If the child moves or returns home, the information and photographs will accompany him/her home or onto the new placement. If the plan is to find a permanent substitute family, the formal life story process is started after the second LAC review. This involves direct work with the child and the social worker (who has main responsibility for the work) about their life story and collecting memorabilia from the birth family.

What is the foster carer's role?

Foster carers are key people in the life of a child who is looked after and are in the best position to collect and collate day to day information. It is expected that foster carers will attend training which will help them support the looked after child in engaging in the life story work and in dealing with any emotional issues which it raises. Foster carers should be aware that carrying out life story work can raise strong emotions in the child.

Foster carers are also expected to contribute to the work by:

- Taking photographs and/or videos of special occasions and creating photo albums for children that include text setting out the date, names of people and their significance to the child; please see the section on photographs;
- Making a memory box or scrap book for children containing various types of memorabilia, such as a special toy given to them by a parent, their hospital identification wrist-band from the time of their birth, a memento from a holiday, birthday cards, pieces of schoolwork, a first tooth;
- Recording information about the child's development, for instance when they walked, talked; what toys and food they liked; information about the school they attended; their illnesses, holidays and birthdays;

- Encouraging the child to collect significant items;
- Undertaking parts of the work in consultation with the life story worker (normally the child's social worker).

Relevant Standards: 2.1; 2.2; 2.3; 2.6; 21.1; 26.7

Relevant Camden policy: Working with looked after children

Relevant training: Life story work

Looked after children review

A looked after child's care plan needs to be regularly reviewed to make sure it remains relevant because the child's circumstances change over time. Regular reviews make sure that the child's care plan is being acted upon and progressed and that the plan remains right for them. As a minimum, the first review must be completed within 20 working days of a placement starting, the next within 3 months of the first review, and subsequently at intervals of no more than 6 months.

Significant changes to the care plan can only be made at a statutory LAC review, and there may be circumstances where the review may be brought forward to deal with any major changes in the child's life.

Reviews are chaired by an Independent Reviewing Officer (IRO) to ensure that the care plan and the work carried out is looked at objectively by someone who is not involved in the case. The same IRO will chair all reviews of an individual child, as far as this is possible.

To make sure the review focuses on the child, social workers will try to keep attendance to a minimum. The child will always be invited to attend from the age of 4, depending on their age and understanding, and an advocate may be asked to attend to help them get their views across in the review meeting. Also present at the meeting will be the foster carer and their supervising social worker, birth parents and the child's social worker. A representative from the child's school and other people who work with the child may also attend if it is thought necessary, but normally these people will send written reports.

Reviews are frequently held in the foster home, as this helps the child or young person feel more at ease. However, in some cases there may be practical reasons or risk factors which mean that another venue is preferable. The timing of the review is planned to meet the needs of the child, for instance so that they do not have to miss school.

Children and young people should be prepared for their reviews by their social worker and foster carer so that they understand the purpose of the review and feel able to participate. To do this, they will be asked to complete a consultation form that allows them to state their wishes, feelings and views

and have input about who should attend the review and what issues they would like to discuss.

Following the review, a copy of the discussion, the decisions and who is responsible for carrying out specific tasks will be circulated to the foster carer and other attendees.

Where it has not been possible to carry out the wishes and feelings of a looked after child, the foster carer and social worker have a responsibility to help the child understand the reasons for this.

Foster carers, especially new ones, may feel apprehensive about speaking at reviews or other meetings. However, their contributions are essential because of their day-to-day knowledge of the child. Supervising social workers will be able to help foster carers think in advance about the information they need to share and how to present it at the meeting. For instance, even if the placement has been a difficult one, it is important to balance information about challenging behaviour with positive details about the child. Supervising social workers will also be present at the meeting and be able to support the foster carer. Foster carers can also complete a consultation form before the review, which may help them to think through what they want to say.

Relevant Standards: 1.1; 1.2; 1.3;.1.4; 31.3; 31.4; 31.5; 31.7; 31.8

Related topics: Care Plan; Independent Reviewing Officer

Relevant Camden policy: Monitoring and review of placements

Lying

Children lie for many reasons and to a certain extent it is a normal part of growing up. With experience, children realise that in order to avoid problems, it is often better to tell the truth in the first place. It is, of course, important that their carers act as good role models and do not lie themselves.

Looked after children may lie more than the norm and the problem may persist despite explanations and reassurance. There are two ways in which they may not tell the truth. The first is that they may fantasize, telling stories about their parents and home, which belie the reality, for example "they live in an enormous house and their dad has three cars". This is connected with feelings of low self-esteem and the desire to compensate by being the same or better than other children. Sometimes children tell elaborate and very convincing stories which have no basis in truth and no obvious purpose. It may be because some children, possibly those who have suffered the most severe neglect and abuse, have been so traumatised that they find it difficult to distinguish between reality and fantasy. This can also be the reason behind false allegations, as the trauma children have experienced makes them confused about where the abuse happened.

The second form of lying is done in order to avoid being punished. For some children the discipline they have received at home may have been very harsh and it is understandable that they would lie to avoid it. Children will continue in this behaviour in the foster home, at least until they have learnt to trust the carer.

Carers can help children change this behaviour by:

- Being patient and consistent, so the child begins to trust the carer;
- Avoid opportunities to lie, for instance say "show me your homework" as opposed to "have you done your homework?"
- Praising and complimenting the child where she/he has behaved well;
- Differentiating between fantasy and lying and trying to understand what in the child's background has led to the behaviour.

Relevant Standards: 3.1; 3.2; 3.4

Related topic: Behaviour Management;

Masturbation

Carers may be shocked if they see a child masturbating. Some children do this as a way of comforting themselves or releasing tension. In others it may be a sign that they have been sexually abused, which may mean they do not understand the boundaries of acceptable sexual behaviour and have a very confused view of sex and adult relationships.

Where children masturbate in public, carers should explain that this is something that should only be done in private. Despite their own embarrassment, they should try to react in a calm and matter of fact manner. To do otherwise will confuse children still further about the difference between the abuse they have suffered and fulfilling adult sexual relationships.

This should be discussed with the social worker and supervising social worker.

Matching children with foster carers

It is essential that when placing a child, Camden chooses a foster carer who is best able to meet their needs and, where possible, matches their ethnic and cultural background. Good matching is essential to achieve placement stability so that once placed, it is not necessary to move the child, unless this is to a permanent placement.

The matching process is carried out by a Fostering social worker using information about the child's needs provided by their social worker and information about the foster carer available from their Form F report. All potential placements will be risk-assessed to ensure the safety of the child and everyone in the fostering household, including other looked after children.

When matching, the following criteria are taken into account:

- The child's assessed needs according to their care plan;
- The child's ethnicity, culture, religion and language;
- The location of the placement; whether the child can remain at their school and the ability of the foster carers to take the child to school and maintain contact with their family and community;
- Whether children who are part of a sibling group can be placed together, if this is assessed as being in their best interests;
- The skills of the proposed foster carers in terms of meeting the specific needs of the child, such as challenging behaviour or disabilities;
- The views of the child and family;
- The views of the prospective foster carer;
- The views and needs of any children who are already in the placement, and those of their social worker;
- The views and needs of the carer's birth children;
- The approval range of the prospective foster carer;
- The ability of the foster carer to keep the child for the required length of the placement.

Where a placement is needed, it is preferable that it is planned, with an opportunity for the child and family to meet with the proposed foster carers in advance. However, some placements are made in an emergency situation and this means there is less time to consider matching criteria.

Sometimes foster carers are asked to care for children on a short-term basis while a more appropriately matched placement is sought and, on occasion, foster carers may be asked to take a placement which does not fall within their current approval. Where this happens the child can be placed for up to 6 days, after which time the child must be moved unless the carer is willing to keep the child and the Fostering Service amends their approval.

Due to the number of criteria which need to be taken into account, it is sometimes not possible to place children with carers who are able to meet all their identified needs. For instance, sometimes trans-racial or transcultural placements have to be made; in such cases foster carers will be given additional training or support to assist them.

Relevant Standards: 2.1; 9.6; 11.2; 15.1

Related topics: Placements; Variations and Exemptions

Relevant Camden policy: Matching and placements

Medical consent

Foster carers cannot sign medical or dental consent forms as they do not have parental responsibility. Forms will be signed by a parent (if the child is looked after in a voluntary arrangement between the department and the parents) or by the Principal Officer for Looked After Children if there is an interim or full care order in place. Where parents are not available, for example where the children are unaccompanied minors, the social worker will give medical consent.

Young people who are over the age of 16 are capable of giving their own consent. Young people aged 12-15 who are considered to be of a sufficient age and understanding can give medical consent on their own behalf. This is called Gillick competence, which means that the doctor considers that the young person has the maturity and intelligence to fully understand the nature of the treatment, the options, the risks involved and the benefits. Children under the age of 12 cannot give their own consent and this must be given by their parents or anyone else with parental responsibility.

GP and hospital appointments

When parents sign the consent form when the child is first accommodated, they delegate consent to the foster carer to take children to the GP and hospital appointments. However, this does not include immunisations, for which consent must be obtained from the parent or social worker as above. The question of medical consent will be discussed at the placement agreement meeting where any further medical consent may be delegated to foster carers. All agreements will be recorded in the placement plan.

What happens in an emergency?

In an emergency, the carer should first ensure that the child or young person is taken to hospital. They should then contact the social worker or the Emergency Duty Team if it is outside of office hours, who will ensure that a parent or senior social care manager is contacted who can authorise treatment. If the child requires immediate treatment, the hospital will be able to give this without consent if the doctor decides this is in the child's best interests. The treatment should be limited to what is reasonably required to deal with the particular emergency.

Over-the-counter medication

The placement plan may give carers permission to administer First Aid and over-the-counter medication or vitamin supplements. In any case if the child is in discomfort or pain, the foster carers must act as a 'reasonable parent'. This means they could administer over-the-counter medication in accordance with the manufacturer's instructions, taking particular care that is recommended for

the age of the child in question. If the condition persists, the advice of the GP needs to be sought.

Carers must record the details of any medication or treatment they give a child or young person.

NB: Aspirin must not be given to children.

Consent for specialist treatment

Some looked after children have very specific health conditions that require specialist and invasive treatment or treatment that carries inherent medical risks to the child. Only a parent or someone with parental responsibility can consent to such treatment. If the child is subject to a care order, the Assistant Director will give consent on behalf of FSSW. In these cases, social workers and foster carers will liaise with medical staff about the options for treatment in order to get as much information as possible for a decision to be made and the social worker will seek consent from the Assistant Director.

Relevant Standards: 6.1; 6.4; 6.5; 6.11

Related topic: Placement Plan; Health

Relevant Camden policy: Promoting the health of LAC

Medication

Prescribed medication should be kept in original containers, clearly marked with the name of the person to whom they belong. They should be kept out of reach of all children in the household or in a lockable cabinet. Once the course of medication has finished, any that is remaining should be safely disposed of.

Where necessary, foster carers will be trained in the management and administration of medication for individual children, in particular if they are caring for a child with complex health needs.

If it is agreed as part of their placement plan, older children may administer their own medication but the foster carer, as a reasonable parent, should ensure that medication is taken at the prescribed times.

The Fostering Service has a medication record that must be completed by foster carers to note when medicines are administered.

Relevant Standards: 6.9; 6.10; 6.11

Related topics: Allergies; Health

Appendices: Medication record

Meetings

A number of professionals will be involved in making decisions about a child or young person who is looked after and this necessitates holding meetings at regular intervals to share information and make decisions. This ensures that children receive the best possible standard of care.

Foster carers have an important role in these meetings, as they are in the unique position of spending more time with the child than anyone else. They may also be the best person to support and encourage the child to voice their wishes and feelings at the meeting.

Carers may find it helpful to make notes before the meeting of any points they want to make. If carers are nervous about speaking in the meeting, they can talk to their supervising social worker or the chair before the meeting to ensure that their views are understood. If there is anything in the meeting that the carers have not understood or about which they want further clarification, they should speak to their supervising social worker.

After the meeting, minutes will be circulated to all attendees, and carers should read these to ensure they are accurate and raise any issues in writing. Minutes are confidential documents that should be stored carefully and returned to the supervising social worker at the end of a placement.

If carers do not believe that the decisions taken in the meeting are in the best interests of the child, they can discuss this with their supervising social worker and put their views in writing to the chair or social worker. However, as a member of the professional team, foster carers have a duty to carry out jointly made decisions, whether or not they are in agreement with them.

Some of the meetings that a carer will be asked to attend include:

- Placement agreement meetings are held at the beginning of each placement to pass on information and agree responsibilities and tasks.
- Looked After Children Reviews form part of the continuing care planning process.
- Child Protection Case Conferences are held in response to an allegation of child abuse and to review the child protection plan; also, some looked after children may still be subject to a child protection plan when they first become looked after.
- Risk of breakdown meetings are held where a placement is at risk of disrupting as a means of taking preventative action or, if this is felt to

be impossible, making plans to end the placement in a way which has the least negative impact on the child.

- Placement disruption meetings are held where a permanent placement breaks down. The meeting reflects on the reasons for this and what can be learnt from the sequence of events.
- Personal Education Plan meetings are held at the child's school; PEPs are required for all looked after children in order to help them reach their full academic potential.
- Annual foster care reviews are a legal requirement for all fostering households in order to review their approval.

Related topics: Annual Foster Care Review; Child Protection; Children Looked After Reviews; Disruption of Placements; Placements; Placement Stability Meetings; Personal Education Plans; Placement Plan

Missing from care

Research shows that looked after children are more likely to go missing than other children. Running away is usually a sign that something is not right in a child's life but the reasons can be complex. Sometimes, looked after children are running back home rather than running away from their placement.

Camden has a multi-agency protocol in place for dealing with children who run away and foster carers must be aware of their role in preventing running away behaviour and locating and safeguarding missing children. This means foster carers need to be involved in planning to reduce the risk of looked after children running away and responding when a child goes missing from placement.

Reasons for running away

Push factors include:

- abuse or neglect
- family breakdown
- poor relationships with parents/carers
- domestic violence
- parental substance misuse or mental health problems
- bullying and harassment
- young person's own mental health or substance misuse problems
- teenage pregnancy.

Pull factors include:

- running back home from care placements
- running away to be nearer friends or family members

- being persuaded to leave home by adults as part of the grooming process
- previous incidents of running away.

Prevention

As part of the care planning process, the risks of a child running away from a placement will be made clear to carers and the placement plan will set out agreed strategies to reduce this behaviour and state what action needs to be taken in the event the young person runs away.

It is important that foster carers talk to children they look after to gain some understanding as to why a child may wish to run away from placements; it may be that something can be done to address the factors that trigger running away behaviour.

Where there is a concern that a child may go missing from the placement, a plan should be made in advance about what action will be taken and this will be explained to the child. The foster carer will also be clear on the basis of this plan what action they should take.

Responding to incidents

Whenever a child goes missing, foster carers need to carry out a missing children risk assessment in order to:

- distinguish between unauthorised absences and genuine missing episodes
- identify any factors that may make the child more vulnerable whilst missing, for example history of sexual exploitation
- help decide on what action to take, for example notifying the police.

Following the risk assessment, foster carers will have a good idea of what missing category the child comes under and the appropriate response:

Categories of missing

Unauthorised absence: This refers to children who absent themselves from the placement for a short period and then return; their whereabouts are known or can be quickly established through contact with family or friends, and the children are not considered to be at risk. Sometimes children stay out longer than agreed as a boundary testing activity, which is well within the range of normal teenage behaviour. Generally, these children should not be reported as missing unless there are factors that make them more vulnerable, for example:

- their age; the younger the child the more concerning the absence
- where they are and who they are with; is the child in danger of being abused or exploited or in contact with a person who poses a risk to children?

- how long they have been away; **any child who is away from the placement without permission for more than 24 hours will be considered missing**
- the presence of factors that may increase their level of vulnerability, for example learning difficulties
- a history of prolonged or frequent absences that may increase risk of harm.

When the carer first becomes aware of the child being missing, they should carry out their own search and enquiries to try to locate them. If in contact with the child, they should persuade them to return. While children remain absent, the situation and level of risk should be continually monitored and the risk assessment repeated. If they do not return to their placement within a designated period of time, they may be deemed to be missing.

All incidents of unauthorised absences must be reported to the child's social worker and a record made by the foster carer of the absence.

Missing: This refers to children whose whereabouts are unknown and who are considered to be at risk. Where a child is missing, the foster carer should make reasonable enquiries (as they would with their own child) as to his/her whereabouts and inform and consult the social worker or Emergency Duty Team about their actions. If the child cannot be located the police should be informed.

The police will require the following:

- A description of the child and a recent photograph;
- When the child was last seen and with whom;
- Family addresses and known acquaintances;
- The reason why the child is considered to be at risk;
- The name and address of the child's GP and dentist.

The police may also want to search the house and see the foster child's room.

Absconded: If a child or young person is the subject of a criminal court order requiring them to remain at a particular address and they run away from that address, this will be a criminal matter and the child must be reported as missing to the police.

Abducted: If a child is unlawfully removed from the care of anyone who is legally looking after them, whether it is a parent or foster carer, the child must be reported as missing to the police. This includes any child who is removed from placement by parents or others contrary to the care plan. Where the child is subject to a care order, emergency protection order or in police protection, social workers may consider seeking legal advice on obtaining a recovery order.

Locating the child

Although the police have lead responsibility for locating a missing child, foster carers may have vital information that could help and it is important that they share any information they have. Runaways may try to contact friends whilst missing or use email or social networking accounts. For looked after children, enquiries should be made with the child's immediate and extended family or any other network of friends.

Recording

Foster carers should keep accurate records of:

- date and time of the child going missing or absenting themselves
- any relevant circumstances or incidents
- category of absence
- action taken to locate or contact the child
- whether the police were informed and if not, reasons for this
- details of any conversations and agreed actions taken with social workers and police.

Completed risk assessments should be kept on the child's file and a copy given to the police and the allocated social worker.

Return

All children who go missing in Camden will be offered a return interview with an independent person. Giving children this opportunity to talk allows them to discuss any concerns that they have and looks at why they run away. This way, a strategy can be put in place that aims to stop the behaviour. It is also an opportunity to explain the risks of running away. If the child has concerns about the foster placement these can be discussed and addressed, if necessary. The child's IRO will be notified of the missing episode and may decide to convene a planning meeting to look at why they ran away. Children will also be interviewed by the police to make sure they are safe and well.

Children who return to the placement should receive a positive response. Foster carers should not act punitively towards children who have been missing, but should try to understand the reasons and communicate that they are willing to listen to any concerns the child has. A missing child can cause a great deal of anxiety and anger. Telling children calmly about the worry they have caused can help them understand the effect of their actions on others and also communicate that there are people who are concerned about them.

Relevant Standards: 5.1; 5.2; 5.3; 5.5; 5.6; 5.7; 5.8; 5.9; 5.10

Appendix: Missing children risk assessment

Relevant Camden policy: CSCB missing children protocol

Mental and emotional health

In 2004, a survey by the Office of National Statistics of the mental health of children and young people looked after by local authorities found significantly higher levels of mental health problems or emotional difficulties in this group compared with their non-looked after peers. It reported that, among children and young people looked after aged between 5 and 17 years, 45% were assessed as having a child mental health disorder; 37% had significant conduct disorders; 12% had emotional disorders such as anxiety and depression, with a further 7% rated as being hyperactive. Some of the children in the survey had more than one type of mental health disorder. Looked after children and young people are four or five times more likely to have at least one type of child mental health disorder than other children.

To help identify those looked after children who need extra support and services due to mental health, emotional and behavioural problems, every child aged between 4-16 years who has been looked after for over a year will be subject to a Strengths and Difficulties questionnaire (SDQ) to establish the level of their mental or emotional difficulties and decide on what action to take, for example a referral to the Multi-Agency Liaison Team or CAMHS.

Foster carers will be asked to complete the questionnaire for children they look after, and the questionnaire will be repeated on an annual basis so that the child's mental and emotional wellbeing can be continually monitored and assessed throughout the care episode. In addition, for those children who had a high score in a previous assessment, additional questionnaires will be sent to the child's teacher. Young people aged 11 or over will also be asked to complete the questionnaire.

Where foster carers are looking after a child or young person with mental health or emotional difficulties, they should discuss this with the social worker and supervising social worker and raise it as part of the annual medical.

Relevant Standard: 6.1

Relevant Camden policy: Promoting the health of LAC

Names

Names are a basic part of self-identity. It is therefore crucial that foster carers call a child by the name used at home, even if they find it difficult to pronounce; they should never change or shorten it for their own convenience.

Many children will struggle to know what to call their foster carers. Foster carers should tell children at the beginning of the placement what they would like to be called, usually their first name. It is usually inappropriate for looked

after children to call carers mum or dad, as this would be confusing for them and insensitive to their parents.

Some younger children may want to call their carers mum or dad, especially if they hear birth children doing so or if it is a long-term placement. This should be dealt with sensitively by foster carers according to the individual circumstances and in discussion with the social worker. Sometimes children are confused about family relationships and an age-related explanation may help the child.

National minimum fostering standards and fostering service regulations

The NMS and regulations set out the expectations and requirements of the service provided to LAC by Fostering Services. They apply to managers, staff and foster carers.

The standards detail the expectations with regard to the management of the service and the actions that should be taken to improve the outcomes for children, with regard to their welfare, health, education, safety and future wellbeing.

The NMS are based on the following values:

- The standards are child-centred and focus on positive outcomes for children looked after.
- Children should have an enjoyable childhood, excellent parenting and education with opportunities to develop skills and talents, leading to a successful adult life.
- Looked after children should not be disadvantaged by their status.
- Children's wishes and feelings should be listened to and taken into account.
- Each child is valued and given help to meet their individual needs and to develop a positive identity, self-worth and self-confidence. This includes taking into account the complex needs of disabled children.
- The significance of contact and maintaining relationships with birth parents and extended family is recognised.
- Looked after children deserve to be treated as a good parent would treat their own children and have the opportunity to experience family life without unnecessary restrictions.
- The importance of the child's relationship with the foster carer should be acknowledged and the foster carer recognised as a core member of the team working with the child.
- Foster carers have the right to full information about the child and to receive relevant support in order to provide the best care for the child.
- There should be a genuine partnership between all those working with children in order to deliver the best outcomes. This includes the

government, local authority, statutory agencies, the fostering service and foster carers.

The regulations are legal requirements which describe how the Fostering Service should be run, for example they prescribe how the fostering panel is constituted and how it conducts its business, how new carers are assessed and what qualifications managers and social workers must have.

Camden's Fostering Service is inspected by Ofsted at least every three years to ensure their compliance with the regulations and assess whether it is meeting the minimum standards. As part of the inspection, staff, foster carers and looked after children will be interviewed.

It is therefore important that foster carers are familiar with the standards and can demonstrate how they meet them, including the health and safety requirements of their home. Not all the standards and regulations are relevant to short break care.

Useful links:

<http://www.legislation.gov.uk/ukxi/2011/581/contents/made>

The Fostering Services Regulations 2011

<http://media.education.gov.uk/assets/files/pdf/n/national%20minimum%20standards%20-%20fostering.pdf>

National Minimum Standards

Related topic: Ofsted

Nominated carers (back up carers)

Like parents, foster carers sometimes need the support of family and friends for those times when they are unable to look after a child due to other commitments, emergency situations or when they simply need a break from caring.

For this reason, during the assessment process Camden helps all prospective foster carers to identify suitable people who can be part of the carer's support network and who are able to provide some care to the child as required as a nominated (or back-up) carer. Nominated carers may also be assessed post-approval as needed.

Role of nominated carers

Nominated carers provide emotional and practical support to foster carers and because they are assessed in advance as part of the foster carer's own assessment, they can take on caring roles for the looked after child without the carer having to seek permission from social workers.

Nominated carers can offer different levels of support, depending on the circumstances and commitments of the approved foster carer. However, they will generally be taking full charge of the child's care either in the foster carer's or their own home for a period of time, including overnight where the carer has to go away in an emergency or on a holiday and is unable to take the child.

