

Foster carers



A - Z of Fostering

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ACCESS TO FILES

Service users (including children and young people) and foster carers have the right under the Data Protection Act 2000 to see information on their file for both paper and electronic records.

Children

If a child wishes to look at their file they should speak to their social worker.

The department can refuse access to:

- Information about other people, for example parents and siblings, which is recorded on the file without their written permission;
- Information which could seriously affect the mental health of the young person.

Children who look at their file may be distressed at what is written about them and their family; they will need support from their foster carer and social worker.

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

Foster carers

Foster carers will not be able to see personal references which were taken up as part of their assessment, unless permission from referees can be obtained.

Regulations state that foster carers' files must be kept for a minimum of 10 years after they stop fostering.

ACCIDENT 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 department; if it is outside office hours the carer can contact the Fostering Out Of Hours Duty Manager or the Emergency Duty Team, who will have responsibility for informing the birth parents.

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

Minor accidents or sickness should also be reported to the department with information about how the foster carer has 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.

ADOLESCENT AND LEAVING CARE SERVICE

The Adolescent and Leaving Care Service (ALCT) is a specialist team that aims to help young people prepare for leaving care and to live independently. The team consists of social workers and personal advisers. Each young person under the age of 18 will have an allocated social worker.

The team deals with all young people from the age of 16 having been in care or currently still in care. This includes young people who were born in the UK and those who have entered as unaccompanied asylum seeking children.

The Children (Leaving Care) Act 2000 was introduced to help young people prepare for leaving care and live independently. The Act states that Children Services must help young people prepare for leaving care by:

- Assessing leaving care needs
- Developing pathway plans
- Providing allocated social workers and personal advisors
- Helping with accommodation, education, training and employment, and offering financial support
- Keeping in contact

The Act defines different groups of young people who will be given support from the Adolescent and Leaving Care Services as follows:

- **Eligible young people** are young people who have been in care for 13 weeks from the age of 14, and who are still in care and are aged between 16 and 17.
- **Relevant young people** are young people who have left care and are aged between 16 and 17 and were previously eligible.
- **Former relevant young people** are young people aged between 18 and 21, or 25 years.
- **Qualifying young people** are young people under 21 (or 24 if in education or training) who cease to be looked after post the age of 16 years.

The allocated social worker will visit their young person (16 and 17 years old) once every 6 weeks or more often when required. If the young person has been in their placement for over a year and it is a stable placement then the statutory visit to the young person can be less frequent, once every 12 weeks. The social worker and the foster carer will work together to assess the young person's needs and to identify where support is required for all aspects of the young person's life, such as health, education, finances, accommodation etc. Their needs will be recorded on the young person's care plan/pathway plan which needs to be updated at least every 6 months.

When the young person turns 18 years of age they will be allocated a personal advisor who will continue to support the young person in applying for the appropriate benefits, engaging in education or employment and seeking suitable accommodation. The personal advisor will also update the pathway plan at least every 6 months and will continue to keep in contact with the young person on a regular basis up until their 21st birthday, or 25th birthday if they are engaging in future or higher education (Former Relevant Young People, Section 23c of the Children Act 2000)

Staying Put

At 16½ years of age (or prior to their 18th birthday if the young person was placed with their carer after this age), the Independent Reviewing Officer will explore during the young person's Looked After Children's Review, whether it is suitable and possible for the young person to continue to reside with their foster carer once the young person turns 18 years of age and beyond. If this is agreed, professionals will start to implement the Staying Put arrangement. The young person can stay with their carer for a further 3 years via the staying put arrangement.

ADOLESCENT SUPPORT TEAM

Purpose of the Team

The team work with young people aged 10-16. There have been increasing numbers of young people being accommodated in this age group in recent years. Placements for this group can be costly, and the outcomes for those accommodated due to family relationship difficulties are often not positive.

The primary aims of the team is to prevent accommodations amongst this group by offering intensive support and family therapy, and to help young people and their families to achieve improved outcomes in terms of reduced anti- social behavior and offending, increased emotional wellbeing, participation in education and social inclusion.

The team will work with young people at risk of being accommodated, and to support rehabilitation to their families. They aim to respond within one working day of referral, so that immediate steps can be taken to try to avert family breakdown and accommodation of the young person.

ADOPTION

Adoption is an option considered 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 Local Authority Care Plan proposal may be adoption and this will need to be agreed by the agency decision-maker. For relinquished babies and children, the plan would need to be presented to the adoption panel for a recommendation to be made to the agency decision-maker. Ultimately, it is the agency decision-maker that will make the final decision on whether the child ought to be adopted or not.

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 Regional Adoption Agency (RAA) has now taken over the duties and responsibilities for family finding (since Oct 2019) and the family finding process involves a number of meetings amongst professionals. Once a suitable family is identified, information about them and the child will be presented to the RAA adoption panel, who will make a recommendation to the Enfield agency decision-maker as to whether it is a suitable match or not. The priority is to consider whether the family will be able to give the child a good standard of care and meet his/her lifelong needs. A placement planning introductions meeting is held amongst professionals, prospective adopters and the child's foster carers. Foster carers will be involved and have a crucial role in introducing the child to his/her new family. Depending on the views of the adoptive family, some foster carers may have contact with children after the Adoption Order is granted.