Requirements of nominated carers

To ensure the child's safety and welfare at all times, Camden must ensure anyone nominated as a back-up carer is suitable and will carry out an assessment and take up the following checks:

- a DBS check on the nominated carer and all adult members of their household.
- a health and safety check of the nominated carer's home.
- what arrangements the nominated carer has made with their insurers against any loss or damage that may arise during the course of caring for looked after children.

Assessing social workers will meet with the nominated carer to discuss their experience and availability and to give them more information about fostering and the needs of looked after children. In particular, nominated carers would need to understand:

- Safer caring and the possibility of complaints and allegations;
- Appropriate behaviour management techniques;
- The effects of abuse and neglect on behaviour;
- What to do if a child makes a disclosure of abuse;
- Confidentiality;
- Who to contact for advice or in an emergency.

Where the nominated carer needs to look after the child for more than a weekend in their own home while the foster carer is away, a meeting will be arranged by the supervising social worker and the child's social worker to agree arrangements. The nominated carer will be required to undergo an assessment prior to the arrangements being put in place and an unannounced visit would take place during this time.

The nominated carer will receive the maintenance part of the fostering allowance for the duration of the placement.

Related topic: Babysitting

Relevant Camden policy: Assessment of foster carers

Appendices: Back up carer assessment

Offensive weapons

There have been a number of high profile cases involving young people and guns and knives. It is illegal for young people under 18 to possess a firearm. Air guns can be used in limited circumstances.

Air guns and BB guns

By law, no-one under 18 can buy or own an air gun. If a young person is under 18, they can use an air gun at an approved club or on private land and only if supervised by a person aged 21 or over. Children under 14 cannot shoot an air gun at all. While carrying it in a public place, for example on the way to a club, it must be in a closed container.

BB guns, which fire ball bearings or plastic pellets, are illegal for under 18s unless used on private land. Although they are often played with as toys, they are potentially dangerous and could cause serious injury or death.

BB guns are considered to be imitation firearms and it is illegal to carry them in public. If the police are called, they may not be able to distinguish it from a real firearm and have to act as if it is real. Therefore, the holder is potentially risking his/her life.

Infringements of the law are taken very seriously by the police.

Knives

Knife crime includes:

- Carrying a knife or trying to buy one if you're under 18;
- Threatening someone with a knife;
- Carrying a knife that is banned;
- A murder where the victim was stabbed with a knife;
- A robbery or burglary where the thieves carried a knife as a weapon.

The law states:

- It is illegal for under 18s to buy most types of knives;
- Anyone over 16 can be charged and taken to court if they're caught with an illegal knife – even if it's the first time they've been stopped by the police;
- Under 16s, caught carrying a knife could receive a community sentence or a detention and training order;
- A police officer or teacher can search a young person they believe is carrying a knife;
- Even a knife that is legally allowed (such as a penknife with a blade that's shorter than three inches) becomes illegal if used it as a weapon to threaten or harm anyone;

- The maximum sentence for anyone found guilty of carrying an illegal knife is now four years. If someone is injured or the knife is used to commit a crime, the penalties could be a lot more severe.

Some young people say that they carry a knife for protection or to make them feel safer, even though they do not believe they will use it. However, research has shown that they are more likely to become a victim of crime while carrying a knife. In some cases, teenagers have been injured or killed by someone else using the knife they were carrying.

Camden advises that looked after children should not be allowed to use air guns, BB guns or carry knives of any description.

Foster carers

Some foster carers may own firearms. If this is the case, they must hold a valid firearms certificate and must comply with the Firearms Rules 1998, in particular, the requirement that they are securely stored so as to prevent access by any unauthorised person, including a child.

Ofsted

Ofsted is responsible for the regulation and inspection of all children's social care services that require statutory registration, which includes children's homes and adoption and fostering agencies, both those run by local authorities and those independently managed.

It assesses the performance of these services, ensuring that they are meeting the relevant regulations and taking into account the appropriate national minimum standards. Where regulations are not met, Ofsted sets actions for providers and may take enforcement action in serious cases. Where national minimum standards are not met, Ofsted sets recommendations that identify areas for improvement.

Ofsted inspects fostering and adoption services at least every three years. As part of the inspection, staff, foster carers and foster children will be interviewed. It is therefore important that foster carers are familiar with the relevant standards and can demonstrate how they meet them, including the health and safety requirements of their home.

As a result of their inspection, Ofsted will grade the service as outstanding, good, satisfactory or inadequate.

Useful links

Ofsted

[Ofsted | Home page](#)

Related topic: National Minimum Standards and Fostering Regulations

Overnight stays

Policy

Children and young people may be invited to friends' houses for sleepovers or may wish to stay overnight with birth family members or relatives. However, difficulties obtaining permission for sleep-overs is often highlighted as a particular concern by looked after children as it marks them out as different from other children. The term "overnight stay" is also used for situations where the child stays with their parents prior to a return home or as part of the process of introductions to permanent substitute carers or adopters.

The guiding principle is that a looked after child should not be excluded from involvement in normal activities such as this, and as far as possible, should be granted the same permissions to take part in normal and acceptable age appropriate peer activities as would reasonably be granted by the parents of their peers.

In general, decisions about overnight stays should be delegated to foster carers following discussion at the placement agreement meeting, with any agreement recorded in the placement plan. It is at this meeting that information regarding significant relationships and friendships and any restrictions in contact should be shared. In all cases foster carers should be made aware of any individuals, addresses or areas which may place a child at risk, and this should also be included in the placement plan.

Discussing the issue at this time may give advance notice and time to undertake necessary Criminal Record Bureau checks for regular planned overnight visits. Parental permission can also be obtained at this stage. The social worker will need to ascertain whether they feel the arrangement is in the child's best interests and if it is not, they need to explain the reasons to the child.

Making decisions

In most cases, it would be left to the foster carer to decide whether or not there are any risks to the child in the same way that parents would. Judgements should be based on a reasonable assessment of risks and foster carers should consider the following criteria:

- Any exceptional, relevant restrictions in the child's care plan, placement plan or any court orders that restrict the child from making particular overnight stays.
- Any factors in the child's past experiences or behaviour which would preclude overnight stays, for instance the child poses a risk to themselves or others as a consequence of sexually inappropriate behaviour, offending behaviour, violent outbursts and unpredictable or absconding behaviour.

- Any grounds for concern that the child may be at significant risk in the household concerned e.g. due to drug or alcohol use, domestic violence, criminal activity or child protection concerns, or from the activities proposed i.e. activities that are illegal or dangerous or age inappropriate.
- The age and level of understanding of the child concerned.
- The purpose of the overnight stay.
- The length of the stay.
- Whether the child is staying in the house with another child or children or solely with adults.
- The child's wishes and feelings.
- The views of the child's parents.

Sleepovers

Where sleepovers are one off occasions arising from events such as a friend's birthday, no CRB checks need to be carried out beforehand. The carer will need to make a judgement similar to one they would make for their own child. They would need to consider how well they know the intended hosts and their childcare abilities and how confident they are about the child's ability to keep safe. The social worker should be informed about the sleepover.

Foster carers should follow these good practice points:

- Ensure that the child or young person is staying with a friend of similar age and is in the care of a responsible adult.
- Ensure that they have contact details for the household in which the child is staying.
- Make contact with the household beforehand, as a parent might, to assist in assessing the request for an overnight stay.
- Confirm arrangements beforehand.
- Ensure that the household has their contact details.
- Feedback to the child's social worker any concerns which may arise following contact and review the continuation of stays to that particular friend.

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 carer should consult the child's social worker for advice.

CRB checks

CRB checks should not normally be sought on the household in which a looked after child is to stay overnight. Such checks would not be a part of the overnight stays arrangements for a child living with their own parents.

However, if a child is to stay with an adult or adults and the arrangement is for the child to stay in the household frequently or regularly, or if the child is to stay for a prolonged period, then CRB checks should be carried out.

In exceptional circumstances, where there is good reason to consider a child may be at risk in staying in a particular household, Camden will consider whether a CRB check and / or other checks should be carried out before the child stays.

Restrictions on overnight stays

There may sometimes be exceptional reasons when decisions on overnight stays cannot be delegated to the foster carer and where the carer will need to get consent from either Camden or the child's parents. When this is the situation, it should be based on clearly stated reasons which are necessary to safeguard and promote the child's safety or welfare in that child's particular circumstances.

In such cases, the restriction should be clearly stated in the child's placement plan. Social workers and foster carers should consult with the child regarding decisions but explain the reasons for restricting such contact. Any restrictions should be reviewed regularly to ensure that they remain relevant.

Relevant Standards: 7.3; 7.4; 7.5; 7.6; 7.7; 9.1; 9.7

Related topic: Wishes and Feelings; Delegated Authority

Relevant Camden policy: Overnight stays for LAC

Parental responsibility

Parental responsibility (PR) is defined as "all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to that child and his property". Only those with PR have a right to either make decisions or be consulted by the local authority on decisions regarding the child's care.

A child's mother will **always** have PR; fathers will share PR with the mother if:

- he was married to the mother at the time of the birth or they subsequently marry
- through a court order
- by agreement with the mother
- for children born after 1st December 2003, where he jointly registers the child's birth with the mother.

Even if a father does not have PR, he will still be entitled to be consulted on any plans for the child and to have reasonable contact. However, he will not be entitled to remove a child from voluntary accommodation.

Other people, such as birth relatives, can obtain PR by being granted a Residence Order, a Special Guardianship Order or through adoption. A local authority acquires PR if the court grants an Emergency Protection Order, an

Interim Care Order or a Care Order. This is shared with other people with PR depending on the particular circumstances of the case.

Foster carers do not have PR but will have some day-to-day responsibility delegated to them. The extent of this should be discussed at the placement agreement meeting and recorded in the placement plan.

Related topic: Children Act 1989

Participation officer

FSSW has a Participation Officer whose role is to make sure that children's voices are heard and that they have opportunities to give feedback on services so that this information can be used in shaping social care services. The Participation Officer is responsible for helping to develop strategies to communicate with young people, to motivate them to become engaged with services provided and to have an opportunity to share their experiences with other young people in care. Examples of such strategies and opportunities include: the annual Young Inspectors project, Children in Care Council (Young People's Forum), delivering training for social workers, managers and foster carers, involvement in recruitment and selection of staff and in commissioning services for looked after children.

The above programmes assist young people with issues such as employment, education, training and the development of life skills. Much of this work is carried out via forums such as Young People's Forum and the Children in Care Council, where young people are able to represent the views of looked after children.

The Participation Officer represents the views of children and young people at meetings and alongside young people, works with statutory partners, carers and voluntary organisations to organise, shape and deliver activities and services.

The participation worker can be contacted via the child's social worker or the supervising social worker.

Relevant Standards: 1.3; 1.5; 1.6
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Related topic: Children's Rights

Passports

Obtaining the necessary documents to apply for a passport for a child looked after can be a lengthy process. Foster carers who wish to take a child abroad should discuss this with the social worker well in advance. Where possible,

social workers will try to obtain the child's passport when the child becomes looked after.

If a child is accommodated under Section 20, the parent will need to sign the application; if there is a Care Order or Interim Care Order in place, the Principal Officer for Looked After Children may do this, if it is not possible to obtain the parent's signature.

Foster carers should be aware that children who are subject to care proceedings may not be taken abroad and that the Assistant Director of FSSW must give written permission for any looked after child to be taken abroad on holiday.

Pastoral support plan (PSP)

This is a time-limited programme of action and support for pupils at risk of permanent exclusion. The PSP is drawn up by teachers, parents, social workers, foster carers and other professionals and covers those areas of the curriculum, behaviour and home life that may be affecting the pupil's work and attendance at school. It aims to assist individual pupils to improve their social, emotional and behavioural skills. As a result of a PSP, pupils should be able to better manage their behaviour and /or improve their attendance.

For looked after children, the PSP forms part of the Personal Education Plan (PEP) and care plan. If the child has special educational needs and already has an Individual Education Plan, the actions should be included in this.

The PSP aims to be creative in finding solutions to any problems the child is encountering, for instance modifying the national curriculum to allow time for specific learning activities, help with the development of social skills and anger management, changing the child's class or school, part-time attendance at school and part-time at the Pupil Referral Unit, giving the child a mentor.

The PSP should set out precise targets and identify rewards that can be achieved if they are met and sanctions that apply if certain behaviour occurs.

Foster carers will need to work closely with the school to help the child achieve the identified targets.

Relevant Standards: 8.1; 8.4; 8.7

Related topics: Education; Personal Education Plan

Pathway plan

Under the Leaving Care Act 2000 each looked after young person must have a pathway plan from the age of 16 that sets out what services and support will be in put in place in order to prepare them for when they leave care.

The pathway plan forms part of the care plan and sets out in detail what needs to happen to prepare the young person for living independently and how they will be supported. It is reviewed at least every six months and continues until the young adult is 21 or 24 (25 if they are disabled) as long as they are still in education or training. When drawing up the plan, a number of people will be consulted (as relevant). These include, most importantly, the young person, the young person's parents and other significant family members, the foster carer, the school or college, Connexions worker, IRO and personal adviser.

The plan will include details of the following:

- Education, training or employment opportunities to be pursued by the young person;
- Financial entitlements;
- Where the young person will be living;
- Relationships with family and friends and how these will be facilitated;
- Practical skills and how these will be obtained;
- Any additional support which will be needed;
- A contingency plan in the event of problems in achieving the designated outcomes.

Foster carers are central to helping young people learn independence skills and part of the plan will include how the foster carer can help facilitate these. This might involve the young person budgeting for and cooking meals and doing their own washing and ironing.

Relevant Standard: 12.2

Related topics: Connexions; Leaving Care Service; Personal Adviser; Preparation for Independence; Staying put

Relevant Camden policy: 16+ leaving care service policy

Personal adviser

The Leaving Care Act 2000 places a responsibility on local authorities to ensure that all young people leaving care are allocated a Personal Adviser from the age of 16 to ensure they receive sufficient support in making the transition to independence. If the young person is aged between 16-18 and is still looked after, their Personal Adviser is likely to be their allocated social worker. Otherwise, care leavers will be allocated a Personal Adviser to provide a statutory aftercare service that includes continuing assessment and review of their pathway plan. Personal advisors will work with the young person up to the age of 21 or to 25 if the young person is in an agreed programme of education and training.

The Personal Adviser will be involved in:

- Providing advice and support;
- Drawing up and reviewing the pathway plan and ensuring it addresses any changing needs;
- Keeping in touch with the young person;
- Co-ordinating services and linking with other agencies.

Relevant Standard: 12.1

Related topics: Leaving Care Service; Pathway Plan; Preparation for Independence

Relevant Camden policy: 16+ leaving care service policy

Personal development plan

The PDP assists foster carers and their supervising social worker to keep track of each carer's development. PDPs are used as a tool to review carers training needs and areas of personal development, in order to help them update their knowledge and skills. The first plan is developed with the foster carer during assessment and presented to the Fostering Panel when seeking approval. The plan is then reviewed every year at the annual foster care review, with goals being identified for the coming year.

The way in which carers develop is often through attending training courses, but can be by other means as well, such as undertaking specified reading, becoming a mentor or assisting with the delivery of training to other carers.

Relevant Standard: 20.5; 20.6

Appendices: Personal Development Plan

Personal education plan

A Personal Education Plan (PEP) is a document describing a course of action to help a looked after child or young person reach his/her full academic and life potential. It helps the foster carer, social worker and school to work together to promote the child's educational attainment. The PEP is part of the child's care plan and every looked after child should have a PEP within 20 school days of becoming looked after or after joining a new school. It is reviewed every six months around the same time as their statutory LAC review until Year 11, when it is replaced by a pathway plan.

The PEP is agreed and reviewed at a special meeting attended by the designated teacher, social worker, the foster carer and child. It should be linked to other educational plans, such as statements, individual behaviour plans and pastoral support plans.

The PEP process should ensure that arrangements to support the child's education are in place, as well as minimising disruption and broken schooling. The PEP will be informed by assessments of the child's educational progress, his/her attitude to education and the support received from school, carers and social worker.

It should set out clear academic, behavioural and personal targets with timescales for action and review. It should involve the child and consider his/her views and include out of school activities and any additional needs and how these will be met.

Relevant Standards: 8.4; 8.7

Related topics: Designated Teacher; Education; Pastoral Support Plan; Pathway Plan

Relevant Camden policy: Promoting the education of LAC

Personal hygiene

Some looked after children may find it difficult to maintain an acceptable level of cleanliness. This can be because they were neither taught nor encouraged at home how to wash and clean their teeth and parents may not routinely have provided them with clean clothes and bedding.

Sometimes poor hygiene relates to abuse where children have feelings of such low self-worth that they do not take care of themselves. As a result, they may have suffered bullying at school because of their appearance.

Foster carers can help by introducing routines with regard to bathing and providing them with clothing they are proud of, which helps children improve their self-image.

Relevant Standards: 6.1; 6.2; 6.3

Pets

Camden recognises that pets can have therapeutic value for children, especially those who have learnt to distrust adults. However, this needs to be balanced against risks.

- Any pets in the foster home will need to form part of the assessment as to the suitability of the household.
- Children may be scared of animals, particularly dogs, or they may feel jealous of pets, resenting their place in the family and can behave cruelly towards them. This in itself may provoke the animal to attack the child.
- As a rule, foster carers should not leave children alone in a room with a dog or a cat, no matter how docile that pet is perceived to be.
- There are a number of other health risks, including allergies associated with animals, and appropriate measures must be taken to circumvent these. For instance, cats must be regularly de-wormed, pet hairs removed from furniture and gardens kept free of urine and excrement.
- Arrangements for pets' eating and sleeping must ensure basic hygiene standards are maintained.

Dogs

Camden works to the BAAF practice note 42 on placing children with dog-owning families, and recognises that although dogs can present a risk to children, they can also provide benefits.

For reasons of safety, a child cannot be placed with anyone who owns a dog that is proscribed under the Dangerous Dogs Act 1991, which are:

- Pit bull terrier
- Japanese tosa
- Dogo Argentino
- Fila Brasileiro

Other breeds of dog kept by applicants may require assessment as part of the fostering assessment to establish the dog's experience of children and general disposition. The following breeds in particular may require careful consideration:

- Alsatian (German Shepherd)
- Rottweiler
- Doberman
- Bulldog
- Where there are more than 2 dogs ("a pack")

A dog assessment will be carried out that will consider the dog's history and temperament and whether it is used to living with children. If there is any doubt about the suitability of a dog, the opinion of the local dog warden or a vet will be sought.

Photographs

Although foster carers are generally expected to take photographs of the child in placement in the same way any family would, care should be exercised because of the child's status. Foster carers should check with social workers as to whether they have permission to take photographs, and the matter should be discussed at the placement agreement meeting and recorded in the delegated authority document.

Because there are legal restrictions on the publication of photographs of children who are subject to legal proceedings or who are in the family finding process, foster carers need to check with social workers about allowing a looked after child to be photographed at school or other locations or for photographs of the child to be used for publicity purposes.

Foster carers and social workers should also consider the safety aspects of allowing a looked after child's photograph to be electronically distributed, particularly on social networking sites.

Placements

Requests for a foster care placement

When a child's social worker requires a foster placement, they contact the Resources team in Children's Provision, which is the single point of referral for all children's placements (including residential and those with independent agencies) in Camden. Unless a child has specific needs that can only be met through specialist residential care, the Resources team will always try to find a suitable Camden foster carer in the first instance.

The Resources team consults with the Fostering Service about appropriate vacancies. Subsequently, identified foster carers will receive a call from their supervising social worker or the Fostering duty worker. Frequently, social workers will simultaneously be exploring other options, such as the child's family members, so foster carers should not be surprised if a placement that they have been contacted about is eventually not required.

Emergency placements

Sometimes, children will require a foster placement out of hours because of an emergency situation. Where this is the case, the matter will be dealt with by the Emergency Duty Team. Camden has a rota of foster carers who are able to take children at very short notice overnight and will only look after the child for a short period before they are returned home or moved on to a more suitable placement.

Matching children with foster carers

Camden's Fostering Service takes great care in carefully matching children with foster carers who can meet their needs and provide them with a stable home environment. Good matching is also important to ensuring placement stability, which is a major factor in improving outcomes for looked after children. The Fostering Service will always try to match the child with the right foster carer at the beginning rather than move the child later.

When matching, the Fostering Service will take the following criteria into account:

- whether the placement is consistent with the carer's terms of approval and that the carer has the necessary skills and experience to meet the child's needs;
- whether the placement is close enough to the child's home to support contact and allow them to remain at their present school; Camden aims to place children in the Camden area within 20 minutes travelling distance from their home unless there is good reason to move them away from the local area;
- whether a sibling group can be kept together;
- whether the placement matches the child's cultural and religious background or if the carer will be able to meet these needs;
- the impact of the placement on the fostering household, including other children placed there.

Matching decisions are made using information about the child from their assessment and information about the carer from their Form F. Where there are any difficulties in finding a suitable match, the Fostering Service will consider using an exemption.

Accepting a placement

Foster carers need to make an informed decision about whether to accept a placement and have a right to receive as much information as possible before agreeing to the placement.

These are some possible questions:

- Basic information with regard to age, gender, cultural and religious needs;
- What is the family background and why does the child need to be looked after? Is this the first time they have been looked after? If a previous placement broke down, what was the reason?
- Has a risk assessment been carried out for this placement, for example is it necessary to keep the carer's address confidential from anyone in the birth family?
- Are there siblings and where are they now?
- What is the legal status of the child?

- What is the care plan? What is the expected length of the placement and when is it needed?
- Does the child have any specific needs, for example health issues, allergies, medication, appointments, disability, dietary requirements, language support? Do they have difficulty in managing their personal hygiene?
- Are there any behaviour issues? Is there a history of running away, self-harming, aggression, harming animals, sexualised behaviour, offending or fire setting? Is there a history of abuse and have they been known to abuse others? Does the child display any behaviour that could be considered a risk to the carer's family? If so how are these risks going to be managed?
- Where does the child go to school? Do they have special educational needs?
- What are the contact arrangements, how often and with whom?
- Are there other professionals involved, for example CAMHS, the Youth Offending Service? What is the name and contact details of the social worker?
- Has the child made any allegations and the outcome of the investigation?
- What are the child's routines, likes, dislikes, favourite toys, talents and hobbies?

Having received the available information, the foster carer should consider whether or not to accept the placement. Carers **are under no obligation to agree**, for instance they might consider that a child with a high level of needs might destabilise their current placement of a child, with similar difficulties. Alternatively, there may be a history of bullying or violence which might put younger children in the family at risk. If foster carers are unsure about their decision, their supervising social worker will be able to talk through the issues and advise them.

Placing children

Once a foster carer has agreed to a placement, their supervising social worker will visit them at home to prepare for the child's arrival. This will involve:

- Making sure the foster carer has received copies of assessments, care plans and placement plans and any other relevant information about the child from their social worker;
- The supervising social worker and the foster carer reviewing the foster carer's safe caring policy to ensure that it is relevant and suitable in view of the new placement;
- Checking sleeping arrangements and carrying out a health and safety check to ensure that the home environment is safe and suitable for the child being placed;
- Identifying what work needs to be done with the child to implement their care plan and any equipment or resources that will be required to

meet the child's needs, including their cultural, religious or linguistic needs;

- Looking at whether arrangements need to be made for the child to be registered with a GP or joining a new school;
- Arranging the date of the placement agreement meeting.

Ideally where a placement is planned, there will be time for the child and family to meet the foster carers prior to the placement and give their views about the placement. They should also be given a copy of the carers' family profile. Sometimes, however, due to the urgency with which a child needs to be looked after, there is insufficient time for this to happen.

The child's social worker is responsible for bringing the child to placement; for emergency placements out of hours, this will be done by the duty social worker. Normally, where a child is changing placements, their previous carer will also be involved in the move.

Unless the placement is made in an emergency, the social worker will organise for the child to have a medical examination. The assessment should take place before placement, but if this is not reasonably practicable, then it should be as soon after the placement as possible and foster carers may be asked to accompany the child.

The foster carer should also receive the following documents from the child's social worker either at the start of a planned placement or within 5 days of an emergency placement:

- Care plan
- Placement plan
- Referral and information record
- Copies of assessments
- Copies of court orders

Any specialist equipment, for example baby items, will be supplied on loan from FSSW. If the child or young person is placed without sufficient clothing, carers can claim an initial clothing grant. In an emergency foster carers can purchase a reasonable amount of clothing and claim back the money as long as they keep the receipts.

Placement agreement meeting

A placement agreement meeting must be held before the child's arrival in the placement or within 5 days afterwards for an emergency placement.

The meeting will be arranged by the child's social worker and attended by:

- the social worker
- the manager or supervisor (who should chair the meeting)
- the child or young person

- the parents (where appropriate)
- the foster carer
- the supervising social worker.

Social workers may need to invite other professionals in some circumstances, for example health visitors, in order to share important information about the child with the carer. If this is a placement move, the child's previous foster carer may also attend.

The purpose of the meeting is to make sure that foster carers have as much information as possible in order to care for the child to the best of their ability. The meeting will:

- discuss and agree detailed arrangements for the child's care and record this on the placement plan; this will include care decisions that have been delegated to foster carers and those for which they must seek permission from the social worker;
- provide the foster carer with a chance to explain to the child any routines or rules followed in the fostering household;
- make sure the foster carer has been given copies of all relevant documents;
- obtain signed consents to the placement from parents where the child is being accommodated under section 20 and for medical treatment;
- consider and agree how the child will be moved to the placement;
- set the date for the first statutory review.

Placement plan

The placement plan is the part of the care plan and sets out how the foster carer will care for the child and how the placement will meet their needs. This includes the child's day to day needs as well as how longer term plans for permanence will be achieved. For example, the foster carers are likely to be involved in facilitating contact between the child and the family, which may assist in the process of the child being reunited with his/her family. Foster carers will also be delegated certain day-to-day tasks such as taking a child for medical appointments or leisure activities. In addition, they may have tasks such as helping a child resolve specific behaviour difficulties.

Children, parents and foster carers and social workers should all contribute to the placement plan at the placement agreement meeting. Ideally, it should be agreed before the placement is made, but if the placement is made in an emergency it must be completed within 5 days and the foster carer must be given a copy.

Relevant Standards: 3.9; 6.5; 7.3; 7.4; 7.5; 7.7; 9.7; 11.1; 11.2; 11.3; 15.2; 15.3

Related topics: Equipment, Family Book; Placements; Delegated Authority

Placement breakdown

Placement breakdown describes when a placement comes to an end in an unplanned way. This can occur because it is felt that the placement is no longer meeting the child's needs or the foster carers have decided they are no longer able to care for a child. The child may also "vote with their feet" and decide to leave the placement.

Placement breakdowns can be extremely disruptive and difficult for children, especially if the child feels that they are in some way to blame. It may also indicate unresolved issues about the suitability of original placement choice in terms of meeting the child's needs and levels of support for children and foster carers.

Factors that may contribute to placement breakdown are:

- poor matching
- older children who were not accommodated at a young age
- children who exhibit high levels of behavioural difficulties both in and out of placement
- children who are not happy at a placement, or have difficulty in accepting their looked after status
- children who are not happy at school
- disruptive contact sessions.

Avoiding placement breakdown

None of the professionals working with looked after children want a foster placement to break down and it is Camden's policy to support any placement that may be in difficulty in order to maintain it. All placements are closely monitored by the child's social worker and the supervising social work through statutory LAC reviews and placement visits in order to gauge how the placement is progressing and obtain the views of the child and the foster carer.

It is important that foster carers are open and honest with supervising social workers and children's social workers about any problems with the placement and share any difficulties and concerns so that action can be taken in a timely manner and placement breakdown avoided. Where social workers are very concerned about a placement, they may report these concerns to the child's IRO who may convene a risk of breakdown meeting.

Risk of breakdown meeting

If a placement appears to be in danger of breaking down, a risk of breakdown meeting will be held to look at what action can be taken or support given to

help maintain the placement. This will be decided by the child's social worker and the IRO and they will make the necessary arrangements. The meeting will be held as early as possible to avoid the situation deteriorating any further.

The meeting may be held because:

- there has been an allegation or complaint;
- there are concerns that the placement is not meeting the child's needs;
- the child or young person is absconding or absent from placement on a regular basis;
- the carers have expressed concerns that they are experiencing difficulties or that they feel they can no longer care for the child or young person;
- the child or young person has stated they no longer wish to remain in the placement.

The meeting will be chaired by the IRO and attended by the social worker, the LAC team manager, the foster carer, their supervising social worker, and the child where this is felt to be appropriate. The purpose of the meeting is to put in place any extra resources needed to support the placement.

The meeting will look at:

- the factors causing difficulties in the placement, for example contact, school/education, health, child's behaviour and behaviour management issues;
- the child and the foster carers views on placement;
- the views of other significant people regarding the placement, ie: parents, social worker, Fostering service;
- the relationship between the child and the foster carer;
- details of current involvement of other agencies and support already provided;
- details of further support needed to maintain the placement.

Placement disruption meeting

If a long term placement such as an adoption or permanent foster placement breaks down, it is Camden's policy to hold a placement disruption meeting. This is to find out:

- why the placement did not succeed
- whether anything could have been done to help the placement succeed
- what plans need to be made for the child
- whether Camden needs to change the way it works to improve placement outcomes.

The meeting is not intended to apportion blame, but to look at what went wrong and why, and use the information gathered as a means of improving

services and practice and ensuring that the child's needs can continue to be met at their new placement.

The meeting will be arranged by the child's social worker and will normally be chaired by the manager of the IRO service. The meeting is normally held about 20 days after the placement broke down in order to give all parties time to reflect and get some perspective on what would have been a traumatic experience. Foster carers (and the child where appropriate) will be given an opportunity to contribute their thoughts and feelings on the breakdown by completing a report and attending the meeting if they wish.

It is hoped that the meeting will achieve the following aims:

- To help the child or young person by understanding their needs better and to increase the chances that the next placement will be successful;
- To improve social work practice by understanding what went wrong;
- To recognise positive work and good experiences for the child amongst the difficulties;
- To listen to carers' views and feelings and help them understand the reasons for the breakdown and to ascertain their future support needs;
- To demonstrate that placement endings are not the fault of one or two people or a single factor, but the outcome of a whole series of connected factors and relationships;
- To consider whether further contact/ planned goodbyes between child/young person and carers are possible and desirable.

If foster carers have a placement break down, this does not necessarily mean they are not good carers; it does mean that they need to think about what went wrong, how it can be avoided in the future and the types of placements which best suit their skills. This discussion can be on-going with their supervising social worker.

End of the placement

If the ending of the placement is inevitable, the child should be moved on in a planned way, which allows time to find a suitable placement and to have a period of introductions.

This is a difficult time for both child and carers and both will be trying to cope with a range of confusing emotions. Children for instance may feel rejected, depressed and angry, even if they have requested to move to another placement. Foster carers may be feeling a mixture of anger, relief, anxiety and guilt. Despite this, foster carers need to put aside their feelings as much as possible in order to make the ending of the placement as positive as possible for the child.

Relevant Standards: 31.1; 31.2 11.5; 11.6

Related topics: Placements; Placement Endings;

Placement endings

Placements can end for a number of different reasons, some of which are planned while others are unplanned, for instance if there is a placement disruption. However, most placements end positively with children returning home to their birth family, moving on to independence or moving to an adoptive or long-term foster placement.

The process of moving on can be very unsettling for a looked after child, even if it is planned, as they may have mixed feelings about the move. The child may worry about adapting to their new environment, another new set of expectations and rules and whether they will be able to meet these. If they are going home to parents, they may be excited but regret leaving behind people to whom they have grown attached. Foster carers should be aware that the uncertainty and anxiety about moving can lead to a deterioration in a child's behaviour, and should be prepared to reassure the child that even though they are leaving they are still cared for and will be remembered.

Camden aims to ensure placements end in a planned and managed manner so that there is as little disruption for both looked after children and foster carers as possible. To achieve this, looked after children will be prepared for placement endings as far as possible and given an explanation for why they need to move on, with support provided to help them with the transition to their new placement. It is an expectation that foster carers are part of this support network. To help looked after children experience as much continuity as possible, Camden encourages foster carers to remain in contact with children for whom they have cared where this is possible.

Planned endings

When children move back to their own family, to another permanent substitute carer or to independent living, endings can be planned. Short term foster carers will have helped children from the start of the placement to accept that they will be leaving at some point. In line with the care plan, they will work with other professionals to prepare the child to return to their birth family or move on to independent living. The supervising social worker and child's social worker will draw up a suitable timetable for moves and keep the child and the foster carer informed. The supervising social worker and the foster carer will plan for the move and how to prepare the child during supervisory visits. This will be agreed in the statutory LAC review.

If the child is returning home, the child's social worker may wish to increase the frequency and duration of contact visits, including overnight stays, and this may need to be discussed with the foster carer.

If the child is moving to a new placement, the foster carer will be involved in helping the child to move so that they can offer them support. The foster carer may also wish to remain involved in the child's life, and it may be appropriate to discuss possible contact with the child once they have moved.

The foster carer will also work with the social worker to explain the process of family-finding and will be with the child when photos are taken to accompany their profile. When a family is identified, they will talk to the child about the new family, using the family profile. Later, there will be a process of introductions; foster carers will be an integral part of this process, helping the child and new carers to feel comfortable with each other.

Once a leaving date is set, an event to mark the ending should be planned; this could be a small party, meal or treat which enables everyone who has known the child to say goodbye.

Foster carers should ensure that the child has all their belongings on leaving the placement and that they have suitable luggage to use. An inventory of the child's belongings should have been taken when they first arrived, and this should be checked and updated on leaving. Foster carers may be asked to accompany a child to visit a new placement or move there or to attend the placement agreement meeting. This is important as current carers will be able to pass on important information to the new carer and help the child settle in the new placement.

It can be very difficult to say goodbye to a foster child who may have lived with the family for a couple of years or more. Foster carers have the task of supporting not only the looked after child but their own children, who may be grieving. Carers need to try to achieve a balance between communicating their sadness at the end of the placement without overwhelming the child. The child needs to feel he/she will be missed but not to feel guilty about moving on.

Maintaining contact with the child may depend on the co-operation of adopters or birth families, both of whom can sometimes feel threatened by the child's attachment to the foster carers. However, if possible, foster carers should have a degree of ongoing contact (but not to the extent it prevents the child settling in their new home), as this helps children with the transition to their new life and also gives them the message that important relationships should be maintained.

Unplanned endings

Sometimes placements disrupt and this can be for many reasons including risks to the foster family from the behaviour of the child or the family being unable to cope with the behaviour and needs of the looked after child. Without doubt, carers must put the welfare of their family, and particularly their own children, first. However, it is important, if possible, to end the placement in as planned and as positive a way as possible. Where there are difficulties in a

placement, foster carers should discuss these immediately with their supervising social worker. It may be that with additional support the placement can continue or alternatively there will be more time to plan an appropriate placement move. A risk of breakdown meeting may be held to set up a support plan for the placement.

Understanding that the child's behaviour is not personally directed at them can help carers end the placement a positive way. The reasons that children behave in an aggressive and challenging manner are the result of their previous experiences, fear and low self-esteem. Looked after children can set out to test if the carer will reject them, as previous carers have done. When adults conform to this pattern, it confirms for them that no carer can be trusted. Once the placement breaks down, they also take away the belief that it is their fault and they do not deserve to be loved or cared for.

Carers should try to communicate that although they will no longer be living together, they do care about what happens to the child.

Relevant Standards: 11.5; 11.6

Related topics: Placements; Introductions; Placement Breakdown

Relevant Camden policy: Placements; Matching and placements

Relevant training: Transitions

Placements for parents and children

Definition

Sometimes, Camden needs to make arrangements for children and their parents to live in a fostering household for a period of time with the parent remaining the child's main carer. This type of placement is known as a "parent and child placement" and may be used in the following circumstances:

- Camden may need to assess the parent's ability to care for their child before making a decision on their future care, such as applying for a care order. Sometimes, Camden is ordered to carry out such an assessment by the court during care proceedings before a final decision is made. A fostering placement will be used instead of a mother and baby unit if this is thought to be a suitable arrangement and there are no risks to the child's safety.
- A foster carer may need to support a young mother who is herself looked after in order to help her develop vital parenting skills and continue with her education whilst preparing for independence. Normally, Camden would be looking to keep the child with her current carer if this is possible.

The main issue with such arrangements is how caring responsibilities for the child are shared between parents and the foster carer and the role of the foster carer in monitoring and assessing parents and keeping the child safe. These arrangements can be difficult and it is crucial that there is a clear agreement on respective roles and responsibilities made in advance of the placement in order to avoid potential conflict later.

In most cases the arrangement will be for a mother and baby, but in theory could be a father and child.

Legal status of the placement

The respective legal status of the parent and child will differ according to the circumstances and will affect how the foster carer will be working with the parent and child; possible arrangements are:

- The parent is over 18 and the child is not looked after but a parenting assessment is needed to decide on the child's future care, including care proceedings. The arrangement will be made on a voluntary basis with the consent of parents who will retain parental responsibility. To make sure the child is safe, it will be made clear to parents and foster carers the circumstances under which the voluntary arrangement will end and FSSW take legal action to secure the child's future.
- The parent is over 18 but has agreed to the child being looked after whilst assessment is carried out within the foster home. This arrangement is likely to be used where there are some concerns about the child's safety and welfare (for example the child is subject to child protection procedures) and FSSW believe it is in the child's best interest to become looked after.
- During proceedings, where the court has ordered a parenting assessment and the child is subject to an interim care order, Camden may choose to place the child and parent with a foster carer in order to carry out the assessment. Parental responsibility will be shared by the parent and the council.
- Where the parent is looked after, the purpose of these placements will be to support the parent in their role in caring for their child and help them to develop the necessary skills so that they are able to continue to care for their child on reaching independence. The placement will also focus on the parent's own needs, helping them to continue with their education or training and preparation for independence. The child may not be looked after themselves but this will depend on assessment of the young person's parenting capacity and the risk of significant harm to their child. Normally a pre-birth assessment will have been carried out and a decision made on the status of the child.

The Fostering service will only match parents and their children with foster carers who have been specifically assessed and trained to offer parent and child foster care and whose accommodation is deemed suitable.

It is essential that the foster carer understands the reasons for the legal status of both parent and child and the implications this has for their role in caring for them. The details of the foster carer's responsibilities must be set out in the placement plan.

The foster carer does not necessarily provide care to the baby, but has a supervisory role and encourages the parent to develop childcare skills. The level of supervision will depend on individual circumstances and the degree of concern there is about the parent's ability to care for the child. The foster carer also has an important role in observing how the parent looks after the child and this feeds into the assessment of parenting ability. Some parents will need very basic guidance, such as how to hold and bath a baby, sterilise feeding bottles and how to play and interact with their child. Most will need emotional support.

Fostering can offer stability and support for young women who become pregnant while in care or those who come into care because their family is unable or unwilling to provide the support they need. The baby benefits from being brought up in a family environment and the young mothers gain from the support and advice offered by the foster carer. It also enables teenage mothers to complete their education or training.

Foster carers will need to exercise considerable sensitivity and diplomacy helping a parent to develop childcare skills while maintaining their co-operation. It can also be difficult to achieve a balance between assisting with the care of the child, while ensuring that the parent takes responsibility for the child.

Relevant Camden policy: Parent and child placements; Delegated authority

Play

Play underpins the development and learning of children of all ages and stages. It helps them to develop intellectually, creatively, physically, socially and emotionally.

Children play in different ways; sometimes it may be boisterous and at other times quiet and reflective. Children can play alone or with others where they learn the skills needed to negotiate and share.

Children should be provided with opportunities to play both indoors and outdoors which reinforce and extend their learning. Most children will play naturally but some may need support and encouragement, in particular those

children who have not had the experience of their parents playing with them from birth.

Foster carers have a very important role in providing different play opportunities for children placed in their care. Through play they can help children to gain a sense of their own abilities and to feel good about themselves.

What foster carers can do

Carers can talk and sing to children to help them to develop their memory of sounds and later, of words. It is important to accept that each child grows at his or her own pace and, therefore, it is not helpful to make comparisons with children of similar ages. This is particularly the case with looked after children who may have delayed development due to abuse and neglect.

Foster carers are the best people to observe the child and to be guided by what they can do and to help them to build on what they already know. Children's natural curiosity can be stimulated by providing them with safe and interesting objects to explore. Showing interest in their discoveries and achievements encourages them to learn. Play can include time in the park together, running, skipping and playing ball games. Carers can encourage reading by looking at pictures with the child and having books, magazines and newspapers in the home. When carers take children out it is a good time to point out objects and use words which help them develop their vocabulary.

Some more ideas

Sand and water play can be an exciting way to learn about science and maths. Children can learn that water is fluid and not solid and it can be measured in different containers. Playing with dough, drawing and painting pictures and dressing up can help children to be creative, to be imaginative and to express their feelings. Building blocks, jigsaws and shape sorters can help children to put things in order, to develop logical thought and to put pieces together. Playing ball games, dancing, running and climbing help children develop strength, co-ordination and flexibility, while board and word games are useful in understanding turn-taking and sharing. Singing and playing simple musical instruments help children to develop a sense of rhythm and to listen and hear.

Most of all play should be fun!

Useful websites

www.coloring.ws - An easy to navigate website that contains printable colouring pages and puzzles such as connect the dots, for younger children.

www.dltk-kids.com/coloring.htm - This website would be more suitable for older children, their maps and pictures from countries around the world are well labelled so will help children learn about other countries.

www.disney.go.com/magicartist/coloring - From this website, you can print recognisable characters from Disney films and cartoons.

www.creativekidsathome.com/activities This website has plenty of activities for older and younger children, mainly arts and crafts. They can all be done cheaply at home.

Relevant Standards: 7.1; 8.1

Pocket money

There is a specified amount which is allocated in the foster carers' allowances for pocket money. Whether or not the child is given the whole amount in cash depends on their age and ability to manage money. The way in which this is managed should be discussed as part of the placement agreement meeting or with the social worker if issues arise at a later date.

Any money which is not given directly to the child should be put into a savings account. If it is to be used for any other purpose, this should be discussed with the social worker.

Children should be encouraged to save some of their pocket money towards larger items, as this prepares them for budgeting later in life.

Camden believes that looked after children need to be aware of the need to make some financial contribution to any deliberate damage they have caused to property. Carers can withhold some pocket money for this purpose, but in general should use their insurance cover to deal with losses. Amounts to be withheld should be discussed and agreed with the supervising social worker and the child's social worker.

Relevant Standard: 2.7

Related topic: Savings; Placement agreement meeting
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Police involvement

Incidents in the foster home

Sometimes, conflict between foster carers and looked after young people can escalate and it is possible that carers may decide to call the police to deal with incidents.

Research shows that looked after children are more likely than their peers to enter the criminal justice system, and often for very low level offences. It is

Camden's policy that wherever possible, LAC are not criminalised unnecessarily and that restorative justice approaches such as conferences or mediation are used to deal with incidents in placements where this is more appropriate. This is in line with the new duty set out in the Fostering Service Regulations and the National Minimum Standards. It is now a duty for placements to minimise the need for police involvement and avoid criminalising children.

Camden's Fostering Service will work with foster carers to increase the use of restorative justice approaches for LAC. The purpose of this approach is to:

- keep LAC out of the criminal justice system where this is not an appropriate response
- give them an opportunity to consider the impact of their behaviour on others
- promote placement stability and improve relationships between LAC and carers.

When deciding on whether to involve the police, foster carers should consider all the relevant facts of the incident, the circumstances of the young person and the vulnerability of others in the placement. The following guidance is based on the Crown Prosecution Service guidance.

Consideration should be given to involving the police where:

- the offence is violent or sexual in nature
- the offence can be described as a hate crime
- the victim of the offence is particularly vulnerable
- any damage or harm caused is deliberate and substantial
- the offence is part of a series of offences
- informal measures to prevent offending behaviour have been unsuccessful
- there is a high risk of the young person causing serious harm.

In general, the police should not be involved where:

- there has been minor harm or damage done and this has since been put right
- other appropriate action or sanctions have been taken
- there is genuine remorse or an apology made to the victim
- the behaviour is a symptom of an illness that cannot be medically controlled
- it is an isolated incident that is out of keeping with the young person's character
- the young person was under undue stress at the time or was clearly provoked.

Any decision regarding involving the police or not should be clearly recorded in the daily/weekly log and the incident report record and discussed with the young person's social worker and the supervising social worker.

If foster carers require immediate assistance, for example children are behaving in such a way that they are endangering themselves or others or a birth parent is behaving aggressively, the police should be summoned first, followed by a call to the social worker or the Emergency Duty Team.

Incidents outside the foster home

If a child or young person is arrested, the foster carer should obtain as much information as possible about the reasons, inform the officer that the child is looked after and provide him/her with details of the allocated social worker.

The foster carer should inform the social worker, duty worker or Emergency Duty Team, if the incident occurs outside of office hours.

If the young person will be interviewed, an appropriate adult will need to be present; for looked after children this will normally be the foster carer but this can be negotiated with the child's social worker and/or the Youth Offending Service.

Relevant Standards: 3.10

Related topics: Appropriate adult;

Relevant Camden policy: Behaviour management; LAC in the criminal justice system

Pornography

Many young people are curious about or attracted to looking at pornography. Before discussing this subject with young people, foster carers must be clear about their own values and attitudes and be sure that they have undertaken training on talking to young people about sexual health and relationships. Carers who own legal material of this nature should ensure it is not accessible by a child.

Where children have been accessing pornography, foster carers should help them understand the dangers, particularly with regard to viewing material on the internet. They should also make young people aware of the need to understand boundaries and the differences between so called 'soft' and 'hard' pornography and the fact that some material is illegal. Foster carers should be aware that young people, who have suffered physical and sexual abuse may have more difficulty in placing a clear boundary between fantasising about and acting out sexual thoughts.

Where children have watched or become involved in pornography which is abusive and harmful, the carers should immediately discuss their concerns with the social worker and a plan put in place to prevent further access to this material. Where necessary a Section 47 investigation will be initiated.

Foster carers should ensure that parental controls are set on computers to minimise the risk that children will be able to access unsuitable material.

Related topics: Sex education and relationships

Relevant Camden policy: Sex and relationships policy for looked after children

Pregnancy

Young women in the care system are more likely than other teenagers to engage in risk taking sexual behaviour which could result in pregnancy. Research suggests that they become sexually active earlier than their peers and that they are less likely than other groups to choose terminations or adoption because of their personal experiences of loss and poor attachments. They may have insufficient maturity to see the baby as a separate individual with needs of its own and may imagine that it will provide them with the unconditional love that they have never experienced from their own parents.

In order to prevent unwanted pregnancies, foster carers caring for teenagers should be able to have open conversations about sex and contraception. Attending the relevant training course will assist carers with having these discussions. If the carer thinks a young person is sexually active, this should be discussed with the social worker. It may be decided that providing contraceptive advice to the young person would be appropriate.

If a young person is pregnant or the foster carer suspects pregnancy, the carer should again discuss this with the social worker as a matter of urgency. Counselling can be arranged for young people to think through the options of whether they want to keep the baby, have a termination or place the child for adoption.

Whatever the young woman decides, she will need considerable support. For a person who may herself have experienced considerable loss in her life, a termination or giving up a child can be particularly devastating, awakening feelings of loss, anger, despair and guilt.

A young woman who decides to keep her baby will need help to balance childcare with education or employment. She may not, herself, have had good experiences of parenting on which she can draw as a model to help her care

for her own baby and as such will need considerable support to provide adequate and child-centred parenting.

Related topics: Parent and Baby placement

Relevant Camden policy: Sex and relationships policy for looked after children; Parent and child placements

Relevant training: Talking to young people about sex and relationships

Preparing for independence

The transition to adulthood can be challenging for all children, in particular children who are looked after by a local authority who are likely to make the transition to independence much earlier than their peers and without parental or family support.