Once the child is placed with the family, the adoptive parents can apply to the Court for an Adoption Order after 10 weeks. The Court Hearing can either be contested or uncontested.

If the Adoption 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 parental consent.

If granted, the effect of the Adoption Order is that the birth parents no longer have any parental rights and responsibilities for the child, as this is transferred solely 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' arrangement whereby the local authority exchanges any letters and photos between the birth parents and the adoptive family.

The RAA provides a range of support services to anyone connected with adoption post Adoption Order, including advice and support with parenting an adopted child, life story work, training, support groups, counselling, access to records for adopted persons and intermediary support where reunion with birth family members might be appropriate.

For further information regarding the RAA, please see the link below:-

<https://adoptlondon.org.uk/>

ADVOCACY

The Children's Rights Director for England ensures that young people who live away from home, or who are receiving social care support, have a say on issues that are important to them, as well as advising on children's rights and issues that will make life better for them. This service is offered by Barnardo's

Contact details as follows:

Email: advocacy2@barnardos.org.uk

Web: barnardos.org.uk

Telephone: 020 8768 5058

Freephone: 0808 800 0017

KRATOS is run by Enfield's Youth Service and is made up of children and young people in care to Enfield. Being part of KRATOS gives children and young people a voice and influence to make changes and improve services. KRATOS can be accessed by all children and young people in foster care. To find out more, contact:

Targeted Youth Engagement Team

Youth and Family Support Service, Claverings Industrial Estate, Centre Way, Edmonton, N9 0AP

Email: KRATOS@enfield.gov.uk

Suzanne.rowson@enfield.gov.uk

Coram Voice is an advocacy service for children and young people to get their voices heard and empower them. They can be contacted as follows:

Coram Voice

Gregory House, Coram Campus, 49 Mecklenburgh Square, London, WC1N 2QA

Email: info@coramvoice.org.uk

Telephone: 020 7833 5792

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 children drinking, they should discuss this with the child's social worker and their supervising social worker.

ALLEGATIONS AND COMPLAINTS

There are occasions when allegations or complaints are made against foster carers or members of their family. Allegations can be made by the child or young person, parents, school, social worker, other professional, member of the public or it can be received anonymously.

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 or elsewhere. Sometimes allegations 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.

Foster carers can minimise the possibility of having a complaint or an allegation made against them, by ensuring they follow safer care guidance.

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 minor criticism to a serious concern about the standard of care a child is receiving while being looked after. If an allegation is made that a child/young person has suffered or is suffering significant harm (physical, sexual or emotional abuse or neglect), an investigation in line with the London Child Protection Procedures will take place. If there is no significant harm to a child, the complaint will be dealt with in the following way.

How are complaints investigated?

Complaints will usually be investigated by the social worker or manager of the Fostering Service. 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, as this will mean that they can learn from the incident and consequently avoid similar situations in the future.

How are serious allegations investigated?

Guidance requires that allegations are investigated in a transparent and timely fashion. The majority of allegations are investigated within weeks; however, complex allegations may take much longer, particularly when there is a police investigation. It is in everyone's interest to resolve cases as quickly as possible consistent with a fair and thorough investigation. Every effort should be made to investigate and manage cases as a priority to avoid any unnecessary delay. When an allegation is received, consideration is given 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.

A Strategy Meeting (attended by professionals only) should be convened within two working days; if the foster carer lives outside of the borough for whom they foster, the local authority in which they reside will be responsible for conducting the investigation. The meeting is chaired by the LADO (Local Authority Designated Officer). The Strategy Meeting plans the investigation. The meeting will assess the risk to all children at the placement, including the carers' own children. The meeting will consider the need to interview the child/young person and the foster carer and who should undertake this piece of work.

It will consider information about the allegation, whether the foster carers have had any previous allegations and

their strengths and weaknesses; it will also consider the child and family's history.

Following the meeting, 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.

Further strategy meetings may need to be convened until the investigation is completed.

Possible outcomes are:

- Allegation is malicious: Implies that an allegation has been made with a deliberate intent to deceive or cause harm to the person subject to the allegation. For an allegation to be classified as malicious it will be necessary to have evidence to prove the intention to cause harm. Care should be taken in dealing with such allegations as some facts may not be wholly untrue; some parts may have been fabricated or exaggerated but elements may be based on truth.
- Allegation is unfounded: No evidence or proper basis which supports the allegation being made or there is evidence to prove that the allegation is untrue.
- Allegation is unsubstantiated: Insufficient identifiable evidence to prove or disprove an allegation. The term does not imply guilt or innocence.
- Allegation is substantiated: Evidence to suggest that it did occur.

Once the investigation has been completed, the Chair of the strategy meeting will write to the foster carers informing them of the outcome of the investigation.

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.

In some cases, a referral to ISA (Independent Safeguarding Authority) may need to be considered, when there are significant concerns about someone's suitability to work with children and/or vulnerable adults.

What are the reasons for complaints and allegations?

It is the case that sometimes foster carers do abuse children. A few people set out to become foster carers to give them access to vulnerable children; hopefully the vast majority of these people are screened out during the assessment process.

In other cases, carers may harm a child without meaning to; due to their troubled past, some foster 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.

Other factors which should be considered are:

- Traumatized children can sometimes be confused about where abuse has happened; something in the foster home may trigger a memory or 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.