Looked after children are more likely to have experienced loss, lack of stability and may have less self-confidence, with fewer educational qualifications and will be less ready to cope alone. It is even more challenging for children looked after who have disabilities.

Local authorities have a duty to prepare looked after children for when they leave care and to continue to support them towards independence; in particular, local authorities should:

- delay young people's discharge from care until they are ready to leave
- ensure good quality assessment, preparation and planning for care leavers
- provide high quality personal support and clear financial arrangements for young people leaving care.

Camden's 16+ team provides a leaving and aftercare service for all looked after children. At the age of 16, every looked after child will have a needs assessment and pathway plan (and a transition plan for young people with disabilities) and their case will be transferred from the Looked After Children team to the 16+ team. They will be allocated a social worker and/or a personal adviser to give them support up to the age of 21, or 25 if they remain in higher or further education. Some young people will remain with their foster carer up to the age of 18 when they are discharged from care, others will choose to leave the care system and move into Camden's semi-independent supported accommodation at the age of 16.

Role of foster carers

Foster carers can provide care for looked after young people up to the age of 18 in accordance with their care plan as well as preparing young people for independence. It is an expectation that carers are fully involved in the

pathway planning process so that they can contribute information and help to plan for the young person's future.

Foster carers will also be responsible for carrying out the independent skills programme "Next Steps Assessment" Camden has devised for preparing care leavers. The programme involves encouraging the young person to learn basic skills they will need for independence and foster carers will help social workers to assess a young person's ability to manage their lives on leaving care.

Preparation for independence will include:

- providing opportunities for the young person to learn and practice skills
- promoting financial responsibility and increasing independence
- discouraging the young person from moving to independence before they are prepared and ready
- encouraging the young person in their chosen educational, training or employment option
- being open and realistic about their future support once they reach 18.

To care for themselves, young people need to have knowledge and understanding about:

- Health issues, including personal care and sexual health;
- Education, employment and training;
- Budgeting skills, paying bills and benefits advice;
- Managing their own accommodation;
- Independent living skills, such as how to cook (and what constitutes a balanced diet), wash clothes, iron, sew and clean;
- How to manage adult social and sexual relationships.

Foster carers will work with the social worker and personal adviser to prepare the young person for independence, emotionally and practically. However, foster carers play a central role as they are in a position to assist young people on a daily basis. Preparation for leaving care should start as early as possible, with foster carers encouraging young people to take increasing responsibility and making decisions themselves where this is appropriate.

Young people also need to learn to be responsible for themselves in such ways as arriving at college regularly and on time and completing any necessary assignments.

When it is time for young people to move on, carers can help them prepare for this by ensuring that they have the household items they need and by preparing them psychologically for living alone. Depending on their circumstances and with the young person's agreement, Foster carers can continue to have a role in the young person's life after they have moved to independent housing by maintaining contact in order to support the young person. Depending on their relationship and circumstances, it can help if

carers make sure that young people know that they are welcome to visit the foster home and that the carer is available to listen and offer advice and support.

Some young people may not feel ready to leave their foster placement at 18; others are keen to move on but may not really be mature enough to face the challenges and responsibilities for living independently. It is possible for young people to remain in their foster placements post 18 and a staying put arrangement will be discussed with the foster carer and, if agreed, be recorded in the placement plan. However, this will affect the status of the placement and allowances will need to be re-negotiated with the Fostering Service and the 16+ team.

Relevant Standards: 2.4; 12.1; 12.2; 12.3; 12.4; 21.1

Related topics: Leaving Care Service; Legislation; Pathway Plan; Personal Adviser; Staying put

Relevant Camden policy: 16+ team leaving care policy; Staying put

Relevant training: Transitions

Privacy

Like adults, children want their privacy to be respected. In the foster home, privacy should be seen as a two way process, where children should knock on bedroom doors before entering and other members of the family should do the same for the child. Looked after children also have the right to feel they can safely leave their possessions, which will not be touched or examined in their absence. If there are reasons why these rules should be broken, foster carers should discuss this with the social worker.

Letters / phone calls

A looked after child has a right to send and receive mail privately unless a specific decision has been made to screen it due to the risk of harm. This decision should be made in a statutory LAC review and the reasons explained to the child.

The child also has the right to receive or refuse any calls made during reasonable hours as determined by the foster carer. The child should be allowed to call anyone he or she wants to within reason, depending on the time, duration and cost of such calls. There may be situations where the child is at risk and this merits the restriction of calls or even that the carer listens to the conversation. These actions should be discussed with the social worker before being put into practice.

Relevant Standard: 3.5

Related topics: Confidentiality; Searching Children and their Belongings;

Relevant training: Total Respect

Pupil referral unit (PRU)

A PRU is run by the local authority to provide education for children who cannot attend school for various reasons, such as exclusion, medical treatment, school phobia or while arrangements are made to prevent permanent exclusion.

The PRU provides education in a way best suited to children's individual needs, which includes individual tuition, working in small groups and support to re-integrate into mainstream school. Each pupil has a plan which includes an expected date of return to school or transfer to other provision.

Foster carers should liaise and work with the PRU in the same way as any other school. They should ensure the child's regular attendance and support him/her in the process of returning to mainstream education.

Relevant Standards: 8.1; 8.2; 8.3; 8.4; 8.6; 8.7

Related topic: Education

Re-assessment of foster carers

All approved foster carers will have undergone a comprehensive assessment as part of the approval process. However, if a foster carer's circumstances change, or there are concerns about care standards, the Fostering Service may decide to re-assess the carer. This is to make sure high standards of care for vulnerable looked after children can be maintained.

Re-assessment will look at how particular events or changes in a fostering household have affected the carer's ability to care for looked after children and whether they should continue to be a Camden foster carer. All re-assessments are presented to the Fostering Panel for consideration.

Decisions to re-assess will be authorised by the Fostering manager, and will usually occur in the following circumstances:

- Divorce or separation of joint carers; the re-assessment will look at whether the remaining carer is able to cope with the demands of looking after the children in placement or whether changes are needed to their terms of approval;
- Foster carers returning to fostering after a break; a re-assessment must be carried out where the carer has not fostered for one year so

that they can catch up with new developments in fostering and identify areas of training and development that need to be addressed to ensure they can provide a high standard of care;

- Safeguarding or care standards concerns; re-assessment may take place to establish whether the carer remains suitable to foster following a complaint or allegation that is dealt with under child protection or standards procedures and where concerns about suitability remain;
- New partner; where a single foster carer enters a new and significant relationship, the new partner will be assessed on their suitability and the impact of their presence on the fostering household.

Relevant Camden policy: Assessment of foster carers
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Record keeping

All foster carers are required to record information about the children and young people in placement with them on a regular basis using the recording sheets for weekly and daily recording provided by the Fostering Service.

Why must foster carers keep records?

Recording is an important part of the foster carer's role. Foster carers are in a key position to hear directly from the child about their likes, dislikes, worries and wishes. Their daily contact with significant people in the life of the child or young person will also mean carers are aware of important events in their lives, such as contact with their family, progress in school, achievements, new friendships and any difficulties including any changes in their health and emotional well-being.

In the past important information and memorabilia about a child's life was sometimes lost due to changes of placement whilst in care. To avoid this, foster carers should ensure that information is gathered and held safely, for example, photographs, certificates, information about immunisations and health, contact with family, friends or significant relationships children have made and any progress during the placement. This information may be extremely valuable to a child in the future when they want to access it and make sense of their life in care.

The information recorded by carers is also useful for providing the LAC review with evidence of how the care plan is being implemented and the outcomes of this. Keeping a log may also help carers manage any difficult behaviour by recording how long it lasted and how it was dealt with, as this may highlight patterns and provide clues for managing it in the future. Information held by foster carers may also be required by the court when deciding on the child's future.

Recording is also important as part of safe caring. It can be a record of a significant conversation with the child or a record of an incident or conflict within the foster home and can be referred back to if an allegation or complaint is made or there is an investigation at a later date. It is a record of how the foster acted in response to a situation and can show how the carer managed a situation, what action was taken, and communications with other professionals working with the child or young person.

What should foster carers record?

- **Achievements/progress** including everything, no matter how small that shows progress for the child
- **Significant events**
 - Any changes in behaviour, concerns or incidents at home or outside the home.
 - Information or complaints that have a serious potential impact on the child and the fostering household and other carers;
 - Any comments the child makes that give cause for concern. Wherever possible, use the child's own words.
 - Any action taken to deal with an emergency, for example professionals contacted for advice, the time of contact and the person's name and phone number and the advice given.
 - Dates when the child is away from the foster home (for visits to family, friends, and other foster carers, at school or when/if they are missing).
- **Health**
 - Any significant changes in the child's health and any medical or dental appointments;
 - Details of any medicines given to the child (prescribed or otherwise) include anything given or taken by mistake (these should be recorded on the "**Medication Sheet**");
 - What action was taken to deal with a possible emergency including giving first aid;
 - A note of any unusual bruises, scratches, wounds, sores, and lumps (using the "Body Map") and the reasons, whether accidental or self-injury and any witnesses to what happened;
 - Any explanation given to you either by the child, parent, teacher or anyone else about any bruising or marks on a child's body.
- **Contact and effect upon child**
 - The date and times of visits, telephone calls from the child's relatives and friends and any changes in behaviour prior to the date of contact or afterwards;
 - The words used by the child in describing their views about contact with family or significant others. This is helpful for social

workers assessing the quality of contact and the effect upon the child.

- **Activities/friendships and use of time during the week**
 - If a child or young person has a particular hobby, sport or interest, however small – it is helpful if it is noted and encouraged to increase their self-confidence and resilience.
 - If a young person is not in school it is also helpful to note how and where they are spending their time, including any overnight stays with friends or family.

Recording should also demonstrate how the placement is meeting the child's needs under the 5 outcomes:

1. **Being healthy:** details of illnesses, health appointments or health issues such as sexual health.
2. **Staying safe:** details of accidents or incidents, health and safety issues, actions taken under child protection procedures, incidents of bullying or missing episodes.
3. **Enjoying and achieving:** details of school attendance and attainment, extra-curricular activities, details of contact with the school and outcome of PEP meetings.
4. **Making a positive contribution:** details of the child's involvement in their case, attending meetings, information on their behaviour and interactions with peers and the community.
5. **Achieving economic well-being:** details of how the child is being prepared for independence, including skills being developed and planning being undertaken.

Guidelines for record keeping

- Foster carers must keep separate records in separate files on each child or young person in their care. The record will include foster carer's daily/weekly records and looked after children documents provided by the social worker, including the care plan, placement plan and records of statutory LAC reviews.
- It is helpful to record regularly and accurately. Recording does not need to be lengthy and brief notes are fine unless the situation warrants more detail.
- For any new placement, record each day up to the first LAC review using the daily record sheet; after this, unless requested otherwise, record on the weekly record sheet. Use the incident report sheet to record any significant events preferably on the day of the event or very soon afterwards.

- Records should state what happened in a factual way giving the date, time, what the child or young person said or did or what took place.
- Records should be factual and foster carers should clearly state what part of the record is their opinion. It is also good practice to record the child's or their parent's viewpoint.
- Children or young people are allowed access to records held on them so foster carers should bear this in mind when recording, using language that is fair, non-judgemental and does not discriminate against the child or their family.
- Foster carers should not be too concerned if they get behind in recording, but should summarise and note the date of the record. It may not always be necessary to make long notes, but records must be detailed enough to enable carers to recall events accurately at a later date.
- It is good practice to share recording with the child or young person. This can be a positive way of resolving differences or sorting out any misunderstandings. Carers should make a note of any disagreements about the facts. This may result in the carer deciding to amend the record or simply noting that there is a disagreement.
- Looked after children should be encouraged to keep their own diary.
- Foster carers are advised to look over recording prior to meeting with the supervising social worker to highlight any issues that have arisen.

Keeping records safe

Information held about a child by a foster carer is confidential. The child or young person's file belongs to Camden (or any other placing authority) and should be kept securely in a locked cabinet that will be provided by Camden.

No records relating to a child should be kept after a child has moved on by a foster carer (except personal diaries) and should be returned to Camden or should move with the child if they go to a new foster carer. The supervising social worker will assist carers with this change and any transfer summary that is required for the new carer.

Information held on carers' computers is confidential and comes under the Data Protection Act 1998. Foster carers can hold and record information on looked after children, but they hold this on behalf of the Camden Fostering Service. Any computer-held information must be deleted if or when the child or young person moves on.

Information about the child/young person should not be shared with other carers or friends. The child's background information is confidential and

information should only be shared on a 'need to know basis'. It is important that foster carers know when and with whom to share information.

Relevant Standards: 5.10; 6.11; 26.2; 26.4; 26.5; 26.6

Related topic: Confidentiality

Appendices: Daily record sheet; Weekly record sheet; Incident report sheet; Medication form

Religion

It is important for children's identity and possible reunification with their birth families that their religious practices and beliefs are supported during a period of separation. Religious beliefs are one area that is taken into consideration when making decisions on matching.

Although the foster family may not have strong religious convictions, the child or his/her family may have. Under these circumstances it is part of the carer's role to support the child to practise his/her religion. Foster carers cannot change a child's religion.

Alternatively the carer may have strong religious convictions, whereas the looked after child and their family do not. It would be inappropriate to involve the looked after child in religious observance without the explicit agreement of the child, family and social worker. Where carers attend religious services, other arrangements need to be made for the children, such as one member of the family staying at home or the child being cared for by another foster carer or nominated carer.

Where carers' beliefs differ from those of the child, it is important for them to find out as much as possible about the child's religion in order to support him/her. Where children need to attend the church or the mosque this can be facilitated by asking other foster carers from the same religion if the child could accompany them. This might also be the role of an independent visitor if the child has one.

It is important that any issues arising from the child's religious observance are discussed in advance at the placement agreement meeting and support given to foster carers by supervising social workers to enable them to facilitate the child's observance.

Relevant Standards: 2.1; 2.2; 2.3; 2.6

Related topic: Independent Visitor

Removing the child from placement

In general, parents should only take a child out of the placement as part of agreed contact arrangements and it is Camden's policy that looked after children are not removed from placements contrary to their care plan.

However, if the child is accommodated voluntarily under section 20, the parent has a legal right to remove their child from the placement at any time. At the beginning of the placement, as part of the placement agreement meeting and the delegated authority process, the social worker should clarify what the carer should do in these circumstances.

Foster carers should always speak to the social worker before allowing a child to leave and outside office hours they should contact the Emergency Duty Team. The carer should also make a judgement about whether the parent is in a fit state to care for the child, for instance he/she would be unfit while under the influence of drugs and alcohol.

Carers should remain calm, acknowledge the parents feelings and try to defuse the situation. They should explain that they cannot release the child without permission from the social worker. If the parents refuse to wait for the social worker, the carer should try to find out where they are taking the child. When the carer feels that the child may be at risk in their care, the police should be called.

Where the child is subject to a court order including a Police Protection Order, an Emergency Protection Order, an Interim Care Order or a Care Order, the parents are not legally permitted to remove the child. If a calm explanation is not successful and there is no other way to protect the child, the police should be called.

Residence order

A residence order is one of a number of orders, which can be made by the court under section 8 of the Children Act 1989.

Primarily, it is an order that states with whom a child should live until they are 18; it also gives parental responsibility to the person named in the order. Other people who have PR retain theirs, except for the local authority because a care order would need to be discharged before a residence order is made and the child would no longer be looked after.

The advantages of the order are that it gives the child a sense of permanence and the local authority does not need to be involved in the child's life. It differs from special guardianship in that a special guardian has greater power to make decisions in a child's life, whereas with a Residence order all those with PR have equal power, which means there is a greater likelihood of disputes. A residence order can be made to more than one person, which is useful if a shared care arrangement is in the best interests of the child.

Foster carers can apply for a residence order with the agreement of their local authority or if the child has lived with them for a period of three years. A Residence Order allowance may be payable subject to discussion with the social worker.

Related topics: Parental Responsibility; Special Guardianship; Family and friends carers

Resignation

Approved foster carers can resign at any time by writing a letter to the manager of the Fostering Service giving 28 days notice of their intention. The resignation takes effect automatically after 28 days.

However, there is an expectation that carers will keep the needs of any children in placement central to their decisions and will not resign until a child has moved on or alternative arrangements are made with time for a planned move.

Relevant Camden policy: Review and termination of carer's approval

Resilience

Definition of resilience

Resilience can be described as “a set of qualities that enables people to withstand the impact of adversity”; for looked after children, it is “normal development under difficult conditions”.

Resilience can offer a child a “cushion” against difficult life experiences and help them to thrive in spite of difficulties. Some children are naturally resilient, but for others, the quality can be developed if they receive the right kind of support from professionals and carers. Protecting children against adversity may not always be possible, but increasing their resilience is one way of helping them to overcome set-backs and improve their life-chances.

Because of their high level of need stemming from pre-care experiences, looked after children particularly need support to develop their resilience, so that they can overcome their negative early experiences and improve outcomes in their future lives. They have frequently suffered abuse and neglect at home and being in care often adds problems, such as disruption of their education and being cut off from family and friends. Many children in this situation, and particularly those who have moved from placement to placement, may have the sense that no-one really cares about them and that they cannot rely on adults to be trustworthy.

Yet some children withstand this adversity better than others; some recover more easily from the traumatic effects of abuse and lead successful lives, while others do not. These factors depend on the child's inner temperament, their relationships with others and their environment.

Understanding what makes some children more resilient can assist those working with children to put in place the supports which encourage resilience. Although the child's temperament cannot be changed, environmental and relational factors can be. LAC particularly need support to develop their resilience, so that they can overcome their negative early experiences and improve outcomes in their future lives

Key aspects of resilience

Resilience is developed through:

- a sense of belonging, based on secure attachments with carers in stable placements that can create a secure base for children and provides them with consistency and stability in their lives.
- good self-esteem stemming from being accepted by people who matter to the child, and from achieving and attaining.
- a sense of self efficiency, of being able to achieve things for themselves and make a difference by taking action and accepting responsibility, including acceptance of their own history.

Promoting resilience in looked after children

Children's lives are lived in a range of environments, for example, home, school and community. If one aspect of their lives is positive, this can improve their ability to cope with negative aspects in another. For example, a child in a stable, loving placement who has a good relationship with their carer is better able to cope with any difficulties at school than a child who is in an unstable placement. Building resilience is about harnessing the positive aspects of a child's life and using these strengths to make improvements where they are needed.

Resilience in looked after children can be built by ensuring stability so that the child can develop positive, nurturing relationships, feel in control of their lives and allow them think about their future in a positive way. This is done through:

- supportive relationships with at least one adult, normally their foster carer
- supportive relationships with family, especially siblings and grandparents
- a committed adult other than a parent who takes a strong interest in the child and who can act as a mentor or role model
- capacity to develop and reflect on their life experiences
- talents and outside interests and hobbies

- positive experiences of school
- positive friendships
- capacity to think ahead and plan for their lives.

School is particularly important as this is where children develop socially and emotionally and where they develop important relationships with both peers and adults. Achievement and attainment at school, both academic and in other activities, helps to build confidence and self-esteem, and enables children to learn new skills.

Involvement in an activity that a child has a particular skill, talent or interest in has been shown to have a significant impact in raising resilience. Taking part in activities can enhance the child's sense of attainment and provide a positive experience and support from peers.

Contact with important figures in the child's life so that they are able to remain connected to their past and make sense of their experiences is important for building their resilience. This is especially important with siblings and friends, as these relationships often provide the most emotional support. Life story work can also help them make sense of their pre-care life.

Foster carers are a crucial part of promoting resilience. Foster placements need to offer the stability of a secure base that provides the child with an opportunity to develop good relationships and attachments. Apart from their parents, a looked after child's relationship with their foster carer is likely to be the most important relationship with an adult, and it is the quality of care received by the child in placement that provides the most opportunity for building and promoting resilience.

Foster carers can especially help promote resilience by:

- encouraging educational attainment by raising expectations of the child
- forging strong links with school and taking an interest in the child's academic progress
- encouraging the child's participation in activities, sports and other hobbies
- supporting contact.

Relevant Standards: 2.1; 2.2; 2.3; 2.6

Related topics: Self-esteem

Relevant Camden policy: Working with looked after children

Restraint

Camden's policy on the use of restraint

Restraint is the use of physical means in order to control a child's behaviour or movement. It covers a range of interventions from "light touch" contact such as gently guiding a child away from a situation to the intrusive physical restraint of a child.

There may be times when the behaviour of children or young people poses a serious risk and the carer will need to take action to prevent serious injury to the child or others or serious damage to property, including the use of intrusive physical restraint involves overpowering a child in order to severely restrict their movement

Intrusive restraint should only be used as a last resort and where all other methods of de-escalating the situation have failed and only by foster carers who have received the appropriate training. Foster carers should be aware that the Fostering Regulations only allows the use of physical restraint in order to prevent injury or serious damage to property and that any restraint used must be "neither unreasonable nor excessive". Foster carers should be aware that use of restraint will always needs to be reported and may be investigated depending on the circumstances of the case. In the event of a complaint regarding restraint, Camden will only support carers where they have acted reasonably at all times and with the child's best interests in mind.

Training

All foster carers are trained on de-escalation, defusion and restraint to allow them to be able to make informed judgements about how to deal with such situations and ensure that restraint is only ever used as a last resort and in the interests of care and control, not punishment.

Dealing with incidents

Where a child's behaviour is known to require restraint and this is the agreed method of behaviour management, its use must be discussed and agreed in advance at the placement agreement meeting. The child should be made aware that this method of behaviour management may be used and the supervising social worker will check that the foster carer has received the right training.

It is important that carers are confident that use of restraint would be successful in dealing with the situation. Restraint should not be use it if it is not likely to be successful in calming the situation and might put the foster carer at risk of injury. In these cases, where there is a high level of risk to household members, it may be advisable for the carer to call the police.

Before using any form of restraint, foster carers must be sure they have reasonable grounds for believing that immediate action is needed to prevent serious injury or damage and should:

- consider the impact of restraint on the child

- consider any medical conditions or disabilities that may exacerbate the impact of physical restraint
- continue to talk to the child to de-escalate the situation
- warn the child what will happen and give them an opportunity to avoid use of restraint
- ensure other children in the placement do not witness the restraint
- ideally have the assistance of another carer.

During the restraint, foster carers should:

- only use reasonable force
- only use restraint methods for as long as it takes for the child to calm down and the situation to return to normal and ideally for no more than 10 minutes at a time
- continue to talk calmly to the child and reassure them, explaining what is happening and why and what they need to do to calm down
- try to remain calm and in control themselves
- disengage the child from restraint slowly as the child gains control of their emotions.

Restraint should not involve:

- restriction of breathing or circulation
- flexing or bending limbs or fingers
- sitting on the child,
- pinning the child to the floor or wall
- deliberately bringing the child down to the floor
- hitting or punching the child
- contact that could be interpreted as sexual in nature
- locking a child in their room
- more adults than are required to carry out the restraint.

Action following restraint incidents

Foster carers must notify the child's social worker and the supervising social worker immediately after an incident involving restraint. Foster carers should record the incident in detail as soon as possible afterwards using the incident report sheet.

Following any incident involving restraint, children and foster carers will need to discuss what happened and why so that they can explore their feelings and develop ways to avoid use of restraint in the future. The child's social worker and the supervising social worker will visit the foster carer and the child to gain their views and perspective on the incident and mediate to improve the situation. Incidents of physical restraint are also discussed at the child's statutory LAC review to see what extra help can be provided.

Relevant Standard: 3.8

Relevant Camden policy: Behaviour management

Safer caring

Why carers need a safer caring policy

All families have a set of informal rules and boundaries that, although unwritten, are understood by family members and which provide a structure that helps families to cope with everyday difficulties. For foster carers, these informal rules may need to be adjusted and written down in order to keep looked after children safe, keep themselves and their family safe from allegations, and help the looked after child settle into the placement more easily.

Looked after children may come from families where there was no real structure to family life or boundaries on behaviour and their pre-care experiences may affect their behaviour. Children who have experienced abuse may display sexualised or aggressive behaviour that the foster carer's family rules do not cover, or where normal ways of dealing with the behaviour are not appropriate because of the risk of allegations being made against the carer.

Children who have a history of abuse may make false allegations against carers because:

- the situation reminds them of a pre-care experience of abuse
- they are trying to regain control of their lives
- they have misinterpreted an innocent action.

Therefore, the Fostering Service expects foster carers to draw up formal rules so that they can care for children in a safe way that minimises the risk of abuse to the child and protects them and their families from allegations. Many looked after children welcome "house rules" as it helps them to understand how the household operates and makes it easier for them to find their place within the family.

A safe caring policy will ensure that:

- Looked after children are kept safe from abuse and neglect
- foster carers and their families are kept safe from false allegations
- all children in the household are kept safe from abuse by other children.

Safe caring policies need to be developed once a carer is approved and reviewed each time a child is placed and as part of the annual review of

carer's approval. The supervising social worker will be able to assist with this. The whole family should be involved in agreeing and reviewing the policy, as this enhances their understanding of the reasons behind it and commitment to it. In addition, the whole family, including sons and daughters should attend Safer Caring training.

What can foster carers do to protect themselves?

Foster carers should have clear house rules, which are agreed jointly by the foster family and apply to all members of the household. The health and safety checklist should also be adhered to ensure the physical safety of children. In addition, the safer caring policy should include the following guidelines, which will protect the children in the household from abuse and the foster family from the risk of false allegations. A fuller list is available in the "Safeguarding children in foster care" policy.

- No-one in the household should walk around in nightwear or underwear; adults and children should all have a dressing gown.
- Children will be asked their permission first before a kiss or a hug. Children who have been sexually abused may need an explanation as to the difference between a cuddle which is sexual in nature and one which is purely an expression of affection.
- Before entering private areas such as bedrooms, members of the household should knock and ask permission to enter.
- The bathroom and toilet door should always be closed or locked while in use.
- Games which involve tickling or wrestling should be avoided as their purpose could be misinterpreted by a foster child.
- Carers should encourage foster children to call them by their first names or aunty and uncle followed by their first name; this means that the carers will be clearly distinguishable from other people who have looked after the children and about whom the children may make allegations.
- Foster carers should ask permission from the child before taking a photo or video as these may have formed part of the abuse they experienced. Carers should never take photos of children while in the bath or undressed. Photos should not be stored on a computer.
- The family should have a policy about how disagreements are sorted out, for instance some will do this via a family meeting.

Supervision

As carers may not be aware of all of a child's history, children should be supervised while playing together and this should take place in a living area, rather than a bedroom.

Children who need help with intimate care

For Family Link carers looking after a child with disabilities, who requires help with intimate care, there is a separate Intimate and Personal Care contract.

Men in foster care

Given that men are more likely to be accused of sexual abuse, they should exercise caution and avoid carrying out personal care tasks, such as washing and dressing children alone unless they are a lone carer. If at all possible children should wash and dress themselves. However, this does not mean that men should not play a major role in fostering; it is important for children who have been abused to have a positive male role model and to understand that not all men are abusers.

Awareness of limits

Carers should be aware of their limits; if they are becoming stressed and losing their patience with a child, it is essential that they speak with their supervising social worker immediately. Stressed carers can sometimes physically or emotionally abuse a child and it may be that they need additional support. Admitting to having difficulties is not a sign of weakness.

Good communication

Good communication within the family is essential to ensure that issues and problems are dealt with before they become serious. It is very important to discuss emotions. Looked after children who have been abused can evoke very strong feelings, such as anger or even disgust. Further, it is possible that carers, particularly male carers, may have sexual feelings towards children placed with them if the children behave in a sexually provocative way towards them. This will make carers feel anxious and guilty, but the feelings themselves are not harmful to the child as long as carers do not respond in any way which takes advantage of the child or betrays the trust that has been placed in them. Although difficult, it is essential for the foster carer to talk to their partner (if they are joint carers) and the supervising social worker to receive support to deal with this.

Carers should also talk to their own children about safer care and stress that they need to tell their parents about any unusual incidents or behaviour which make them feel uncomfortable. The Participation Officer organises events for the sons and daughters of foster carers so that they have a forum for support.

Birth children and looked after children can sometimes be sexually attracted to each other. It is preferable to avoid placements where the carers' own teenagers are of a similar age to looked after children. This issue should be openly discussed with teenagers to remind them they must regard any child placed in the household as a brother or sister.

Openness and honesty with the supervising social worker is essential because they can act as a sounding board for solving problems and can also support carers more easily if there is an allegation.

Teaching children to protect themselves

The best way to protect children is to help them develop the means to protect themselves from abuse. As part of sex education, they need to learn how to say 'no' to abuse and how to avoid situations that might put them at risk.

Keeping a log

The importance of keeping an up-to-date log cannot be emphasised too strongly as it can give added weight to the carer's view of events if a false allegation is made.

So can foster carers give children a cuddle?

Often foster carers misinterpret what is being said about safer care to mean that they cannot give a looked after child any physical affection. However, looked after children are desperately in need of love and care and it may add to their feelings of rejection if the carer avoids touching them.

Looked after children need to have the experience of a normal loving family of which they are an integral part. Carers need to try to find a balance between safer care and protecting themselves from accusations. This can be achieved by thinking about how they give affection rather than whether they give it. For instance, sitting down beside a child and putting an arm around them is probably safer than if they sit on the carer's lap, and reading a story in the lounge is safer than sitting on the child's bed.

Relevant Standards: 4.1; 4.2; 4.3; 4.4

Related topic: Abuse and Neglect; House Rules

Relevant Camden policy: Safeguarding children in foster care

Savings

Foster carers should open a savings account for each child in their care if this has not already been done. If the required documentation for opening an account is not immediately available they should set aside the money, keeping a clear record of the amount.

Carers should save £10 per week per child from the fostering allowance; this is in addition to the child's pocket money.

Carers will be asked to show the savings book to the supervising social worker periodically and the amount saved will be recorded.

The savings book should accompany the child when they leave the placement. Particularly for older children, the savings will be used to help when they begin to live independently.

Children should also be encouraged to save regularly from their pocket money for holidays and larger items, as this will assist them with budgeting in later life.

School trips

The matter of who can consent for a child to go on school trips will be discussed at the placement agreement meeting and arrangements recorded in the placement plan. Generally, consent will be delegated to foster carers unless the trip is abroad or involves hazardous activities. These must be consented to by the child's parents or the social worker instead.

Where consent is required, the child's social worker will sign the consent form for a child if they are subject to a care order or interim care order. If they are accommodated voluntarily, the social worker will inform the parents; if they are in agreement, the social worker may sign the form on the parents' behalf.

In some circumstances, a contribution towards the cost of the trip may be obtained from FSSW, depending on the length and cost of the trip. This should be discussed with the child's social worker and the supervising social worker. For trips of more than one day, because the child will be absent from the placement, carers will be expected to fund the cost from the part of their allowance, which is designated for the care of the child.

If specialist equipment is required, this can be purchased out of the clothing part of the allowance; if it is expensive the department may pay part of this cost at the discretion of the manager.

Relevant Standards: 7.2; 7.3; 7.4; 7.5; 7.7

Relevant Camden policy: Delegating authority to foster carers; Allowances

Searching children and their belongings

In general, Camden does not permit the use of searches either of the child or their property such as bags as this is an infringement of their privacy. However foster carers may carry out searches with the young person's consent or if there is a strong suspicion that the young person has drugs or weapons in their possession and a search is needed to help safeguard the young person or others in the placement.

All searches must be carried out with the young person present, as well as another adult. Carers should always try to gain the child's co-operation before carrying out a search and should discuss and agree searches with the young person's social worker in advance.

In the event that the young person resists any search and the foster carer and social worker remain concerned that they are in possession of drugs or weapons, a decision may be made to report the young person to the police. The young person should be made aware of this possible course of action.

If conducting a search of a child, only outer garments may be searched and reasonable precautions must be taken to guard against sharp or dangerous objects which may be concealed.

Carers must record the time and date of the search, the reasons why it was necessary, who conducted the search, who else was present, what was found and whether items were confiscated.

Only in exceptional circumstances should carers enter a child's bedroom without knocking or asking for permission. If they intend to do so, they should clearly inform the child that they are planning to enter the room. Exceptions may be if the child was a heavy sleeper and needed to be woken up, or if it is necessary to protect the child or others from injury or to prevent serious damage to property.

Relevant Standard: 3.5

Related topic: Privacy; House rules; Safer caring

Self-esteem

Most looked after children have low self-esteem, that is they have a negative view of their abilities, likeability and low expectations for the future. As they do not believe in themselves, they are more likely to give up easily, with the result that they perform poorly at school, have few friends and have no aspirations for a future career. Children with low self-esteem are less able to advocate for themselves and are more likely to be bullied or suffer discrimination.

Foster carers can help children build more positive self-esteem by:

- Accepting them for who they are so they understand that they are cared about;
- Helping them feel proud of their religious and cultural identity by demonstrating that it is valued;
- Helping them understand the reasons they are in care, which will help children accept and come to terms with the past. Life story work will help with this;
- Supporting them with schoolwork and to develop hobbies and pastimes which they are good at and celebrating achievements, however small;
- Finding positive role models, with whom they can identify;
- Giving children small responsibilities appropriate to their age and understanding;

- Encouraging children to help and have empathy for others, which teaches them that they are able to give and as such are valued;
- Listening to children and explaining the reasons for decisions about their lives; this gives children a sense of control over what is happening to them.

Children with good self-esteem will be more resilient, less vulnerable to negative experiences and will be more able to resolve past issues and move forward with their lives.

Relevant Standards: 2.1; 2.2; 2.3; 2.6

Related topics: Identity; Life Story Work; Resilience

Self-harm

Self-harm is a term used when someone injures or harms themselves on purpose. Common examples include overdosing, hitting, cutting or burning, pulling hair, picking skin or self-strangulation. It can also include taking illegal drugs and excessive amounts of alcohol. Self-harm is always a sign of something being seriously wrong. It is often done secretly and may take place daily or periodically when a problem arises.

Incidents of self-harm generally occur within the age range of 12-19 years, with a significant rise at 16 years. Girls are much more likely to self-harm than boys, but the difference in rates decreases significantly post 16. Self-harming is rarely a single incident and may be repeated over a long period of time.

Why do young people harm themselves?

Amongst the general population, factors that contribute to self-harming behaviour are:

- mental health or behavioural difficulties, including depression and low self-esteem, sometimes associated with other risk-taking behaviour such as substance misuse
- traumatic life events, which may trigger instances of self-harm, such as witnessing domestic violence, bereavement, family break-down, admittance to care and childhood abuse
- domestic environment, for example residential or secure settings, or young carers who take a high level of responsibility for parents and siblings, or young people living in violent or unstable households
- poor relationships, especially with parents or peers, and experience of being bullied
- confusion over sexual identity
- previous history of self-harming, which may increase the associated risk of suicide.

As looked after children are likely to have experienced most of the above, levels of self-harming amongst the looked after population are much higher.

Self-injury is a way of dealing with very difficult feelings that build up inside. It could be a response to problems in life such as exam stress, the break-up of a relationship, bullying, confusion about sexual identity or trauma and abuse.

People say different things about why they do it. Some say that they have been feeling desperate about a problem, that they feel trapped and helpless and self-injury helps them to feel more in control. Others talk of feelings of anger or tension that get bottled up inside, until they feel like exploding and self-injury helps to relieve the tension. Yet others have feelings of guilt or shame and may use self-harm as a form of punishment. Finally, some people use it to try to cope with experiences, such as trauma or abuse. They say that they feel detached from the world and their bodies, and that self-injury is a way of feeling more connected and alive.

Most young people who hurt themselves do so quite superficially. It is only a minority who self-harm so severely that they need emergency medical treatment for their injuries.

Helping the young person

Social workers should let foster carers know if a young person being placed with them has a history of self-harming and what strategies should be put in place to limit harm, for example understanding triggers. Foster carers should also know about any work being carried out with the young person by CAMHS.

Carers need to try to understand what lies behind the behaviour; it may be related to their personal history. Helping the young person to feel consulted and valued and providing them with opportunities to talk will reduce their sense of powerlessness. Encouraging them to express and communicate their feelings in other ways and reassuring them they are cared about will also help. Nevertheless, the behaviour may take some time to resolve.

In the event of a medical emergency, foster carers and residential workers should be aware of the following guidance issued by the NHS on what action is taken by A&E departments when a young person is admitted following an incident of self-harming.

<http://www.nice.org.uk/nicemedia/pdf/CG016publicinfoenglish.pdf>

Foster carers should record any incidents of self-harming on the incident report sheet and notify the allocated social worker within 24 hours. Records should also show what action was taken, for example first aid administered or admission to hospital.

Relevant Camden policy: Promoting the health of LAC
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Sex education and relationships

One of the many expectations of a foster carer is to assist in the on-going education of looked after children and young people with regard to sex and relationships. This includes both discussion of the facts and providing opportunities to discuss worries about relationships.

Government guidance states that 'effective sex and relationship education is essential if young people are to make responsible and well informed decisions about their lives'. It further says that effective sex and relationship training does not encourage early sexual experimentation, but should teach young people to understand sexuality and respect themselves and others. Research has shown that good sex and relationship education can raise the age young people first become sexually active. It can also assist them in thinking about their own views of sex and relationships and how these fit in with their cultural and faith beliefs.

Numerous pieces of research have shown that children and young people prefer their parents or carers to educate and advise them with regard to sex and relationships. To be effective, it needs to start from an early age and be ongoing. It needs to be age appropriate and delivered in a manner that the child and young person understands.

All schools, infants, juniors and senior have a sex and relationship policy which has been agreed by school governors and senior members of staff. It explains what and how children are taught in PHSE (personal, health and social education) classes. As a carer, it is important to have a copy of this policy and be familiar with its content, so that whatever is taught in school can be followed up at home.

Carers are encouraged to attend the "Talking to young people about sex and relationships" training which helps develop their skills and confidence in speaking to children of all ages about sex, relationships and growing up.

The LAC nurse is also able to give advice to carers at any time and speak to children and young people during their statutory health assessments. For the over 10s, there is a section of the assessment that concentrates on sex and relationships that is covered in an age appropriate and sensitive manner. The nurse is also able to supply leaflets and booklets to give to children and young people and that may help foster carers initiate discussions. Young people may also get confidential advice on sex and relationships from the Brandon Centre.

What should carers tell children and young people of different ages?

The following is based on information from the Family Planning Association website. However, children who have been sexually abused may need information at different stages and with a different approach. They will have

more sexual information than their peers and may ask more probing questions. In addition, they will have a distorted view of both sex and adult relationships and may need additional help in understanding that sex and relationships can be mutually beneficial and non-exploitative. Children with disabilities will also require an individualised approach, dependent on their level of understanding.

Children aged 3–4: At this age children are curious about the differences between the sexes. They are happy with simple answers to questions such as where do babies come from and can men have babies. Answers such as babies grow inside a mummy's tummy will satisfy them.

Children aged 5–8: Children in this age group are curious about their own and other people's bodies, pregnancy and childbirth. They need to know about the body changes that happen in puberty, including periods, wet dreams, the proper names for genitals and how a baby is made.

Children aged 9 and over: As children reach puberty, they become conscious of the differences between their bodies and those of their friends and may become anxious about what is normal. At this stage they will need more sophisticated knowledge about sex and reproduction, contraception, sexually transmitted diseases, masturbation, pregnancy, sexual orientation and love and relationships. They will also need to have discussions about their right to say no to sex, not being pressured into having sex or putting pressure on a partner and the importance of using contraception to prevent pregnancy and protect them against sexually transmitted diseases.

The law

Sexual intercourse under the age of 16 is unlawful. However, in practice, the police are only likely to take action where there is evidence of exploitation. This would be the case, for instance where a person with a duty of care to the young person, such as a teacher, became involved with them sexually or there was evidence of duress. On the other hand, a consenting relationship between two 15 year olds would not be seen as exploitative or abusive.

Providing advice

In some circumstances health professionals are able to give contraceptive advice to young people under 16 without parental consent. However, this can only be done if the health worker follows the Fraser Guidelines.

The Guidelines consist of a set of criteria, which must apply when medical practitioners are offering contraceptive services to under 16s without parental knowledge or permission. All of the following need guidelines need to be met:

- The young person understands the advice being given.
- The young person cannot be convinced to involve parents/carers or allow the medical practitioner to do so on his/her behalf.

- It is likely that the young person will begin or continue having intercourse with or without treatment/contraception.
- Unless he/she receives treatment/contraception their physical or mental health (or both) are likely to suffer.
- The young person's best interests require contraceptive advice, treatment or supplies to be given without parental consent.

In addition, it is clarified that although a young person or their partner may be committing an offence if having sex under the age of 16, doctors who give advice in good faith are not committing a criminal offence of aiding and abetting unlawful intercourse with girls under 16. Professionals are also able to make an appointment or accompany a young person to an agency, which provides contraceptive advice, without parental knowledge.

How does this apply to foster carers?

Looked after children are more likely to start sexual relationships at a younger age than their peers. Although foster carers would prefer that they waited until they were older, realistically it is often not possible to discourage young people from this course of action. In these circumstances, it is preferable to help them protect themselves from pregnancy and sexually transmitted diseases.

The guidelines apply to foster carers as they do to health professionals, so foster carers could give young people information or accompany them to seek contraceptive advice if they thought it was in their best interests and the guidelines set out above were likely to be met. It also means that foster carers could give condoms to young people under 16 as long as they meet the above guidelines.

However, this is a difficult area and some people may interpret these steps as encouraging the young person to have a sexual relationship. Before taking any action, it is important that foster carers talk through their concerns with the social worker.

Useful contacts

Brook Advisory Service, Euston

92-94 Chalton Street, London NW1 1HJ
Tel: 020 7387 8700

The Brandon Centre:

26 Prince of Wales Road, London NW5 3LG
Tel: 020 7267 4792

Marie Stopes Clinic

108 Whitfield Street, London W1T 5BE
Tel: 0845 300 8090

The following websites are also a useful resource:

www.bbc.co.uk/barefacts

Everything parents ever wanted their child to know about sex, love and relationships but were too embarrassed to ask.

www.brook.org.uk

Tel: 0800 0185 023

www.likeitis.org.uk

www.llgs.org.uk

Tel: 020 7837 7324

www.mariestopes.org.uk

Tel: 0845 300 8090

www.condomessentialwear.co.uk

Tel: 0800 567 123

www.fflag.org.uk

Tel: 0845 652 0311

www.fpa.org.uk

Related topic: Sexuality; Sexual abuse and exploitation

Relevant Camden policy: Sex and relationships policy for looked after children

Relevant training: Talking to young people about sex and relationships

Sexuality

A person's sexuality forms an important part of their identity. Heterosexual people are attracted to people of the opposite sex. Men, who are attracted to other men, are usually called gay men, and women who are attracted to other women are called lesbians. People attracted to both men and women are termed bisexual.

Some people are aware of their sexual identity from an early age; others only discover it later in life. Heterosexuality is so much taken for granted in our society that many people assume they are heterosexual. They may marry and have children and later realise that they are attracted to people of the same sex.

For a young person understanding their sexuality and becoming comfortable with it can sometimes be a confusing experience. A lot of people feel drawn towards a member of the same sex when they are growing up, but not all of them are bisexual, gay or a lesbian. Some may want to tell people about their sexuality or 'come out', but some decide not to tell anyone. Due to society's negative attitudes, they may feel shame and self-hatred or fear rejection by those they love or depend upon. In extreme cases, some people unable to come to terms with their sexuality may develop mental health problems.

It is essential that foster carers support young people whatever their sexuality and, particularly, if they are confused about their feelings. The best way to do this is to be open to discussion about sex and relationships with all young people as the opportunity arises. Through discussion, carers can convey an accepting attitude to all forms of sexuality and encourage young people to share their questions and concerns. Some young people may be suffering bullying and discrimination because of their sexuality and will need support to deal with this.

In terms of all relationships, heterosexual or same sex, carers should help children to think about their readiness to have physical relationships and the positives and negatives involved.

Carers who need additional support in this area should talk to the social worker. Additionally they should attend a relevant training course.

Relevant Standards: 2.1; 2.2; 2.3; 2.6

Related topic: Sex and Relationships

Relevant Camden policy: Sex and relationships policy for looked after children

Relevant training: Talking to young people about sex and relationships; Total Respect

Sexually abusive and exploitative relationships

Some young people enter sexual relationships which may give cause for concern because it is thought they may not have given full and informed consent to have sex and may be being abused or exploited.

The law is clear on the matter of consent:

- A child under 13 is not legally capable of giving consent to any kind of sexual activity; such activity will undoubtedly involve significant harm to the child and must be reported to social workers to be dealt with under child protection procedures.
- A child under 16 cannot give consent to sexual activity, but if the young people involved are over 13, of similar age, and the activity appears consensual, it is unlikely that the police would take any action. What is important is whether it poses a risk to the young person's welfare.

For young people under 18, some sexual relationships may be considered as abusive or exploitative because the young person may not be able to give informed consent or there is an element of duress due to a power imbalance in the relationship. In particular, there should be concerns where:

- The partner is much older than the young person;
- The partner is known to agencies as being a risk to children;
- Drugs and alcohol are used as a facilitator to sex;
- The young person is being given money/clothes etc in return for sexual favours;
- The young person does not have the mental capacity to understand the nature of consent;
- The partner is attempting to ensure secrecy about the relationship;
- The young person is being groomed; this may be through contact on the internet;
- The partner is someone in a position of power, for example a teacher.

Foster carers should be aware of the following factors as they may be indicative of sexual exploitation and all concerns should be passed on to the young person's social worker.

- unexplained money or gifts;
- staying out late or running away;
- sudden calls on mobile/responding to call by leaving the placement;
- sexualised behaviour and sexual risk taking;
- older boyfriend who seems to be controlling;
- truanting from school;
- seen or found in risky areas with adults who give concern;
- poor emotional health;
- sexually transmitted infections;
- use of drugs and alcohol.

Relevant Standards: 2.1; 2.2; 2.3; 2.6

Related topic: Sex and Relationships

Relevant Camden policy: Sex and relationships policy for looked after children; Children abused through sexual exploitation protocol

Short breaks provision (respite care)

Short breaks (previously known as respite) form one element of the support offered by Camden Council to disabled children and young people and their families up to the child's 18th birthday. The purpose of the breaks is to offer the child new experiences and give parents a break from caring. In Camden, this is delivered by specialist Family Link carers whose role is to care for a child in their own home for short periods of time on a regular basis. Carers can offer weekends and/or time during school holidays and can be linked with more than one family.

Short break care can be offered to a child regardless of their legal status, and some children will not be looked after even if they are staying with a carer overnight. Others will be looked after for the duration of their stay with the

foster carer because this is the best way of safeguarding their welfare and because they are receiving a high level of support in different settings and this is the best way to co-ordinate their care. In order to reduce the amount of bureaucracy and paperwork, there are also reduced requirements for social worker visits and for reviews where the short breaks are with the same carer and a single short break lasts less than 17 days and the total of days per year does not exceed 75.

Placement planning

Short breaks placements are planned, allowing the child, his/her family, the social worker and the family link carer to meet to ensure that everyone is happy with the arrangement before it starts. The carer also has time to learn in advance about the child and family and the child's care needs and how they are met. This is essential as carers will be looking after children with a range of different and often multiple impairments, some of whom may also have complex health needs, requiring medical care. Each child, even those with the same diagnosis, will require individualised care in order to meet his/her needs.