Why does Children's Social Care (CSC) take allegations and complaints seriously?

- There are national and regional procedures and guidance which outline when and how allegations are managed.
- It is essential that any allegation of abuse made against a member of staff or volunteer working directly with children is dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.
- 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.

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 offer as much support as possible; however, they are also responsible for the welfare of the child.
- An Independent Social Worker is 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.
- Fosterline is a helpline run by Fostering Network and can provide advice.
- Every foster carer has legal insurance via Fostering Network.
- If children removed from the placement whilst allegations are being investigated, carers will continue to receive the reward element of the fostering allowance up to maximum 16 weeks or until an outcome is reached, if it's less than 16 weeks.

ALLERGIES

An allergy is an abnormal reaction to substances which are breathed in, 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. 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 as to how to respond provided by the specialist. 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.

ALLOWANCES FOR FOSTER CARERS

Details of all fostering allowances can be found in the Financial Policy for Foster Carers and Family & Friends Carers, which is updated on a regular basis.

Fostering allowances are paid weekly, directly into the carer's bank account. Allowances are reviewed annually in April and carers will be sent information about any changes to the rates at this time, as well as a statement of payments during the previous tax year. There are two bands according to the age of the child namely 0 – 11 age band and 11 – 18 age band. In addition there is an 18 years plus allowance which is set out in the Staying Put fostering allowance document. This covers young people who are still in full time education or who are considered too vulnerable to be ready to move on to independence.

The allowances are composed of two elements: a maintenance allowance and a training fee. Whilst the maintenance allowance is paid to all foster carers who are approved and providing placements for children and young people, the training fee is dependent on the carer attending appropriate annual training. Failure to comply with the agreed training requirements within each twelve-month annual review period may result in the fee not being paid the following year.

The maintenance allowance is intended to cover all of the costs associated with the care of the child or young person, such as food, clothing, toiletries, travel, pocket money and savings. In addition, it covers additional household expenses including lighting, heating, cleaning and wear and tear.

A breakdown of the amount foster carers should allocate to each part of the budget is given annually in the document, Financial Policy for Enfield Carers, when the new rates are set. However, as children's needs differ, this should only be used as guidance. It is intended that expenditure will average out over the year, for instance expensive items of clothing may be bought one week, while none are required the next.

Carers can claim additional money for fares or mileage if they are spending more than the weekly amount allocated in the allowance, for car drivers this is in excess of 60 miles. They will need to provide receipts to support their claim and the additional costs should be agreed with the supervising social worker and the fostering service manager in advance.

In discussion with the child's social worker and personal adviser, foster carers may directly allocate part of the maintenance allowance, for example the clothing element, to young people to assist them in budgeting and money management in preparation for independent living.

In the event of an allegation against a foster carer where a child has to be moved, the reward element of the allowance will continue to be paid during the investigation.

Short Breaks

Short Breaks is a scheme operated by Cheviots Children's Centre, Enfield's specialist provider for children with disabilities. Details of the scheme can be found in the Cheviots Handbook.

Respite arrangements

Where a child is placed with a support carer for respite, the main carer will receive the fee element of the allowance for up to 2 weeks in one financial year. The support carer will receive the maintenance allowance for the total length of the placement. If the child is placed with another approved foster carer, the respite carer will receive the full fostering allowance, as for any other child.

Initial clothing grant

At times, the child or young person will arrive in a placement without the minimum clothing and on these occasions a one-off emergency clothing allowance can be paid. Carers should retain the receipts for reimbursement.

Annual Holiday grant Allowance

The general expectation of the Fostering Service is that foster carers take children on holiday with them. An annual holiday allowance (in addition to the weekly maintenance allowance) is provided and should be used to contribute towards expenses associated with taking a child or young person on holiday each year.

The allowance is paid on request. All requests must be made well in advance of the required time. Agreement to take a child on holiday must be sought from the child's social worker before arrangements are made

Details of the Annual Holiday Allowance can be found in the Maintenance Allowance document.

Christmas/Festival Allowance

The Christmas / Festival Allowance is provided to purchase a gift or gifts and to provide a contribution to the cost of celebrations.

Payments are made automatically three weeks prior to Christmas. If the allowance is for an alternative festival at a different time of the year a request should be made via the carer's supervising social worker giving three weeks' notice.

Birthday allowance

This is payable prior to a child's birthday as long as they are in placement on this date.

Other costs

Basic glasses for children are funded by the local authority; if the child wants more expensive frames, these must be paid for out of the personal allowance.

An additional grant for a school uniform is available when a child changes school or arrives in the placement without a uniform. Otherwise, this should be funded out of the weekly clothing allowance.

Where children want to take part in expensive activities, such as horse-riding, funding will be considered and foster carers should discuss this with the child's social worker.

ANGER

Anger is a normal human emotion and there is nothing wrong with being angry, as long as this is expressed in a non-violent manner. However, looked after children may have witnessed or experienced adults behaving in a very aggressive and violent way. 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, to lessen 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 from CAMHS may also be available to help carers identify and control the triggers.

Furious children can provoke angry feelings in adults; foster carers may feel angry when a child is defiant or destructive. They 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.

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, includes the written views of the supervising social worker's manager, children's social workers, the fostering Independent Reviewing Officer, foster children and their parents (if appropriate), the foster carers and their sons and daughters.

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; and details of medical and DBS checks. Carers are required to have a medical at least every three years and update their DBS every three years. Birth children and other members of the household over 18 years of age will also need to have a DBS check completed.

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 chaired by the fostering Independent Reviewing Officer (IRO). 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. If carers 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. After this, the IRO will conduct future reviews with some being presented to panel every three years. Reviews will always go to Panel in the following circumstances:

- Cases with serious standards of care or child protection concerns including those where deregistration is being recommended.
- Cases where panel has had significant reservations at the initial annual review and has specifically asked for a case to be returned.
- Cases where there has been a significant change of circumstances in the fostering household e.g. a new partner, death of a spouse.
- Significant changes in the approval terms – to a different kind of fostering e.g. parent and child or specialist schemes.
- Any other unusually complex case.

Following the review, the Fostering Panel or RO will make a recommendation to the Agency Decision Maker with regard to the carers' approval and a letter will be sent confirming the decision made.

APPROPRIATE ADULT

The role was created by 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.

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. Foster carers can attend training on acting as an Appropriate Adult.

ASYLUM-SEEKING AND TRAFFICKED CHILDREN

Children seeking asylum often 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 years of age, 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 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). Foster carers themselves become 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 on the role of a school. They can also undertake vocational training if over 16 years of age, 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. 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; 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 there is a final decision on their application for asylum or leave to remain in the UK 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; to 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 local authority may carry out an age assessment; however if it has been accepted that they are a child, foster carers should treat them as any other young person of that age, that is 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 for 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.
4. Refusal of the application means that the young person is no longer entitled to remain in the UK; 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 strongly advised for any foster carer who may look after these children and young people.

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 will 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 focused 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 and 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.

ATTENDANCE AT SCHOOL

While living with their birth family, foster 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. 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.

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.

Each school has a designated teacher for children looked after who should be able to offer advice and support, as can the Virtual Head Teacher and the HEART team.

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 while the child is doing his/her homework.

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.

AUTISM

Autism is more accurately described as Autistic Spectrum Disorder as it affects people in different ways and to varying 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; 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

BABIES

Fostering babies is not necessarily straightforward. Contact is usually between 3-6 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. The amount of contact requires a large commitment of time and energy from foster carers. Contact is usually held in a family centre or within the foster carers' home following a risk assessment that this is appropriate.

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 will 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 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; they suffer from sleep disturbance, a poor sucking reflex and are oversensitive to stimulation such as touch, noise and light. They are 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.

BABYSITTING/CHILDSITTING

Some foster carers have support carers, who are subject to a support carer assessment and whose presence should be recorded in the placement plan. One of the roles of a support carer can be regular or emergency babysitting. If foster carers wish to use other people as regular/emergency babysitters, they should inform their supervising social worker so that a DBS, other checks and an assessment can be undertaken. The provision of occasional babysitting and childcare which is for the foster child's benefit should not be confused with that of a defined support caring role. The National Minimum Standards for foster carers and Department of Education Guidance on Delegated Authority (March 2014), make clear that foster carers can make decisions on individual circumstances about foster children spending time with and having overnight stays or holidays with foster carers' own friends, subject to the care plan and placement plan for the child. It is for the foster carers to make decisions about the appropriateness of such arrangements and DBS checks are not usually sought as a precondition. It is when support carers have been identified as having a clear role in providing babysitting/child sitting on a regular or emergency basis to foster carers, that DBS and other checks are undertaken.

Babysitters must be at least 18 years of age and in the carer's assessment able to deal with any of the difficulties which might arise from being responsible for the foster 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. A sum for babysitting is paid from the carer's fostering allowance. When babysitting is used to enable carers to attend training and in other exceptional circumstances, the payment can be the responsibility of the department. Agreement of the manager will be required in these circumstances.

If you have any queries regarding babysitting please discuss with your supervising social worker.

BEDROOMS

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

The National Minimum Standards state that: In the foster home, each child over the age of three should have their own bedroom. If this is not possible, the sharing of a bedroom is agreed by each child's responsible authority and each child has their own area within the bedroom. Before seeking agreement for the sharing of a bedroom, the fostering service provider takes into account any potential for bullying, any history of abuse or abusive behaviour, the wishes of the children concerned and all other pertinent facts. The decision making process and outcome of the assessment are recorded in writing where bedroom sharing is agreed.

A baby or child may sleep in the foster carer's bedroom between birth and 3 years of age, as long as the room is of sufficient size. After the age of 3, a child should have a bed in a room separate to the foster carer.

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.

BEDTIMES

Bedtimes can sometimes be a fraught time for foster carers. When living with their birth family foster children may not have had a bedtime routine and may have been allowed to stay up too late. In addition, foster 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.

BEHAVIOUR MANAGEMENT

Foster children have frequently received parenting which neither models positive social values, nor provides consistency. In addition, foster children 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. Foster 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 foster 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 foster children and when firmly but kindly explained, can actually help children feel secure. Children will become clear 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 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 quiet more creative ones.

With some teenagers, there is a limit to how much foster carers can influence their behaviour; 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 pre-arrange 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 foster 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: Within reason this is appropriate for older children; 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 behavior, as well as training for foster carers on managing such behaviours.