Each child must have a Disabled Children's Team child/young person Resource Plan which has been approved by the Short Breaks Panel on an annual basis, including all the information, necessary to allow those caring for the child to do so safely and sensitively in a way that helps the child progress. This should include:

- Relevant aspects of the child's history and information about his/her religious and cultural background;
- Detailed information about the child's routines in order to assist the carer in helping the child adapt quickly to being away from home, including details about the provision of intimate care;
- The child's health, and emotional and behavioural development including full details about any disabilities, clinical needs and medications the child may have;
- How to manage the child's behaviour and calm him/her when upset;
- The child's preferred method of communication;
- The child's likes and dislikes with particular regard to his/her leisure interests;
- How the carers can provide an environment which will promote the child's learning, for example visits to places which may complement the work the child is doing at school;
- Arrangements for contacting the parents as necessary, including an emergency number;
- Any delegation of parental responsibility to the carer, for example in the case of a medical emergency;
- How the carers will receive information and training about moving and handling, behaviour management, and specific training about any clinical procedures which the parents undertake at home;
- Financial arrangements pertaining to the placement;
- How long the arrangement is expected to last and the steps to take to end or change the arrangements;

- Whether risk assessments are required in connection with lifting or handling the child;
- How the child will be introduced to the family link family.

The process of introductions will depend on the needs of each individual child and their ability to adjust to new people and new environments. As a starting point, the family link family should give the parents a family profile to look at with their child. The introductions can include a visit by the family link carers to the child at home and a visit/s by the child and parents to the family link home.

Relevant standard: 10.3

Related topic: Disability; Family link carers

Smoking

Research has highlighted the dangers of passive smoking. The dangers apply not only if someone is in the same room as the smoker, but even if they smoke elsewhere, as the smoke adheres to clothing. Children are more sensitive to the effects of second-hand smoke because their lungs and airways are smaller. It makes them more prone to asthma, respiratory tract and ear infections. Additionally, children living in smoking household are more likely to smoke themselves when they are older.

Carers who smoke

Camden works to the BAAF practice note 51 and aims to reduce the risk of smoking to looked after children and foster carers. Foster carers are actively encouraged to consider the risks to them and the children placed with them and take steps to stop smoking, with support from the Fostering Service.

Foster carers who smoke cannot care for:

- children under 5
- children with certain health problems, for example asthma or other respiratory conditions
- children who come from non-smoking households
- older children who have asked not to be placed in smoking households.

When applicants give up smoking, there will be a period of 6 months before a child under 5 is placed with them.

Foster carer's who do smoke should undertake to follow the guidance from the National Safety Council on reducing children's exposure to smoke by:

- not smoking around the child, or allowing anyone else to do so

- not allowing anyone to smoke anywhere in the house or car.

Foster children who smoke

Foster carers should ensure that children understand the dangers of smoking and encourage and support them to stop. If they must smoke, they should do this outside the home.

It is illegal for children under the age of 18 to buy cigarettes and if foster carers are aware that a shop is selling them, they should speak to the proprietor.

Sons and daughters of foster carers

Fostering can be a very positive experience for many birth children who grow in emotional maturity and have a positive sense of being able to help children less fortunate than they are. Many sons and daughters of foster carers have an amazing capacity for tolerance and compassion, which enables them to cope with problems and dilemmas which may arise in placements.

When supporting foster carers, supervising social workers need to consider the needs and feelings of carer's sons and daughters as well as those of the carers. It is important because foster carers who resign often cite the impact of fostering on their birth children as one of the reasons for ceasing to foster. Some of the difficulties may be averted if social workers and parents are aware of how fostering affects sons and daughters and sufficient time is taken to prepare and support them.

Some of the difficulties that sons and daughters may encounter

Looked after children are likely to have experienced inconsistent parenting, maltreatment, separation and loss. This is reflected in behaviours which indicate feelings of insecurity. As a result looked after children may demand constant one to one attention from the foster carer and may react in a jealous manner if a carer spends time with their own children. Sons and daughters can feel excluded because of the time and attention that their parents are giving to looked after children. They may also feel jealous of the looked after child's relationship with the social worker.

Looked after children may also respond to previous negative experiences by exhibiting challenging behaviour. This could take the form of refusing to do as asked, destroying their own or others' possessions, being rude, abusive or even violent towards foster carers, bullying other children or sexualised behaviour. To the son or daughter, behaviour management techniques which encourage positive behaviour and ignore some of the negative behaviour can seem as if the looked after child is getting away with behaviour for which they themselves would be punished.

The amount of time that parents spend managing the behaviour of looked after children can also detract from their ability to spend time with their birth children. Additionally, it can be difficult for the birth child to stand by and watch their parent being verbally or physically abused.

When they think about fostering initially, birth children are often excited by the idea of having a friend with whom they can play and share experiences. Although many birth and looked after children have good relationships, it may also be the case that looked after children who are less mature find it difficult to play co-operatively or to share. This can prove frustrating for birth children.

Sometimes, looked after children find it easier to talk to other children than to adults and may disclose information about being abused or maltreated to sons and daughters. Birth children, who have had a more protected upbringing, may be shocked and distressed by hearing the details.

Birth children can also find it difficult when people outside the family ask questions about the looked after child, as they can be unsure how to reply. When looked after children leave the family, sons and daughters might feel upset and distressed. On the other hand, they might feel guilty about being relieved. Sometimes, as attention is focussed on the looked after child, the feelings of sons and daughters can get overlooked.

How these issues can be addressed

When talking to carers about the age of the children they would like to foster, the ages of their birth children will be taken into account. Research suggests that it is often preferable for a looked after child to be the youngest in the family and that placing them with a birth child who is close in age is more likely to break down.

During the assessment the social worker will involve birth children in the preparation process. This includes discussing the reasons why children need to be looked after and helping them understand the effects this may have on the looked after child's self-esteem and behaviour. Children who are involved and aware are more likely to be resilient in the face of difficulties. The supervising social worker will continue this process. There are also some books that children can read - for instance the Tracey Beaker stories by Jacqueline Wilson, which will assist them to understand more about what it is like to have to be separated from your birth family.

Finally, the Participation Officer organises events for the sons and daughters of foster carers, which aims to give sons and daughters the chance to share their feelings about fostering and build up a support network with other children and their families who foster.

What can parents do?

- Prepare children in advance (with the help of the social worker) for any problems or dilemmas that might arise.
- Help children to talk honestly about how they are feeling. Allowing them to express negative emotions and accepting that they may have mixed feelings about the looked after child can help them cope better with problems which arise.
- Ensure that all the children in the family have "special time" and know how important they are.
- Ensure that children will talk about any concerns they have, for instance about a looked after child's behaviour or if the child has told them something "in secret".
- Work out a simple cover story for the presence of the looked after child and ensure that birth children are aware of it.

Relevant Standard: 21.6

Special educational needs

A child is defined as having special educational needs (SEN) when they have a significantly greater difficulty in learning compared to their peers or they have a disability that affects them from accessing normal school provision. In order to be able to make academic progress and reach their potential, these children will require additional help.

A child may have learning difficulties caused by:

- A physical disability;
- A sight, hearing or speech impairment;
- Behavioural, emotional or social problems;
- A medical or health problem;
- Difficulties with reading, writing, speaking or numeracy.

If a child does not make sufficient academic progress, a statutory assessment of SEN can be requested by the school or the social worker. A statutory assessment is a detailed, multi-disciplinary investigation to find out what the child's special needs are and how they can be met.

If the local authority agrees that the request meets the criteria, an assessment will be carried out and this may (if it is considered to be in the child's best interests) lead to a statement of educational needs which sets out the type and degree of help the child requires and where this can be best provided. Support may include extra support from a learning support assistant, speech and language therapist, specialist teachers, physiotherapists, occupational therapists and medical professionals.

Resources may include special arrangements such as transport or special equipment. The borough has a policy of inclusion, as children usually benefit

from being educated in mainstream schools. However, a very small number of children may be educated in special schools. Statements are reviewed annually.

Schools provide help for children with SEN in a number of forms and they will match the level of help to the needs of the child and for the length of time necessary. Some children may need extra help for a short period of time and others may require it for a number of years. The way the additional help is given may be recorded in an individual education plan, which will state what help is being given, how often, by whom, what the targets are and how they will be measured. It will also include what help the carer can give at home to support the plan. In addition, the school can ask for specialist advice from, for example, an educational psychologist, speech and language therapist or other health professional

If foster carers are concerned about the child's learning, they should speak to the social worker and the school about this. Each school has a special needs co-ordinator (SENCO), responsible for ensuring the needs of children who require additional help are met. Details of any plan made under a statement of education needs will be incorporated into the child's PEP.

Carers can obtain support about special educational needs and any other education issue from the Camden LAC Academy virtual school.

Relevant Standards: 8.1; 8.2; 8.4; 8.7; 21.1; 21.6

Related topic: Education

Relevant Camden policy: Promoting the education of LAC

Special guardianship

For some children, adoption is not a suitable option for permanent care because they wish to retain links with their birth family. This may be the case for older children and those being looked after by family and friends carers. Special Guardianship Orders have been introduced to give carers legal rights to care for the child without ending parent's rights regarding the child as would be the case in adoption. The order strikes a balance between the need to provide carers with the legal basis to care for the child in a stable care arrangement and the parent's right to remain involved in the child's life though in a limited way.

When a Special Guardianship Order (SGO) is made the guardian is given the legal rights and responsibilities to parent a child until they are 18, including taking most of the decisions concerning the child's upbringing. Birth parents remain the legal parent and only they can give permission for such as changing the child's surname, taking the child abroad for more than 3 months or allowing the child to be adopted.

Special guardianship orders are Section 8 orders under the Children Act 1989 and are applied for by individuals in private proceedings. For looked after children, anyone caring for the child for a period of time may, with the consent of the local authority, apply for a Special Guardianship Order, including the child's foster carer. Once granted, the child will cease to be looked after, though the local authority will have a duty to support the care arrangement through special guardianship support services.

Special guardianship can be a preferred option for some long-term fostered children because it gives them security and removes any stigma that is attached to being in care. It also means that they can retain their ties with their birth family, which may be important for asylum-seeking or older children who do not want to lose their parental relationship, but need an adult who can make decisions on their behalf. The child's views will always be sought where special guardianship is being considered.

Long term foster carers may be asked by the social worker whether they would consider applying for an SGO. In thinking about this option, foster carers need to consider the amount of support they will require to look after the child, both currently and in the future. Camden can offer support packages, including training, help with contact, therapy services and finance. The Adoption Support Services Advisor may be allocated for a time limited period where the Special Guardian requires support and advice pertaining to support services or contact.

Foster carers can apply to the court for an SGO with the consent of their local authority or if the child has lived with the carer for a year immediately preceding the application. The carer must give the local authority 3 months notice in writing of their intention to apply. After this time has elapsed the application can be submitted to the court, which will ask the local authority to prepare an SGO report. At the subsequent hearing, the court will consider on the basis of the information it has received whether to grant the SGO. It may also decide to make a contact order, specifying the arrangements for contact with the birth family and other significant people.

Unlike an adoption order, an SGO can be discharged or varied. However, parents who wish to do so would have to convince the court that their circumstances had considerably changed for the better before the court would accept their application.

Relevant Camden policy: Special Guardianship Orders; Family and friends carers

Special occasions

Looked after children should be able to celebrate special occasions, such as birthdays and festivals. However, foster carers must bear in mind that different families, cultures and religions have varying attitudes to how these should be marked. Foster carers can find out from parents what their views are and where the practice of the child's family is very different from that of the foster family, the carers should discuss with the social worker their views on how to celebrate the occasion. The decision should be based on the needs and wishes of the child.

Achievements by the looked after child, for instance success in academic examinations should also be rewarded and celebrated in the foster home. Foster carers are also asked to facilitate the attendance of children and young people at the annual celebration event for looked after children.

Statement of purpose and children's guide to fostering

Every fostering service must have a statement of purpose which describes its services and how the service will comply with legislation, regulations and the National Minimum Fostering Standards. It must detail the service aims and objectives and how these will help children achieve positive outcomes. Camden's Fostering Service statement of purpose is reviewed annually and can be viewed on the website at: www.camden.gov.uk link

In line with legislation, Camden has produced two children's guides to fostering, one aimed at children aged 6-11 and another aimed at young people aged 12 and above. The guides set out how the Fostering Service works to ensure that looked after children's needs are met and what children can do if they have any problems or complaints. Copies of the guide are included in the LAC information pack given to children when they first become looked after. It is the foster carer's responsibility to explain the contents of the guide to children.

Where children have disabilities or speak limited English, foster carers should ask the social worker to make suitable arrangements for the guides to be explained to children in a form which meets their needs and level of understanding.

Relevant Standards: 16.1; 16.2; 16.3; 16.4; 16.6; 30.2

Related topic: National Minimum Fostering Standards and Fostering Service Regulations

Relevant Camden policy: Fostering Statement of Purpose

Staying put

Many young people remain with their parents beyond the age of 18 and moving to independence is often a staged process taking several years. For looked after children, once they reach their 18th birthday, they are no longer looked after and in most cases will have moved on to independent living.

However, some young people may not be ready to move on. Camden's staying put policy allows young people to remain with their foster carer after 18 if:

- when they reach 18, they are still in Year 13 (A levels) or the third year of a BTEC course and need stability of placement to finish off these courses
- they are vulnerable and are therefore not ready to move to independence, needing further support from their carer to make the transition
- they are disabled and are waiting to transfer to adult services/accommodation.

The staying put policy has been put in place to give care leavers the opportunity to benefit from the support of remaining in the foster home after 18 and up to the age of 21 in order to 'normalise' the process of leaving home if they meet the above criteria. There is also provision for care leavers at university and other residential training to return to their former carers during vacations.

Carers will have talked to young people about their plans for the future, and may have some idea about whether they would welcome being able to stay longer in the foster home. Formal discussions about staying put will begin when the young person reaches 16 and will be written into their first pathway plan. Before this time, foster carers should have the opportunity of talking about their views with the social worker and supervising social worker. Foster carers, in turn, should have a discussion with other members of the household and the impact on them of the continued placement.

Factors to consider

- Foster carers will be given clear information about practical issues such as the allowance which will be paid and the effect it will have on tax, national insurance and benefits.
- It is acknowledged that because of the changing nature of the relationship between the carer and the young person, opinions about the placement may change during the ensuing two years and the discussions should be on-going and the plan changed, as necessary.
- If the carer is continuing to foster other children, the young person must be willing to apply for a CRB disclosure.
- Young people remaining with their foster carer because they are still in full-time education will not be able to claim benefits unless they have a disability or they are a parent. The 16+ team will need to continue to maintain the young person and agreement must be reached as to

whether young people will make any contribution to the foster carer from their allowance.

- Where they are receiving income or benefits, young people will be expected to make a contribution to the household and this will be set out in the pathway plan.

Ending arrangements

The staying put arrangement ends at 21, although where the young person is taking exams at this point, there is a possibility of a limited extension. It can end before the young person is 21, by either the young person or the carer giving a minimum of 28 days notice and preferably more to allow sufficient time for alternative accommodation to be found. In exceptional circumstances the arrangement can end with less notice.

Tax and benefits

The tax arrangements for foster carers no longer apply, however HMRC allows carers to use the same arrangements that apply to adult placements. These allow carers to receive up to £400 per week tax free for the first adult and £250 per week for the second or third adult placed with them.

The effect of a staying put arrangement on means-tested benefits is very complicated. In general money paid as rent will be counted as income, with a small amount disregarded if meals are provided. Other leaving care payments that the young person receives and then pays to their carer may be disregarded in some circumstances. Carers are advised to seek expert advice the local Citizens Advice Bureau.

In addition, carers should be aware that their legal protection cover will lapse. They should also inform their house insurance company and their landlord or mortgage provider that they now have a lodger.

Relevant Standards: 12.4; 28.4

Relevant topics: Allowances; Preparing for independence

Relevant Camden policy: Staying put

Stealing

Stealing is a behaviour that foster carers may encounter when caring for a looked after child. It is particularly important for social workers and foster carers to assist children in overcoming this behaviour, as previously looked after children are more likely to become known to the criminal justice system as adults than other groups. As with other behaviours, it will take time and patience to resolve.

Many children coming into care have come from homes where there is no clear communication about what is right or wrong. Parents may themselves

be in prison or known to the criminal justice system. Shoplifting and theft may have been a common practice in a child's birth family.

In addition, children may have been deprived of food or basic material possessions so when in the foster placement, they may steal and hoard for fear that they will be deprived again in the future. It is not unusual to find missing items hidden under the bed in the child's room. Looked after children may also steal outside the home and the police may become involved.

Stealing can often be an impulsive action which is done almost without thinking. Children also steal for deep-seated emotional reasons such as fear, anger, frustration and low self-esteem. It can also be an attention-seeking behaviour.

Foster carers can help by:

- Trying to understand the reasons that the child is stealing;
- Keeping valuable items, particularly money, out of sight of the child;
- Reassuring the child that they do not need to steal food;
- Helping the child develop self-control and encouraging him/her to think before they act;
- Explaining to the child what the sanction will be if they steal, for instance if they steal from a shop they will have to return the item and apologise;
- If a child has to go to court, supporting them through the process, without condoning the theft.

Relevant Standards: 3.2; 3.4; 3.10

Related topic: Behaviour Management; Fostering Changes

Relevant Camden policy: Behaviour management

Stress

Stress is the feeling of being overloaded with responsibilities and demands. A certain amount of pressure can be positive in that it can motivate and improve how people perform. However, too much or prolonged pressure can lead to stress, with symptoms such as difficulty sleeping, headaches, problems with concentration, irritability, mood swings and lack of appetite. This in turn can lead to health problems such as high blood pressure and depression.

Foster families are subject to the normal stresses of everyday life, such as financial, health and relationship problems, like any other family. In addition to this, they are caring for one or more children who present them with a range of ongoing challenges in terms of behaviour and the additional time and care that they need.

The work carers do is also continually scrutinised, where they are required to work with parents and may be the subject of complaints and allegations. All these elements can be very stressful, in particular for new and inexperienced carers who are still learning about fostering and working with the local authority.

It is important that foster carers recognise and acknowledge the stressful nature of the work they do. Stressed carers are more likely to physically or emotionally abuse a child. Admitting to being stressed is not a sign of failure and a timely request for assistance can prevent future problems, allegations and placement breakdowns.

Carers should have an ongoing dialogue with their supervising social worker, who will be able to assess what additional help might be provided. They should also ensure they talk to their partner, if they have one, or another person who is able to listen and provide emotional support.

Finding ways of dealing with stress as it arises is important. Sometimes other foster carers or nominated carers are available to provide some childcare, and on occasion respite care can form part of the care plan. Carers should also ensure that they schedule in regular breaks, such as evenings out. Finally, they should make use of opportunities for peer support, such as mentoring, support groups and the Camden Foster Carers' Association.

Relevant Standards: 21.2; 21.3; 21.4; 21.5; 21.6

Related topics: Foster Carers' Association; Mentoring Scheme; Support for Foster Carers; Fosterline

Supervision of children and young people

When considering the amount of supervision that children need, their age is not a helpful guide. All children are different and mature at different ages. What is important is their understanding and competence.

Looked after children are likely to be less mature than other children of the same age, so foster carers should avoid comparing them with their birth children. Looked after children may require additional supervision and guidance than other children, but on the other hand, it is also important not to be overprotective and to teach them to be responsible for themselves, giving them more freedom as they become ready to cope with it.

It is also essential to consider the child's history. Where there is any risk of sexualised behaviour or bullying, they should be supervised more closely, for instance children should play downstairs rather than in bedrooms.

When children first arrive in a placement, foster carers must be mindful that their full history may not be known to the social worker. Carers will usually need to supervise them very closely until they know more about them.

However, supervision should be conducted as far as possible in a way which does not make the child feel they are being treated differently.

Leaving a young person alone at home

The law does not prescribe any age at which a child can be left alone. The NSPCC suggests that no child under the age of 13 should be left unsupervised for more than brief periods. After this age, it is a step which needs to be considered in the context of the young person developing independence skills. Leaving a child alone overnight is another milestone and this should not be considered until they are 16.

Before leaving a child alone, foster carers must make judgements about his/her competence and reliability, but they will be unable to do this until the young person has been in the placement for some time. The social worker's opinion may also be helpful in deciding whether the young person is ready for this step.

Allowing a young person to go out alone

Deciding when a young person should go out alone is again a judgement based on his/her maturity. However, there will also be considerable peer pressure to allow it, whether the child is ready or not. Before allowing a child to go out alone for the first time, for instance walking to school or to the shops, foster carers must ensure children are aware of all the relevant dangers including traffic or talking to strangers. They should be educated about how to keep themselves safe and what to do in an emergency or if, for instance, they miss the bus home.

This area can be problematic for carers who are fostering young people who were used to few or no boundaries while living with their birth parents.

Wherever possible carers should impose house rules about when young people can go out (for instance not on a school night) and when they must return. Young people must also inform the carer where they are going and with whom. They should also help the young person to explore the possible risks that they could encounter.

However, there will be times when answers about where they are going are less than the truth and when they do not comply with the rules about the time to return. The carer may be concerned that they are putting themselves at risk but equally unable to physically stop them from leaving. These are not easy situations to resolve. Having an argument may mean the young person will not return to the placement at all, thus placing himself/herself at even greater risk.

In coping with this situation, the relationship that carers build with the young person is extremely important. If they are able to maintain channels of communication, the young person is more likely to consider acting on what they are saying. This means avoiding conflict and argument, but explaining

calmly how worried they are about the risks he/she is being exposed to and ensuring that they have appropriate information about drugs, alcohol and sexual health. The carer should also make clear that whatever happens they will be there for the young person.

Carers should also discuss their concerns with the social worker, who may be able to offer additional support and advice.

Supervising social worker (SSW)

SSWs are based in the Fostering Service. Their role is to support and monitor foster carers and family and friends carers in the task of looking after children and young people. Although part of their task is to give on-going emotional and practical support to carers, their first responsibility is to look after children and ensuring that they are receiving good quality care.

All approved foster carers in Camden will have an allocated, named SSW to provide support and monitor performance. When matching foster carers with a SSW, the fostering manager will take into account the foster carer's support needs and the SSW's area of expertise and will try to match carers with a SSW of a similar cultural background.

Role of SSWs

- Providing foster carers with supervision through regular visits;
- providing information, advice and support at supervision sessions so that the foster carer is able to meet the child's needs
- making sure the foster carer understands and can carry out the fostering task and can comply with the foster care agreement, placement plan and other relevant Camden policies;
- making sure the foster carer has received all relevant information about the looked after child and that a placement agreement meeting has taken place;
- facilitating support for the foster carer's family, including birth children;
- providing a link with the looked after child's social worker and other professionals and specialists who are working with the child;
- advocating for the foster carer within the child's professional network;
- monitoring and feeding back on the foster carer's performance;
- helping the foster carer to develop their skills and expertise by identifying suitable training and support groups and ensuring they have an up to date training profile;
- making sure the foster carer receives regular payments and any equipment or other resources needed to care for the child;
- negotiating breaks for the carer with the Fostering Service;
- supporting the foster carer in the event of any complaints or allegations;
- undertaking an annual review of the foster carer.

Supervisory and support visits

SSWs visit foster carers at home at least once a month to 6 weeks depending on need, but visits may be more frequent depending on the foster carer's needs. Visits may be more frequent:

- for newly-approved carers
- where there are difficulties with a placement and the carer needs more support
- there are concerns about the standards of care provided and further monitoring is needed.

Where partners are jointly approved as carers, the meetings should include both wherever possible. If the second carer has other commitments such as work, they will not need to be seen on every occasion, but will he/she will need to attend some meetings and the annual review. SSWs also have a duty to speak to the sons and daughter of carers about their feelings about fostering and any difficulties they may be experiencing.

The purpose of supervision includes the following:

- To monitor the work of carers and give them feedback so that they can meet the individual needs of the children;
- To give carers the opportunity to raise issues that they feel require action;
- To identify any difficulties that carers may need help to resolve;
- To support carers by providing advice or making this available from elsewhere;
- To help carers and their family cope with the stress of fostering;
- To help carers develop their skills and knowledge by assessing their training needs and providing opportunities for further development.

During the visit, the SSW will discuss:

- Placement issues including the child's wishes and feelings; health; education; behaviour management; developmental progress; identity issues; contact; care plan; life story work, working with the child's social worker; how the carer is managing the placement and any additional support that might be required; any equipment required.
- Household issues such as holiday plans, issues concerning the impact of fostering on the carers' sons and daughters, health and safety issues, their support network, update of their checks e.g. CRB and medicals.
- Foster carers' professional development and their role as a foster carer, including attendance at training and support groups; training needs, resources.