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 be kept and taken with the child when the placement ends.

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 and plastic bags should not be used. This is because plastic bags, especially the large ones used for taking out the weekly refuse, give the message that the child's possessions are worthless and this does not help to raise a child's self-esteem.

BLOOD-BORNE DISEASES

These include HIV, Hepatitis B and C and syphilis.

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. Children are likely to ask why they are taking medication and have hospital appointments. It is generally accepted that 10 years is the age at which the facts should be explained to children. Foster carers will need to talk to social workers and medical staff about when and how this will be done.

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 illness 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 has contracted the disease via heterosexual intercourse.

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 receive this vaccination.

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.

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 whether 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 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 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.

BULLYING

This information focuses on children, although it is acknowledged that adults can also bully and experience being bullied.

What is bullying?

- Bullying is aggressive and threatening behaviour that is designed to intimidate. 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 or sexuality;
- 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.

Bullying can occur in the home, in the foster 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 bullies and who is bullied?

Anyone can be a bully, including children, teachers, dinner ladies, the police, foster carers or parents. People can bully others, as individuals or as part of a group.

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.

Why do children bully other children?

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.

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.

What can foster carers do?

Foster children and young people can be both bullies and bullied and each scenario needs to be addressed. Any concerns or incidents should be discussed with the child's social worker as soon as possible. In serious cases, medical attention may be required, the police involved and child protection procedures initiated.

- 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.
- Bullying always needs to be taken seriously; action should be taken to deal with any incidents, for instance discussions with the school, if this is where it is occurring. Carers can ask to see the school's anti-bullying procedure.

- 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 foster 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 to ensure they are not experiencing cyber-bullying.
- Where a child has bullied another child, discussions should take place to help him/her recognise the impact of the behaviour.
- 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.

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. 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 on 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, because of their smaller size a baby 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 from around 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 to 11). They are designed so that children can use an adult seat belt.

Enfield Fostering Service will provide the appropriate car seats 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 the children have calmed down.

- 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.

More information can be obtained from childcarseats.org.uk

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 an order.

Each child should have a Care Plan before a placement is made or within 10 days, if the child is placed in an emergency. The foster carer must receive a copy of this.

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;
- Health Plan;
- Personal Education Plan;
- Pathway Plan for young people over 16.

Together these plans provide comprehensive information about the child, which is required to provide the best possible care. The plans will include information about children's background, including the reasons why they need to be looked after and 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 and arrangements for contact.

The Care Plan will identify the long term care plan for the child which may be returning home, moving to live with another family member under a residence order of special guardianship order, adoption or remaining in long term foster care.

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

CHILD ABUSE AND NEGLECT

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 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, 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 to 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 underage 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 carers are 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 child's log book 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.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS/HEART)

Enfield CAMHS/HEART provides therapeutic support for children and young people who are living with emotional and mental health issues and to their carers. The team consists of multidisciplinary therapists including: a Child and Adolescent Psychiatrist, Psychotherapists, a Clinical Psychologist and Systemic Family Therapists. They are specialised in assessing the psychological-emotional needs of Looked After Children and offering the therapeutic support to meet the identified needs.

CAMHS-HEART can offer a wide range of therapeutic support such as: Individual interventions (ranging from a few sessions per week to less intensive plans); Systemic intervention for the Young Person and their Carers or for the Foster Carers on their own, Psychiatric assessments and prescription of medication when necessary; Participation in network meeting for liaison around care plans, placement stability, family finding, follow-ups and complex needs.

CAMHS/HEART also carries out an annual Emotional Behavioural Health (EBH) check of all Enfield Looked After Children wherever they are placed.

CAMHS-HEART contributes to foster carers' training by providing workshops on specific mental health related topics; being involved in organising and delivering developments days and induction sessions for new foster cares.

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 the 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.

IN STEP PROGRAMME (part of CAMHS/HEART and linked to the Fostering Service)

The objective of IN-STEP is to provide immediate and accessible therapeutic help to foster parents when placements are at risk of breaking down. This is done through regular foster parents' support sessions, home visits, psychiatric assessment and/or outreach work. Referrals are made by the child's or the carer's social worker. Each intervention is reviewed at the end of three months.

CHILD ARRANGEMENT ORDER

A Child Arrangement 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 which sets down with whom a child should live until they are 18 and the people with whom the child should have contact; 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 Child Arrangement Order is made.

The advantages of the order are that it gives the child a sense of permanence 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. A Child Arrangement Order can be made to more than one person, which is useful if a share care arrangement is in the best interests of the child.

Foster carers can apply for a Child Arrangement Order with the agreement of the local authority or if the child has lived with them for a period of one year. A Child Arrangement Order allowance may be payable.

CHILD DEVELOPMENT

Children who have experienced separation, abuse and neglect are likely to suffer a degree of developmental delay. Sometimes children reach milestones in some areas but not in others. There are different dimensions of development, which mirror those in the Assessment Framework, used by social workers:

- Health
- Education
- Identity
- Family and social relationships
- Social presentation
- Emotional and behavioural development
- Self-care skills

Some examples of how foster 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 very clingy or on the other hand they 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.

CHILD LOOKED AFTER REVIEW

The Care Plan needs to be regularly reviewed, because the child's circumstances change over time. It is also important to make sure that the plans are being acted upon and progressed. As a minimum, the first Review must be completed within 20 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 Review.

The 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.

Those present at the meeting include the child or young person (dependent on age and understanding), foster carer, the birth parents, the child's social worker, a representative from the child's school and could also include other people who are involved professionally with the child. The supervising social worker will only attend if it is the foster carer's first Looked After Children's review following approval, or if there are matters of concern to be discussed.

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 their purpose and feel able to participate. They should also be consulted about where the Review is held and who is present and helped to voice their views, with the help of an advocate if necessary. They can also complete a Consultation Booklet or MOMO questionnaire on-line prior to the Review, so that they

can record their views. Their social worker can assist them with this if needed.

Following the Review, a copy of the discussion, the decisions and who is responsible for carrying out specific tasks should be circulated to the foster carer and other attendees.

Where it has not been possible to carry out the wishes and feelings of a foster 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. Foster carers can also complete a consultation booklet before the Review, which may help them to think through what they want to say.

CHILD PROTECTION

The local authority 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 foster 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) 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 coordinator, 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, supervising social workers, teachers, health visitor and doctors. In addition, it will be attended by the police (in most circumstances) and the parents.

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 coordinating the work with the child and family. Monthly 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 reviews are no longer required.

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.

Foster carers can request a copy of the local authority's Child Protection Procedures.

CHILD PROTECTION PLAN

A Child Protection Plan is drawn up at a Child Protection Conference, where professionals are agreed 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 remove the child from the Plan as he/she is now in a place of safety.

Each local authority maintains a list of children resident in the borough (including foster 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.

CHILD SEXUAL EXPLOITATION

There has been consideration discussion and media coverage of the topic of Child Sexual Exploitation (CSE) across the country in recent years.

The National Working Group for Sexually Exploited Children and Young People developed the following definition of child sexual exploitation:

- The sexual exploitation of children and young people under 18 is defined as involving exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.
- Child sexual exploitation can occur through the use of technology without the child's immediate recognition, for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.
- In all cases, those exploiting the child/young person gave power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.
- Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Any child may be at risk of sexual exploitation, regardless of their background or circumstances. However, most will have additional vulnerabilities, such as:

- Regularly going missing from home or care
- Being bullied
- Involvement with gangs
- Self-harming
- Experiencing a teenage pregnancy
- Disabilities or special educational needs
- Truancy
- Substance misuse
- Having friends who have been or are being exploited

Grooming signs and symptoms

The signs of grooming aren't always obvious. Groomers will also go to great lengths not to be identified. Children may be very secretive, including about what they are doing online; have older boyfriends or girlfriends, go to unusual places to meet friends; have new things such as clothes or mobile phones that

they can't or won't explain and have access to drugs and alcohol.

In older children, signs of grooming can easily be mistaken for 'normal' teenage behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age. Groomers who sexually exploit children online may focus on quickly gaining control over a child rather than spending time building up a trusting relationship.

CHILDMINDING

Foster Carers who also wish to childmind can only do so with the agreement of the Fostering Service. However, they should bear in mind the following:

- The needs of looked after children placed with a foster carer will take precedence over the needs of other childcare responsibilities
- Carers cannot look after more than one minded child under the age of 5 years.
- The parents of minded children must be informed that the carer is also fostering. They must be aware of the need to ensure any information about fostered children i.e. their details, behaviours, family circumstances, are kept confidential and are not to be discussed with anyone outside of the fostering household.
- Parents need to have a realistic view of fostering, for example, the behaviour of a fostered child may be affected by their family experiences and in some circumstances may present a risk to other children.
- 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, aiming 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 Children's Services 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.
- 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. Foster carers will be informed of the child's legal status at the point of placement and will be updated of any changes via the child's LAC review process.

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 the local authority. 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).

If a child is placed voluntarily under section 20 the parents of the child or anyone with PR has the right to know the address of the foster carer. This is only withheld under exceptional circumstances

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 Children's Social Care 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 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. 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, such as, for instance, attending a residential school trip, the local authority may ask the court to make the final decision.

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.

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; they are independent of Children's Social Care, 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 and 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 Child Looked After 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.

CHILDREN'S RIGHTS

These are enshrined in a United Nations Convention on the Rights of the Child (1989), which 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 influence, abuse and exploitation;
- To participate fully in family, cultural and social life.

The Convention obliges signatory countries to inform children and young people about their rights and give them opportunities to exercise them. 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 Children's Services work with looked after children in the following ways:

- Child protection 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.

See section on Advocacy on services for children and their rights.

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.

When the child leaves the placement they should take with them sufficient clothing, that 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.

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.

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 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.

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.

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.

Where complaints cannot be resolved informally, the following procedures apply:

The Children's Services complaints procedure

This is used where complaints are made about services provided to children, there are three stages:

Stage 1:

Initially the team manager will endeavour to resolve the complaint and reply within 10 working days. If the complaint is complex or, for example, a lot of people need to be interviewed, then an extension to this time can be negotiated. If they are not satisfied following this response, the complainant can ask for their complaint to be escalated to Stage 2.