During the visit, the SSW will also look at the carer's daily/weekly recording sheets, giving advice and support as necessary with regard to recording.

From time to time the SSW will also want to see the child's savings book. Visits will be recorded by the SSW on the supervisory visit form and a copy of the form sent to the foster carer. In between visits, SSWs are available to carers on the telephone and by e-mail, if they require support, advice or wish to report an incident.

Unannounced visits

At least once per year, SSWs are legally required to carry out an unannounced visit in order to ensure that:

- the foster carer is providing a high standard of care
- the home environment is safe and suitable
- the child is safe and well.

Usually the health and safety check is carried out at the time of the unannounced visit. Unannounced visits may also take place if there are concerns about the child's safety or welfare or the foster carer's ability to care for the child. All supervisory and unannounced visits will be recorded and the carer will be asked to sign a copy.

Joint visits with the child's social worker

In order to encourage partnership working, at least one visit between statutory reviews will be a joint visit with the child's social worker. The focus of the visit will be on the implementation of the child's care plan and will allow the foster carer to discuss the child's progress and whether the plan is right for them.

Other responsibilities

If there is a child protection conference or LAC review pending, SSWs will assist carers to prepare for attending and contributing to the discussion. The SSW will also act as a liaison between the foster carer and the child's social worker where difficulties or misunderstandings have arisen. The SSW will check that visits and meetings about the child have taken place as required and raise it with the social worker, if necessary.

If there has been a complaint or allegation made against the foster carer, the SSW will be involved in the investigative process. They will be able to support the carer by keeping them informed and listening to their views, but carers must be aware that the SSW's first duty is to the welfare of the child.

SSWs are responsible for completing the report for the annual foster carer review and presenting this to the Fostering Panel, if required. When there has been a change in circumstances in the household, after an allegation or if there is a recommendation to widen foster carers' approval, the SSW must submit a report to the Panel.

An important aspect of the SSW's role is to support the professional development of foster carers through supervision, by encouraging their attendance at training and supporting them to complete their personal development plan (PDP) and the Training, Support and Development Standards' portfolio.

Relevant Standards: 1.1; 1.3; 1.5; 1.6; 1.7; 3.7; 20.7; 20.8; 21.1; 21.2; 21.6; 21.7; 21.8; 21.9; 21.12; 31.6

Related topics: Allegations and Complaints; Annual Foster Carer Review; Personal Development Plan; Social Worker's Role; Training, Support and Development Standards; Unannounced Visits

Relevant Camden policy: Supervision and support of carers

Support for foster carers

In addition to the supervising social worker, there are other resources a foster carer can use to obtain help and advice.

Out of Hours Support

Where foster carers encounter problems or need advice outside of office hours, they can contact the Emergency Duty Team.

As foster carers are members of the Fostering Network, they may also use Fosterline.

Training

There is a comprehensive training programme which assists carers in reflecting on their practice and improving their skills. There is support to complete the Training, Support and Development Standards portfolio that every carer needs to complete within 12 months of approval.

Support Groups

Support groups provide an opportunity for foster carers to meet with their peers in order to share experiences and knowledge and offer support and foster carers are encouraged to join these groups wherever possible.

Foster carers may join the Fostering Service's own support group and may also consider joining the Camden Association of Foster Carers. Both groups enable foster carers to discuss any issues affecting them and offer carers a

chance to discuss these issues directly with senior managers who are responsible for the Fostering Service.

The support group is also a forum for professionals from specialist services to deliver presentations to foster carers about their work and how they can support foster carers in their caring role.

Support Groups for all foster carers run monthly and are facilitated alternately by a designated supervising social worker and the carers themselves.

Buddying Scheme

This is for newly approved carers or carers who are having difficulties and who are linked with an experienced foster carer. This ensures that the carer has access to additional support and advice from someone who understands the role and their initial uncertainties from a carer's perspective.

Camden Foster Carers' Association

Camden foster carers have their own association, which meets regularly to discuss fostering issues and organise social events. It also liaises with the team manager to raise matters of concern and advocates on behalf of foster carers. Members of the committee are also willing to give individual advice and support to carers.

Fostering Network

Once approved, foster carers become members of Fostering Network which runs Fosterline, a government funded telephone service offering independent and confidential information, advice and support. Additionally, Fostering Network can provide insurance cover, enabling a foster carer, subject to an allegation, to obtain legal advice and representation.

Support for Health and Education

Carers can obtain advice about issues of health and education from the Looked After Children nurse and the Camden LAC Academy virtual school.

MALT and Child and Adolescent Mental Health Service (CAMHS)

Camden's Multi-agency Liaison Team (MALT) provides a service for looked after children who are experiencing mental and emotional difficulties and co-ordinates CAMHS services. Together, these provide therapeutic input for looked after children and young people and counselling and support for foster carers with issues arising out of placements, such as caring for emotionally damaged and abused children and support with the loss of a child moving on.

Independent Support

Carers can obtain independent support from the North London Fostering Consortium in the event that an allegation or complaint is made against them.

Breaks from caring

Where carers have a challenging placement, they can take a break for up to two weeks per year, although it is expected that this will be planned to take account of the needs of looked after children. These are agreed on a case by case basis by the Fostering manager.

Longer breaks can be negotiated between the foster carer and the Fostering Service via their supervising social worker but foster carers returning to fostering after a break of a year will need to be re-assessed.

Relevant Standards: 20.7; 20.8; 21.2; 21.4; 21.5; 21.6; 21.10; 30.12

Related topics: Health; Emergency Duty Team; Foster Carers' Association; Fostering Network; Child and Adolescent Mental Health Service; Buddying Scheme; Training; Virtual School for Children Looked After; Re-assessment

Relevant Camden policy: Supervision and support of carers; Assessment of foster carers

Swearing

Swearing or the use of bad language is a learnt behaviour, often used by children in front of carers to gain a reaction. Children may use it because they know it will offend the carer.

Foster carers should not appear shocked, but should later remind the child that it is not acceptable.

Children need to see how adults control their anger as a means of helping them develop their own self-control, and foster carers need to set a good example. Therefore it is unacceptable for foster carers to swear in front of children.

Relevant Standards: 3.2; 3.4; 3.8

Related topics: Behaviour Management; Fostering Changes

Tattoos and body piercing

It is illegal for tattooists to tattoo any child under the age of 18, even with parental consent. Young people should be aware of the risks of having tattoos, such as unsafe materials or unclean needles. In addition, tattoos are permanent fixtures, at best they need medical intervention to be removed, and what seems desirable at the present time may not be in a year.

Foster carers cannot give consent for body piercing of any kind. Young people should be advised to speak to their parents and social worker before going ahead. There is no legal age of consent for body piercing, and so it is legal for someone under the age of 18 to have a piercing as long as they have consented to it. The only exception is that children under the age of 16 cannot legally consent to a genital or nipple piercing, as it is considered to be indecent assault. Therefore, if a young person is determined to have a body piercing, they cannot be prevented from doing so. However, they should be warned of the risk of infection from unclean equipment.

Related topic: Blood-borne Diseases
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Tax and national insurance

Tax

Foster carers are treated as self-employed under the tax system but are eligible for qualifying care relief on income or profits relating to fostering. This is a tax-free allowance made up of two elements:

- A fixed amount for each fostering household of £10,000 per year; if a carer is approved during the tax year, this allowance is pro rata, for example if the carer has been approved as a foster carer for only three months of the year, they are entitled to £2,500 of this amount.

and

- £200 per child per week for children in placement aged 0-10 and £250 for children 11-18.

In addition, expenditure to buy special equipment for a severely disabled child can be added as long as receipts are kept.

If the carer's income from fostering is less than or equal to the tax-free amount, they do not have to pay tax. Income from fostering includes all allowances, including birthday, festival and holiday money, fees and expenses.

If the income is higher than the allowable tax-free amount, carers will only have to pay tax once their normal personal allowance is used up. The whole or part of the personal allowance will be available for this purpose, depending on whether the carer has income from employment or other sources, such as savings interest.

If carers are due to pay tax, there are two different methods of calculating this:

- The 'simplified method' is to pay standard rate tax (currently 20%) on any fostering income which is not covered by the tax-free amount or any remaining personal allowance. For instance if the income was £5000 in excess of these, £1000 would be due.
- Alternatively carers can calculate their actual expenditure on fostering (the 'profit method'), by working out how much income they have in excess of fostering related expenses; however, this will involve keeping detailed records and receipts.

Where there are two foster carers in the household, they can decide whether one carer declares the fostering income or whether to split the income and expenditure between them. The best approach will differ in different circumstances and carers may need to seek advice about which is better for them.

All carers must keep records about their income, the ages of the children they look after and the number of weeks the child is in the household for at least six years after the end of the tax year.

If they are sent a self-assessment form, carers must complete this whether or not they are liable for tax. However, it is not necessary to request one unless there is tax due. Carers must inform HMRC if they believe they are due to pay tax. If they are unsure whether or not they are liable for tax, they should seek advice from HMRC or one of the organisations listed below.

From April 2011 allowances from the local authority for placements of young people over 18 will be treated in the same way as that of foster children.

Income from sources other than fostering does not count for the purposes of qualifying care relief.

National Insurance

In common with other self-employed people, foster carers must by law register to pay Class 2 national insurance contributions (NICs), which are £2.50 per week in the 2011-2012 tax year. Carers with low earnings (under £5315 in 2011-2012) qualify for small earnings exception (SEE) and can opt out of paying NICs but if they have not accrued sufficient national insurance contributions, they will not be entitled to receive a number of non-means-tested benefits, including incapacity benefit and employment and support allowance. Nor may they qualify for a full state pension.

In addition, if carers make a profit from fostering of more than of £7225 (in 2011-2012), they must pay Class 4 national insurance contributions. Carers who think that they may be in this situation should seek further advice.

It is advisable for carers to obtain a pension forecast from www.direct.gov.uk. If they have insufficient NICs to qualify for a full pension, they can then plan to

make up the shortfall with additional Class 2 or 3 contributions. In addition, carers can apply for NI credits from April 2011 because of their fostering role as this replaces Home Responsibilities Protection. However, there is no need for carers to make an application if they are receiving child benefit for another child, as the credit will be made automatically.

Working Tax Credits

Foster carers may be entitled to claim WTC, although any other income in the household, such as from a working partner, will be taken into account.

Alternatively, carers may be eligible to claim Income Support or Employment Support Allowance, depending on circumstances and whether they are a single carer or part of a couple. It is suggested that carers seek advice on this issue.

Information and advice

Information can be found on the HMRC website:

<http://www.hmrc.gov.uk/>

TaxAid provides free tax advice to those on a low income. They can be contacted on **0845 120 3779** or www.taxaid.org.uk.

The Low Incomes Tax Reform Group can also give free assistance and can be contacted via their website www.litr.org.uk.

Related topic: Young People over 18
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Television and computer games

There is some evidence to suggest that children may be negatively affected by watching television programmes or playing video games which are violent. As well as restricting this kind of viewing, television and computer use should be balanced with more active games and social interaction. Sitting with children while watching TV can lead to positive interaction and discussion and children can learn to think about what they have watched in a more critical way.

Where necessary, foster carers should use parental control settings on TVs and computers in order to restrict access to unsuitable programmes and sites.

Whether a looked after child has a television in their room depends largely on the practice of the individual foster family. In some families, birth children have their own televisions, whereas in others they do not. It is important that all children in the family, including both birth children and looked after children, do not feel that they are being treated differently.

Foster carers are advised not to place a television in a looked after child's room at the beginning of the placement. However, if other children in the

home have televisions, an explanation needs to be given about the reasons, for instance they may be older, and the process by which it has been agreed that they can have a television in their room.

When children have been in placement longer, having a television could be negotiated. The timing of this can be discussed with the social worker. There must be clear rules about the length of time it can be watched, which programmes are suitable and when it needs to be switched off. The child also needs to know the consequences if the rules are not followed, and ultimately this could lead to the removal of the television. It is also important to ensure that watching television alone in their room does not adversely limit a foster child's involvement in family activities and social interaction.

Related topic: Internet and Mobile Phone Safety; House rules

Termination of placements

FSSW has a duty to remove a child from a placement which is detrimental to his or her welfare. The notice given to the carers will differ depending on the circumstances.

A placement disruption meeting will be arranged to discuss the issues and why the placement needs to come to an end. However if this is not possible a meeting can be arranged afterwards to discuss the issues and lessons to learn.

Related topic: Placement breakdown

Relevant Camden policy: Placements

Terms of approval and exemptions

All foster carers are approved to look after a certain number or age range of children depending on their assessed strengths and weaknesses. Family and friends foster carers are approved to look after the child or children for whom they have been identified as a carer.

Most foster carers will be approved for “the usual fostering limit” which is 3 children. However, the usual fostering limit does not apply where **either**:

- a sibling group is being placed together (in which case there is no upper limit)
- or**
- the Fostering Service has agreed an exemption to the foster carer’s usual terms of approval.

Children may be placed with any foster carer outside of their usual terms of approval in an emergency but must be moved on to a more suitable long term placement within 6 days unless an exemption is given by the Principal Officer for Care Provision.

Camden uses exemptions where there is an exceptionally good match between a child requiring a foster placement and a particular foster carer, but the foster carer's terms of approval mean that normally the child would not be placed with them. When deciding on whether or not to give an exemption, the Principal Officer will look at:

- the number of children currently living with the foster carer
- the proposed care arrangements for the child
- the intended and likely relationship between the foster carer and the child
- the period of time the child is likely to stay with the foster carer
- the impact on the safety and welfare of other children in the household (including the foster carer's own children).

Exemptions can only last for up to 6 weeks and if the plan is for the child to remain with the foster carer there must be an application to the Fostering Panel for a decision on how much longer the exemption can continue.

Related topics: Fostering Panel

Relevant Camden policy: Approval and registration of foster carers: Matching and placements

Training

Camden provides training for carers in line with the National Minimum Standards. It is essential that foster carers attend training, as a means of improving their skills and knowledge and contributing to their professional development. The timing and organisation of training takes account of the carer's fostering and childcare responsibilities. All training is run within a framework of Equal Opportunities and Anti-discriminatory Practice.

Prior to approval carers will have attended Preparation training. After approval carers attend induction and core training. Foster carers may also access social work training courses in order to develop specialist skills further.

In addition, in their first year of fostering all carers are required to produce a portfolio evidencing that they have met the Training, Support and Development Standards set by the Department of Education. Support to complete this is offered in the form of workshops and one-to-one sessions.

All foster carers must complete the induction and core training listed below and update their knowledge in these areas every three years:

- First Aid
- Safeguarding Children
- Health and Safety
- Safer Care
- Life Story Work
- Working with Difference
- Child Development
- Managing Challenging Behaviour
- Separation and Attachment
- Working with the Department
- Health and Hygiene
- De-escalation and Defusion
- Contact

Carers who wish to develop specialist areas of interest can attend courses including:

- Men in Fostering
- Working with Asylum Seeking and Trafficked Children
- Working with Children who have been Sexually Abused
- Understanding the Effects of Chemical Dependency on Children and Families
- Autism
- Sign-along (sign language)
- Food Hygiene
- Manual Handling
- Cultural Awareness
- HIV and AIDS and Other Blood-borne Diseases
- Training for the Particular Needs of Family and Friends Foster Carers
- Hair and Skincare for Black Children
- Baby Care

Not all of these courses will be run every year.

There is other training which supports professional development including:

- Appropriate Adult
- Court Skills
- Fostering Changes
- Training Support and Development Standards - TSDS (formally known as CWDC)

Fostering Changes is a 12 week course which aims to help carers develop understanding of children's behaviour and techniques for managing it.

A training manual of courses is produced on an annual basis to assist carers to plan which courses they would like to attend. Course selection should be

done in collaboration with the supervising social worker, who will work with foster carers to produce a personal development plan. Details of how to apply for training are contained within the manual.

Foster carers are expected to keep a training and development portfolio which can be taken with them if they move to another fostering provider.

Further training support is available from the Fostering Service via the supervising social worker.

Relevant Standards: 3.8; 4.6; 6.7; 20.1; 20.2; 20.4; 20.8; 20.9; 20.10; 20.11; 30.11

Related topics: Fostering Changes; Training, Support and Development Standards (TSDS)

Training support and development standards

The Training Support and Development Standards (TSDS) for Foster Care have been designed to support foster carers from approval through their first year of fostering. They provide employers with a framework to guide the training and professional development of foster carers to ensure that they have the skills and knowledge, to provide consistently high quality care to looked after children and young people.

The purpose of the standards is to:

- Provide consistency and quality in training for foster carers across England;
- Provide foster carers with access to the most up-to-date information and knowledge;
- Allow opportunities for career progression and development by providing underpinning knowledge;
- Improve the status of foster carers by ensuring they are recognised as trained professionals.
- All existing foster carers should have completed a portfolio, evidencing that they have met the standards by April 2011, with the exception of family and friends foster carers who have until April 2012.
- New carers must complete this work within one year of approval or 18 months for family and friends carers. Where there are two foster carers jointly approved in one household, only one portfolio is required; however, supporting evidence should be provided by both carers.
- There are separate standards for short break carers and family and friends foster carers which take account of their specific roles.

There are seven standards:

1. Understand the principles and values essential for looking after children, young people;
2. Understand your role as a foster carer;
3. Understand health and safety and a healthy lifestyle;
4. Know how to communicate effectively;
5. Understand the development of children and young people;
6. Understand how to safeguard children and young people;
7. Understand how to develop yourself.

Each of these standards has a number of sub- standards which carers need to evidence that they are meeting. Evidence can take a number of forms including witness testimonies, reflective accounts of work with children, accounts of what carers have learnt from training and evidence of reading.

Foster carers receive support in completing their portfolios through attending workshops and one-to-one meetings with supervising social workers.

After completion, the portfolio will be marked by the supervising social worker and overseen by the Fostering manager who issues certificates. Sometimes additional work may be required before a certificate of completion is issued.

Department for Education link:

<https://www.education.gov.uk/publications/standard/Adoptionandfostering/Page1/SC105/0211>

Relevant Standards: 20.2; 20.3; 30.11

Transcultural placements

A transcultural placement is one where a child or young person is placed with foster carers or adopters of a different racial, ethnic, religious or cultural background. This is a complex area because children who are from the same country of origin may have different ethnicities, languages or religions; equally children may have parents from more than one heritage.

Legislation and guidance makes it clear that best practice would be to place children with families from a similar ethnic origin and religion, as this is most likely to meet their needs. However, it also acknowledges that an ideal match is not always available. The government states that it is unacceptable for a child to wait for a loving home solely on the grounds that there is not a family available from the same cultural and racial background.

Although ethnic background is key, there are a number of other factors which it is important to consider when looking for a placement, including:

- Language;
- Whether a carer can look after a sibling group; sometimes half-siblings can be of different ethnic backgrounds;

- If the child has a disability or medical condition, whether the carer has the skills and knowledge to meet his/her needs;
- Location of the placement in terms of maintaining the child's links with family, community and his/her school;
- Religion;
- If the child has challenging behaviour, whether the carer will be able to manage this in a positive way;
- The wishes and feelings of the child and family.

The totality of a child's needs need to be balanced, for instance a black French speaking African child may feel more comfortable with a black African family than a French speaking white one. A family of a different ethnicity who can accommodate a sibling group is likely to be preferable to splitting the children between different families who share their ethnic background.

Ideally children of mixed heritage should be placed with a family which reflects their ethnicity. However, this is complex, not only because it may be problematic finding a family with a similar composition, but also because children may have been living with one parent. They may feel more comfortable being placed with a family of the same ethnicity as the parent with whom they have been living as opposed to one which reflects the other side of their identity.

Role of foster carers

Due to the complexities of making placements, foster carers may find themselves caring for a child from a different background and culture. This is particularly the case in an emergency, although in this situation a more appropriate placement may be found for a child within a few days.

Where they are caring for children of a different ethnicity or religion, carers are expected to understand the importance of background and culture in building a positive identity and to support this in as many ways as possible. For instance they can provide opportunities for children to meet others from similar backgrounds and to practise their religion, both in a formal place of worship and in the home. They will be expected to keep the child's heritage alive in his/her everyday life, for example through discussion, food, clothing, books, internet, television channels, contact with family and friends and life story work. Carers will also need to help children cope with racism and other forms of discrimination.

The Fostering Service will support carers through the provision of information, training and support, for example by giving advice on skin and hair care, food preparation or arrangements to ensure children are able to attend their place of worship. When working with children of mixed parentage, carers need to understand the additional issues these children face, such as their acceptance of both sides of their identity. This can be problematic if they have been living with one parent and there has been a lot of negativity about the absent parent.

Relevant Standards: 2.1; 2.2; 2.3; 2.6

Related topic: Culture and Identity

Types of foster care

Camden provides the following foster placement types that have been developed to meet both general and specific needs of looked after children in Camden and for which carers can be approved, based on their preferences, skills and accommodation.

Family link carers

These carers look after disabled children in the carer's home for short periods of time on a regular basis in order to support the child's family. Children who qualify for this service have disabilities and additional medical needs or exhibit challenging behaviour. Carers can offer weekends and/or time during school holidays and can be linked with more than one family.

Short term/task centred fostering

Short term foster carers offer full-time placements for children for a time-limited period when the child cannot remain with their birth families for reasons of neglect or abuse or because of the breakdown of family relationships. Placements can be relatively short, lasting from one day to several months or may extend to a couple of years, if there are complex court proceedings. It is not a permanent placement and children will either return home or will move to permanent substitute carers.

In short term fostering, there is usually frequent contact between the child and their birth family.

Short term fostering can include both planned and emergency placements; emergency placements can be made outside of office hours by the Emergency Duty Team.

Long term foster carers

If children cannot return home or be cared for by a member of their extended family, they may be placed in a long term foster home where carers are committed to care for a young person until they are 18 and be a presence in their life into adulthood. Children placed with long term carers will be those for whom adoption is either unsuitable because they want to maintain links with their family or because an adoptive family cannot be found. Long term foster children tend to be older than children who are adopted. Sometimes, the child's short term foster carer may be approved as their long term carer if this is thought to be in their best interests.

Unlike with adoption, when the child becomes the legal responsibility of the carers, long-term foster carers share responsibility for the child with the birth parents and the local authority.

There is likely to be some contact with family but at longer intervals than that of short term care - possibly face to face three to four times per year, in addition to other forms of communication. Often contact is with other siblings, who have been placed elsewhere, as well as birth parents.

Family and friends foster carers (connected persons)

Local authorities have a duty to keep children within their own families where this is feasible; if they cannot remain with their birth parents, there may be members of the extended family who are able to care for them. Remaining within their family or friends network can be beneficial for children, as people who are known to them are more likely to be able to help them maintain their culture and identity than carers who are strangers.

When it is necessary for the child to be looked after for their safety and wellbeing, a suitable family member (called a connected person) may be assessed as a family and friends foster carer. They are given support and supervision in the same way as other foster carers.

Teenage foster carers

These foster carers are specifically approved to care for teenagers who are being prepared for independence. Carers work alongside the 16+ leaving care team to help the young person make the transition to independent living.

Specialist foster carers

These foster carers provide placements for young people who present with very specific problems, for example, young people presenting difficult behaviour or are involved in crime and anti-social behaviour, or specialist parent and child placements for looked after young mothers.

Related topic: Adoption; Family and Friends Foster Carers
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Unannounced visits

Supervising social workers are legally required to make a minimum of one unannounced visit per year, normally around the time of the annual review. More unannounced visits may be made if there are any concerns about a foster carer or a placement.

The purpose of unannounced visits is to ensure that:

- the foster carer is providing a high standard of care
- the home environment is safe and suitable

- the child is safe and well.

Foster carers can understandably find this process intrusive and undermining. Remembering why unannounced visits were introduced can help put this in to perspective. Visits can help to identify the small number of foster carers who abuse children and also those who are under stress and may need additional support. On the positive side unannounced visits can protect carers against malicious allegations.