Stage 2:

The complaints manager will appoint an investigating officer, who will interview those concerned and read any relevant documentation before preparing a report. This will be referred to a senior manager who will write a letter to the complainant with the local authority's response to the complaint and detailing any actions they intend to take as a result of the investigation. The complainant is advised that if they are unhappy with the outcome they may 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 employees of the borough. Their recommendations will be put to the Director of Children's Services, who will respond with the authority's response and any actions that are proposed.

The Council's Corporate Complaint Procedure

This is used where the complaint is solely about the foster carer's experience as opposed to a complaint by or on behalf of a child, it has two stages:

First Stage:

The Team Manager will write to the Foster Carer with their response, within 10 working days if possible but if the matter is complex then an extension can be negotiated. The Foster Carer is advised that if they are unhappy with the outcome they may take their complaint to Final Stage.

Final Stage:

A senior officer from another department in the Council will undertake an investigation. Following this investigation the Foster Carer will receive a response to their complaint from the Chief Executive of the Council, usually within 30 working days.

If after the local procedure has been exhausted the complainant is still not satisfied they can contact the Local Government Ombudsman at:

Local Government Ombudsman Advice Team PO Box 4771 Coventry, CV40EH

CONFIDENTIALITY

There are many professionals involved with each foster child. 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 knowledge about them and that this information is regularly discussed at meetings.

Consequently, and also to comply with the Data Protection Act 2000, 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 metal box or fire cabinet; the key should be kept separately in a place known only to them.
- When children leave the placement, any written information should be returned to the social worker, who will take the log book to the office for storage and other papers for shredding.
- Information about foster children should not be saved on computers as other members of the family may have access to these; they 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.

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 support 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 support carers in general terms about the kinds of problems that foster 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 and 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 foster 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 for the reason that they are not living with their parents.

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 do this 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.

CONTACT

What is contact?

Contact is the process by which children and young people in care remain in touch with their birth families and significant other people. It can include e-mails, telephone calls, text messages, social networking sites, letters, visits and overnight stays.

Contact may be with parents or other adults known to the child but can also be with siblings who are in other placements.

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.

Why is contact important?

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

Research suggests that the well-being of foster children is improved with regular and positive contact, in the majority of cases, if they maintain links with parents and other family members.

Continuing successful contact is the key to children returning home early and there are fewer placement breakdowns. It is also important in order that children can more easily retain and develop their sense of identity.

In a minority of cases, contact with one or both parents may be deemed harmful to children, if for instance they use contact to continue an abusive relationship.

Why is it difficult to change contact arrangements?

Unless there are clear reasons why they should not see their child, the local authority must 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. 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.

What is the frequency of contact?

Contact will vary in frequency; for a baby where the plan is rehabilitation with the mother, contact can 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 4 or more times per week. If it is later decided that a child is not able to go home, contact will be reduced; 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.

Foster carers should check the proposed contact arrangements at the time the placement is requested. If they do not fit in with the needs of their family, they should say so. The exact arrangements will be set out in the Placement Plan.

Where does contact happen?

Unless there are reasons why it would be unsafe, contact should take place in the foster home and be supervised by the foster carer; this makes it a more relaxed experience for the child. In some circumstances, contact will be arranged at a Contact Centre and the foster carer will be expected to take the child to the venue. The contact will usually be supervised by a social worker or contact supervisor.

Parents have a right to know where their child is living and in most cases will know the whereabouts of the child; the address will be withheld if there is a risk to the safety of the carers or child.

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 angry with the department and the foster carers, as its agents; they may disagree that there is a problem with their care of the child; they may fear that the foster carers will replace them in their child's affections; or 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, designed to undermine the placement.

On their side, carers may feel angry at the treatment a child has suffered or their parent's complaints and at the parent's lack of control over their own lives. 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 it 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; 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.

What happens during contact?

Contact must be formally arranged, so that the carer knows exactly when the parent is arriving and leaving. 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, they should call the police and notify the department.

Contact can be supervised or unsupervised according to the Care Plan. If the contact is unsupervised, the parent

will be able to take the child out on their own. If they do not return at the designated time, carers should inform the department.

Where the plan is rehabilitation, the parents need to be encouraged, and helped, during contact, to undertake appropriate personal care tasks, such as feeding, bathing, changing nappies, 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 a balanced record which sets down the positive aspects as well as concerns.

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; however, 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 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.
- 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.
- Parents can be unreliable and may not turn up to contact sessions and carers will need to support children should this happen. If this occurs the child's social worker must be informed.
- Together the social worker and foster carer will agree a way of explaining this to the child according to their age and level of understanding 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.
- 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.

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 the local authority no longer retains parental responsibility for the child.

CORPORAL AND OTHER UNACCEPTABLE PUNISHMENTS

Corporal punishment consists of smacking, hitting (with the hand or other objects), shaking, rough handling, pushing, pinching, squeezing, punching or throwing objects.

Humiliation of the child could take many forms but examples include verbal abuse or ridicule, being isolated from other children, being made to stand in uncomfortable positions or to wear distinctive or inappropriate clothes.

In addition, depriving children of such things as sleep, food or contact with their family, forcing a child to eat or locking them in a room or out of the house are completely unacceptable means of discipline.

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 foster children the reasons are even more compelling. Many foster children 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 and 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.