The supervising social worker will usually carry out the health and safety check at the time of the visit and look at the child's bedroom, which should be maintained to at least the same standard as other rooms in the house.

The visit will be recorded and the foster carer will receive a copy of the report.

Relevant Standards: 4.1; 4.2; 10.5; 21.8

Relevant Camden policy: Supervision and support of foster carers

Values

Values are the fundamental beliefs which people live by. One example is that foster carers all share the value that children should be cared for and protected. In some cases, the values of one person may conflict with those of another. For instance an important aspect of one person's life may be practising their religion while at the opposite end of the spectrum, there is another person who has no religious beliefs.

It is important to be aware of our values and how they impact on our views of others. If either of the people in the example sees their perspective as the only way of viewing the world, they will judge the other in a negative, rather than a respectful way. One way of building bridges between the two views is to look for beliefs you have in common. This could be a belief in the basic goodness of humanity which transcends the differing religious views.

As they work with a range of people from different cultures and backgrounds, foster carers and social workers need to be aware of their values and how they affect the way they work. Foster carers who practise their religion may work with a child and family where this is not the case; consequently they need to be able to accommodate this different viewpoint into their family life.

There are of course beliefs which would not be acceptable in children's social care- these include racist or homophobic views or opinions which support violent methods of achieving aims. On the other hand, there are values which are accepted as in the best interests of children. One example of this is the National Minimum Standards which aim to help children achieve positive outcomes through, for example, educational achievement; this could be said to be in conflict with the views of some families who do not encourage their children to attend school or find a job.

Foster carers have an important part to play in helping children develop values, such as knowing the difference between right and wrong, honesty, keeping promises, respecting and helping others.

Related topics: Culture and Identity, Diversity

Virtual school for looked after children

Every local authority has to have a specialist team, known as a “virtual school” whose role is to monitor and promote the educational achievement of looked after children. In Camden, this is the responsibility of the Camden LAC Academy. The team consists of educational professionals, including teachers and educational psychologists, and is led by a “virtual head teacher”. Its role is to:

- provide specialist advice and support to looked after children, their foster carers and their social workers;
- liaise with Camden’s Education Department and other Local Education Authorities to ensure LAC have access to the most suitable school places;
- work closely with schools via designated teachers so that schools are able to support LAC and meet the specific duties in promoting their education;
- track and monitor attendance and progress throughout the child’s education via the PEP process;
- maintain a roll of all looked after children and ensure schools are aware of any looked after child on their roll;
- advise teachers and other professionals on possible actions, interventions and best practice in achieving good educational outcomes for individual children;
- ensure all LAC have a PEP in place and are receiving adequate support as identified in their PEP;
- link with schools regarding the use of the Pupil Premium to ensure looked after children are able to benefit from the extra funding.

All looked after children in Camden are on the 'virtual' school roll, even though they are physically spread across the schools in the borough and beyond. As a single school may have only one or two children looked after on their register, staff will be less familiar with the particular difficulties they experience. The members of the LAC Academy have the expertise to help children who are in care to overcome any obstacles to academic achievement, thus their improving educational outcomes.

Relevant Standards: 8.2; 8.3; 8.5; 21.1; 21.6

Related topic: Designated Teacher; Education

VOICE

This is a voluntary organisation campaigning for children and young people in care. They also provide advocacy services for looked after children and act as a bridge between children and the professionals involved in making decisions about their care.

They can be contacted on freephone: **0808 800 5792**

Welcoming a child into the family

The settling in process can be very bewildering and frightening for a child, especially if they arrive as a result of an emergency and have never met the foster family before. Every family has a unique lifestyle with different routines, rules and expectations, to which it will take time for the child to adjust. In addition the child has normally suffered some trauma prior to coming into care and this will have been exacerbated by their sudden separation from their parents, siblings and familiar surroundings.

Foster carers should try to 'put themselves into the child's shoes' and to understand how they are feeling. They will also need to have as much information as possible about the child's history, routines, likes and dislikes. This will make it easier to cope with some of the behaviours the child may exhibit. These could include aggression, anger, destructiveness, self-harming, eating disorders, defiance and testing out, depression, constantly demanding attention, withdrawal and non-communicative behaviour, bedwetting, soiling, indiscriminate affection or lack of trust.

Conversely, during the first few weeks or months, the child might be overly well-behaved. This is often referred to as the 'honeymoon period', where the child tries to make a good impression. Underneath this façade, they may feel so bad about themselves that they cannot show their inner self, for fear their carer might send them away. Only when they start to feel more secure in the placement do they feel confident to show more of their real selves and more challenging behaviour may develop.

Children and young people often find it difficult to express their emotions by talking about them and their behaviour may be triggered by some of the following feelings:

- Self-blame and guilt about being removed from their parent's care;
- Shame about abuse which they have suffered;
- Anxiety and feelings of loss about being separated from their family;
- Rejection and feelings of being unwanted by their birth family, especially if siblings remain at home;

- Mixed feelings of loyalty about feelings of attachment for the foster family;
- Insecurity and uncertainty about the future.

Some behaviours can be very challenging to deal with; aggression can be difficult to contain but carers sometimes underestimate the problem of living with an uncommunicative child from whom they receive no response, whatever they do.

How can foster carers help?

It is important that foster carers seek the support of the social worker and supervising social worker in order to discuss the best means of helping the child. Each child or young person is different and will need a different approach. This could involve the foster carer attending specific training, support from another carer or referral to other professionals, such as therapists or psychologists.

Practical ideas to help a child settle and feel comfortable in the family include:

- Take time to introduce the child to the house, the people who live there, the rules and expectations.
- While giving the child some leeway about genuine misunderstandings, be firm (in a calm way) about boundaries from the beginning; this enables a child to feel a sense of containment and security.
- Any possessions which come with the child should be kept safe, whatever their condition, as these are their link with their home. Foster carers should make a list of the child's belongings at the start of the placement and make sure they are not left behind when the child moves on. The list should be passed on to the social worker.
- Try to continue with routines similar to those they have experienced at home, unless these are not in the child's interests, for instance a child used to eating junk food needs to be encouraged to try healthier meals.
- Talk to the child about how they will explain their move to friends.
- Take the child shopping to choose new clothes or food they want to eat; this gives them a feeling of control over their new situation.
- Give the child free access to household facilities in the same way as other children to ensure that they do not feel they are being treated differently.
- Reassure children about when they will see their family members.

Relevant Standards: 11.3; 11.4

Related topic: Behaviour Management, Placements

Relevant Camden policy: Placements

Wetting and soiling

Other terms to describe these conditions are enuresis (wetting) and encopresis (soiling). Urinating other than in the toilet can sometimes be caused by the anxiety of being in an unfamiliar place and may stop when the child feels more settled in the placement. Sometimes there is a physical cause to bed wetting like deep sleep, an infection or a weak bladder.

The child can be supported by limiting drinks in the evening and establishing a routine of going to the toilet before sleeping. If the child is afraid of going to the toilet during the night, a nightlight may help.

Foster carers should remain calm and positive and be discreet about washing bedclothes so as not to embarrass the child. Advice can be sought from the designated LAC nurse and the GP or local enuresis clinic.

For some children, the problem is more deep-seated and may involve wetting or soiling not only their bed, but sometimes the carpet and smearing faeces on the walls. Foster carers can, understandably, feel disgusted and angry at this behaviour. Children use this way to express emotions connected with abuse they have suffered and probably feel exactly this way about themselves: disgusted and angry.

Although it is unpleasant, foster carers should try to understand the reasons behind the behaviour and while they find changing sheets and clearing up unpleasant, they should try not to show this. If they do, it confirms for the child that they are a disgusting person. There is no magic cure; if physical reasons are ruled out, the social worker may make a referral to the Child and Adolescent Mental Health Team.

Relevant Standard: 6.1

Whistleblowing

Camden is committed to ensuring that staff and foster carers all behave in an open and acceptable way and that malpractice is dealt with effectively and in line with council policy. However there may be situations where an individual feels that they are not able to raise concerns or that if raised, they would not be dealt with properly. In these circumstances, it is possible to use Camden's whistle-blowing procedure to raise concerns in confidence with an impartial third party.

Examples of malpractice that may be dealt with under whistleblowing procedures are:

- criminal activity
- failure to comply with a legal obligation
- dangers to health and safety or the environment

- improper conduct, corruption or unethical behaviour
- attends to conceal any of these.

Where foster carers have concerns about the Fostering Service, FSSW or another foster carer, they should raise the matter with their supervising social worker in the first instance unless there are good reasons not to. A protected disclosure can be made to Camden's whistleblowing service, Expolink, on **0800 374199**.

This procedure should not be used to deal with any personal grievances which should be raised with the supervising social worker.

<p>Relevant Standard: 19.6</p>

<p>Related topic: Child Protection</p>

Why children become looked after

Camden works with families with the aim of resolving problems and helping children remain living at home. In some cases this is not possible;

- sometimes, parents are unable to look after their child for a time due to illness or some other incapacity
- some children, such as unaccompanied minors, have no adult to care for them
- if there is a reasonable cause to suspect that a child is suffering or is likely to suffer significant harm by remaining at home, Camden has a duty under the Children Act 1989 to intervene and remove the child.

Children are removed because they are suffering physical, sexual, emotional abuse or neglect or are beyond their parent's control and putting themselves at risk. However behind these categories, there may be a number of other issues or combination of issues which contribute to the abusive or inadequate care the child is receiving. These include parental:

- Mental ill-health;
- Drug or alcohol misuse;
- Learning difficulties;
- Domestic violence;
- Involvement in crime/imprisonment.

These in turn can lead to poverty, physical and emotional neglect, impoverished and dirty living conditions, non-attendance at health appointments and developmental checks, children missing school and children acting as carers for younger siblings and parents. Domestic violence, even if not directed at the child, can have a serious impact on children and

many live in a constant state of fear, anxiety and helplessness as they witness their parent being abused.

Other reasons for children becoming looked after include:

- Parents having difficulties in maintaining boundaries and controlling the behaviour of their children;
- Parents wishing to force their son or daughter into a marriage without their consent;
- A young person involved in criminal activity and being remanded into local authority care by the court;
- A child or young person arriving in the UK as an unaccompanied minor.

Foster carers may be asked to care for children who have come from any of these situations. Before they are able to return home, the underlying issues will need to be resolved.

Related topics: Children Act

Relevant Camden policy: Making decisions to accommodate children

Wishes and feelings

Ascertaining the child's wishes and feelings is central to the work that social workers and foster carers undertake with children. This includes children with disabilities and children with special educational needs.

Children and young people should always be consulted about their views and supported to voice their views at meetings. Children may express these to social workers and foster carers, who have a responsibility to ensure that they are made known to the professional network.

Children also have opportunities to talk to their Independent Reviewing Officer and express their views about future plans in reviews. If they have difficulty with this, an advocate can speak on their behalf. In addition, children need to be aware how they can raise a concern or complaint at any time without fear of adverse reactions.

Although children's views must always be taken into account, they may not always be acted upon if it is felt they are not in their best interests. Where this is the case, they must be helped to understand the reasons.

Foster carers should also help children learn to exercise choices in their lives appropriate to their age and level of understanding. For instance, children should be offered choices of food and clothing, but this should be balanced by the principles of good parenting. For instance, always buying designer clothes will not prepare children for living on a budget in adult life and children also need to learn to balance treats with eating a healthy diet.

Working in partnership

One of the key principles of the Children Act 1989 is that the local authority, including the social worker and foster carers, should work in partnership with the parents and child. Parents and children have a right to be involved in decision-making and to have contact with each other, apart from in a minority of cases where this is not in the child's best interests.

Foster carers must also work in partnership with other professionals involved in the child's life, such as their social worker, teacher or health professional. Joint working involves sharing information and ensuring attendance at key meetings about the child.

Developing a good working relationship with parents is not always easy, but it is important to remain committed to achieving this in the long run. A foster placement is likely to be more successful and the outcome for the child more positive where foster carers can work in partnership with parents.

Where working with parents may lead to conflict with the needs of the child, the child's needs will always come first. If it is not possible to work with parents, for instance if there are court proceedings, there is still a responsibility to ensure that they have information about their child and the plans being made and access to the right information and support to be able to put forward their views. They must still be consulted about major changes in a child's life, for instance a change of placement or school, a holiday or health care and in the majority of cases invited to reviews and other meetings about the child.

Youth justice

The criminal justice system for children and young people under 18 is overseen by the Youth Justice Board; it differs from the adult system as it seeks to safeguard and promote children and young people's welfare as well as preventing offending and protecting the public. The system is based on a varying level of interventions based on the young person's degree of involvement in crime and anti-social behaviour.

In Camden, services for children and young people involved in crime and anti-social behaviour are delivered by the Integrated Youth Services IYSS which comprises the Youth Offending Service, Connexions Service and Youth Service.

Children under 10

The age of criminal responsibility is 10. If a child under 10 exhibits antisocial behaviour, the court may grant a Child Safety Order. It is **not a punishment but** designed to help the child improve their behaviour. There is also an expectation that parents or carers will take responsibility for ensuring the child's compliance.

The order is used when there are no other means available of trying to ensure the cessation of the behaviour. Conditions of the order will include that the child must not go to a specific area without adult supervision, be out of the family home after a specified time, be seen in the company of certain children or be absent from school without good reason.

Preventative services

Preventative services are targeted at young people aged 10 – 18 who are at risk of becoming involved in crime and anti-social behaviour with the aim of reducing crime, truancy and school exclusion. In Camden, these are delivered by the Integrated Youth Support Services, involving a range of responses based on the level of anti-social and offending behaviour.

Acceptable Behaviour Contracts are voluntary written agreements between a local authority and a young person who is behaving anti-socially. The agreement includes restrictions or requirements regarding the young person's behaviour. The purpose is to divert the young person from anti-social behaviour and reduce the risk of them entering the criminal justice system or an escalation of their behaviour.

Anti-social Behaviour Orders can be applied for by the police and/or a local authority. The order can be used for anyone who is 10 years of age or over and is behaving in a manner that causes distress or harassment to the local community.

Interventions outside the criminal court system

Young people can be dealt with outside of the criminal court system in a variety of ways.

Triage: This process is used for low risk young offenders aged 10 to 17 who have committed minor offences and admit the offence in a police interview. The young person must agree to work with the local Youth Offending Service (YOS) worker and follow an intervention plan to reduce offending behaviour. Failure to comply will result in further action being taken by the police and the use of a Reprimand for example.

Reprimands and warnings: A young person may receive a reprimand or final warning after undertaking a triage intervention. A young person must admit the offence and will be referred to the local Youth Offending Service for an assessment and to engage them in an intervention programme to divert

them away from crime. These are given by the police as an alternative to taking the young person to court.

Court system

If a young person commits an offence, he/she will be arrested and interviewed. Where they are under 16, an appropriate adult should be present and they should be legally represented by the duty solicitor. After the interview, the young person will be subject to one of the following outcomes:

- Release without charge;
- Released on police bail pending further investigation;
- Charged and bailed to appear at a court;

The Police can hold a young person in police custody or request a transfer to the care of the local authority until the court appearance the next morning

A young person will be bailed to appear at the Youth Court in the area where they offended. The Court has a number of options available to them:

- Sentence the young person if they plead guilty and are a first time offender;
- Adjourn for a trial if the young person pleads not guilty;
- Adjourn for the preparation of a pre-sentence report to assist sentencing decisions;
- Remit to Crown Court due to the seriousness of the offence;
- Remand into Youth Detention if bail is not an option due to risk of absconding, seriousness of offence or the young person is likely to interfere with witnesses.

The first 3 options are often supported by bail which includes a number of conditions to reduce re-offending whilst on bail.

Sentencing

Some of the sentences available to the court are set out below:

Referral Order: The court can make a referral to the local Youth Offender Panel who will deal with young offenders who plead guilty and have not been convicted before. Panel members will agree with the young person a plan of action designed to put right the harm already done (restorative justice) and prevent future offending.

Youth Rehabilitation Order: This is a community sentence setting out requirements on the young person. A YRO can attach a condition of an attendance centre or reparation only. A YRO can also add a supervisory element and incorporate attendance at groups, electronic monitoring, ISS and an exclusion zone. Additionally for a LAC it can include residence at a LA

approved address. A YRO can be added to if a YP progresses through the cjs in an attempt to avoid custody.

If a young person fails to comply with the order, the YOS will give the YP a test of compliance before instigating breach proceedings. Breach proceedings are the last resort as this means returning the YP to court. The court can warn the young person and allow the order to continue; fine the young person or revoke the order and resentence for both the original offence and breach.

Custody: Due to the seriousness of the offence the Youth Court may have no option but to impose a custodial sentence. The duration of a custodial sentence in the Youth Court is a maximum of 2 years and is known as a **Detention and Training Order**. However, with more serious offences for which an adult could receive at least 14 years imprisonment, young people will be sentenced at a Crown Court which has wider sentencing powers.

Foster carers' role

Looked after children are over-represented in the criminal justice system, and because of their situation they are more at risk of carrying on offending into adulthood. It is therefore crucial that foster carers, social workers and youth offending workers work together to divert young people from offending behaviour.

The foster carer's role is to support the young person to reduce offending behaviour, to engage with the criminal justice system as required and to meet the requirements of any condition or order imposed by the courts.

Looked after children are also more likely to be disadvantaged by their status when they enter the criminal justice system. For example, they may be more likely to be remanded into custody rather than receive bail because there is no suitable placement for them, and they may be treated more harshly in terms of sentencing compared to their peers. It is important that as far as possible, this imbalance is addressed.

Preventing offending behaviour: Risk of offending behaviour will be discussed at the young person's placement agreement meeting and any agreed actions around this will be included in the Placement Plan. A young person may have an allocated YOS worker and an intervention plan. The foster carer will be expected to support the young person in meeting the requirements of their intervention plan. Social workers and foster carers may also consider a referral to Youth Offending Services for a LAC starting to become involved in crime and anti-social behaviour.

As with their own children, carers should teach looked after children the difference between right and wrong. If they commit a minor offence, such as shoplifting, it is usually more effective to insist that they return or replace what has been stolen and learn the consequence of their behaviour. It would not be appropriate to report this to the police, unless this has been discussed with

the social worker in advance. It is important to avoid criminalising children's behaviour, where this is avoidable (see Police Involvement).

Arrest and court appearance: If a looked after child is arrested, the police will notify the foster carer and the allocated social worker. The foster carer may be asked to attend the interview as appropriate adult but this should be discussed with the social worker or the Emergency Duty Team out of hours. Legal representation for the child should also be arranged.

Where possible, foster carers should attend court with the young person to give support and ensure that they convey the message to the young person and court that they are actively involved in supporting and caring for the young person. The allocated social worker and YOS worker will make sure that the young person is properly represented and that the court has all the information needed. A foster carer will be expected to contribute information to any pre-sentence reports.

Effect on placements: One of the key disadvantages faced by looked after children on entering the criminal justice system is the lack of a stable family home to which they can return or that can be used as a bail address. Where a looked after child is attending court, foster carers should be discussing the future of the placement with their supervising social worker and the child's social worker. In particular, Camden will need to know whether the child can return to the placement either on bail or following sentence and whether a foster carer is prepared to keep a placement open in the event that the young person receives a short custodial sentence. Where the young person receives a custodial sentence of more than 3 months Camden will automatically end the placement.

Sentencing: The young person may receive a community sentence which means they will remain looked after and can return to their placement where this is possible. A YOS worker will be allocated to the young person to make sure they meet the requirements of their sentence and will be involved in all care planning processes. It is likely that a statutory LAC review will be convened immediately to help plan this.

Carers should encourage the young person to appreciate fully the consequences of their offending behaviour and ensure that he/she successfully completes the activities assigned by the Youth Offender Panel or Youth Rehabilitation Order.

If the young person receives a custodial sentence, their legal status may change:

- if they had been accommodated voluntarily under section 20 they will cease to be looked after
- if they are subject to a care order to Camden, they will remain looked after.

This means that Camden may or may not be looking to place the young person once the sentence has ended. However, the council does appreciate foster carers remaining in touch with the young person where this is possible as it gives young people a sense that they are valued at a time when they need such support the most.

Non secure remands into local authority accommodation

Some young people become looked after by order of the criminal court because they cannot be released on bail but remand into custody is thought to be unsuitable for them, normally because of their age. These young people will normally be placed with specialist foster carers.

Foster carers looking after these young people must ensure that they adhere to their bail conditions; if they do not or they abscond, the carer must inform both the social worker and the police.

Related topic: Appropriate Adult; Police Involvement; Youth Offending Service

Relevant Camden policy: LAC in the criminal justice system: Remands into local authority accommodation;

Youth offending service (YOS)

YOS is part of Camden's Integrated Youth Support Service and provides statutory services under the Crime and Disorder Act 1998, the Children Act 1989 and Criminal Justice legislation for young people aged between 10 and 17 years old who have either offended or been identified as being at risk of offending. YOS is a multi-agency team consisting of representatives from core agencies including Education, Probation, Police, Health, Social Work Services, Youth and Connexions, the voluntary sector and substance misuse agencies.

The team provides responses that are based on the young person's level of need and also the risk they pose of both re-offending and causing serious harm.

The service provides appropriate adults during the day to advise and support young people after their arrest and to ensure that they are treated fairly throughout the process.

YOS workers will work closely with social workers and foster carers where a looked after child is involved in criminal behaviour or has entered the criminal justice system. YOS workers are required to attend all relevant meetings and reviews relating to the young person. The worker can also advise foster carers on the specific court orders that a young person may be subject to and what actions need to be taken to ensure compliance with the order, for example signing on at police stations or attending special programmes.

Related topic: Appropriate Adult: Youth Justice

Relevant Camden policy: LAC in the criminal justice system: Remands into local authority accommodation;

USEFUL CONTACTS

Camden numbers

Fostering Service

Crowndale Centre
218 Eversholt Street
London NW1 1BD

Tel: 020 7974 1283

Looked after children team

Crowndale Centre
218 Eversholt Street
London NW1 1BD

Tel: 020 7974 1108

Duty and Assessment team south

Crowndale Centre
218 Eversholt Street
London NW1 1BD

Tel: 020 7974 4094

Duty and assessment team north
42 Caversham Road
London NW5 2DS

Tel: 020 7974 6600
Fax: 020 7974 6605

Emergency Duty Team

Tel: 0207 974 4444

Adoption and Permanence team
Crowndale Centre
218 Eversholt Street
London NW1 1BD

Tel: 020 7974 3082

Looked After Nurse
Crowndale Health Centre
57-59 Crowndale Road
London NW1 1TN

Tel: 020 3317 2421

CSF Complaints Unit
Crowndale Centre
218 Eversholt Street
London NW1 1BD

Tel: 020 7974 6673

Multi-Agency Liaison team
Vadnie Bish House
33-43 Caversham Road
London NW5 2DR

Tel: 020 7974 3370

16+ leaving care service
Vadnie Bish House
33-43 Caversham Road
London NW5 2DR

Tel: 020 7974 6169

OTHER ORGANISATIONS

**British Association for Adoption
& Fostering**
(BAAF)
0207 421 2600
[British Association for Adoption and
Fostering](#)

Fostering Network
0207 620 6400
[The Fostering Network](#)

Independent Review Mechanism
0870 034 6420
[The Independent Review
Mechanism](#)

Voice
0207 833 5792

[Home | Voice](#)

Refugee Council
0808 808 2255
[Refugee Council | Welcome to the
Refugee Council](#)

National Autistic Society
0808 800 1050
[The National Autistic Society - |
autism | Asperger syndrome |](#)

Talk to Frank (drugs advice)
0800 776600
[FRANK](#)

Ofsted
0300 123 1231

[Ofsted | Home page](#)

HM Revenue and Customs

0845 300 3900

[HM Revenue & Customs: Home Page](#)

Child Benefit Helpline

0161 210 3086

Tax Credits Helpline

0191 206 1385

Self Assessment Helpline

0845 300 0627

Department of Work and Pensions

0845 717 3456

01851 767538

[DWP – Department for Work and Pensions corporate website](#)

DLA Helpline

01367 730222