CORPORATE PARENTING

Corporate parenting describes the responsibility of all parts of the local authority to act as the best possible parent to children looked after - this includes foster carers, councillors, Education, Health, Housing and Children's Social Care.

It is the duty of the local authority to seek the same outcomes for children looked after as any good parent would for their own children. Part of this duty is to maintain continuity and stability in a child's life by minimising changes of placement and schools and ensuring that professionals work together in a coordinated way.

COURT

In order to secure the future safety of children, it may be necessary to apply to the court for a Care or Supervision Order. This application will be made under the Children Act 1989.

Making an application

Where the local authority is unable to ensure the safety and wellbeing of a child by other means, such as the agreement of the family to work with Children's Services, an application will be made to the court for a care or supervision order.

In order to make the application, the local authority 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, is not what it 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.

Applications usually start at the Barnet Family Proceedings Court. Once issued, the application will be returned to the local authority who 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 local authority'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 the local authority has filed their application with the court, there will be the first hearing within 6 days at which the local authority 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 the local authority 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 local authority 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 first hearing; this is to prevent delay. The aim is to complete the case within 26 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.

If it is a complex case, it may be decided to transfer the case to a higher court, either the Principal Registry of the Family Division or the Royal Courts of Justice (High Court).

Statements

Foster carers may be asked to provide a written statement of their observations, which is why it is important to keep ongoing and accurate records. A legal adviser will assist the carer in writing this statement; however, it should be written in the carer's own words and should be a balanced account including both positive and negatives. 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, however, they will be supported by the social worker and the local authority's legal adviser 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.

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. Most foster children, however, have had a number of negative experiences, including neglect and abuse, which will have adversely affected 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 foster 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.

Contact with other Enfield foster carers who come from different ethnicities, religions and backgrounds will enhance carers knowledge of difference and the needs of children in trans racial / trans religious placements. Training and relevant discussion and sharing of information at foster carer's support groups, will enhance understanding and will develop good practice.

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 at the commencement of the placement and updated at the Placement Planning Meeting which will be held within 5 days of the child being placed.

It is also the role of the child's social worker 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 certain foods.
- 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.

DATA PROTECTION (GDPR)

The Data Protection Act 1998 came into force in 2000 and has since been replaced by the GDPR 2018; it covers access to any records kept either manually or on a computer. The Act increased the right of the public to have access to records held on them.

Both foster carers and foster children have the right to access personal information held by Children's Social Care, 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.

Guidance about sending information securely via email can be gained from the fostering administration team.

DEATH OF A CHILD

In the event of the death of a foster 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 Fostering Out of Hours service or 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.
- Ofsted must be informed of such an event.

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.

Foster 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 has 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 advised to attend training available by the department.

DELEGATED AUTHORITY

The revised statutory framework for fostering and care planning which came into force in April 2011, the Foster Carers' Charter and Tim Loughton's letter of August 2010 to local authorities, outline the importance placed by the Government on foster carers being able to take a greater range of decisions about day to day aspects of the lives

of children and young people they care for.

Children and young people say that this is important to them as the current arrangements make them feel different from other children. These can sometimes result in trips and other opportunities being missed due to delays in getting the necessary consents from managers of children's services.

It is therefore very important to agree upfront 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.

Enfield has devised a separate Delegated Authority policy which should be read in conjunction with this section.

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 in the reasons why looking after their teeth is important. Restricting sugary foods to reasonable levels can also help.

DESIGNATED TEACHER

It is a statutory requirement for each school to have a designated teacher, whose role is to ensure that children looked after optimise their educational achievements. The teacher has a responsibility to ensure all staff at the school understands 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 which includes exclusion, poor attendance and difficulties in learning.

The designated teacher is also responsible for ensuring the child's personal education plan (PEP) is followed. The PEP is a document which outlines the child's educational history, progress and future goals.

Designated teachers work with social workers and the Virtual School Head for Children Looked After.

DESTRUCTIVENESS

Foster children can sometimes seem to have little respect for possessions, either their own or those belonging to other people. 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. Their bedroom in their own home may also have been the place where previous abuse took place.

Use a sanction which keeps the child close to the carer, such as sitting on a chair in the same room or distracting and re-engaging the child with an alternative activity, this may be more effective, in reinforcing 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.

DISABILITY

Fostering Children with Disabilities

Every disabled child is like any child, unique, remarkable and has individual needs and abilities. Disabled children will usually require additional care, attention and supervision, dependent on the nature of their needs, including, for example, dispensing medication, tube-feeding, greater assistance with personal care like dressing and toileting, support with communication methods, routines, behavioural strategies etc. However, it is impossible to generalise, since the range of abilities/needs is very wide and even children with the same condition are likely to be affected in different ways. What is important is to recognise every child and their abilities, to support them to build and develop new skills and independence enabling them to meet their full potential.

Foster carers who do not have 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 ongoing training and support, appropriate to the particular child's needs.

Information on autism and dyslexia is contained within Cheviots' handbook but further information on other disabilities can be requested.

Cheviots Children's Centre (0208 363 4047) is a specialist service in Enfield for children with a wide range of additional needs. It is part of Enfield Joint Service for Disabled Children. As well as having responsibility for the assessment and care planning of services for disabled children and their families it also directly provides a range of short breaks including out of school activities, overnight short breaks, holiday play schemes and home care. Foster carers can access these same services for disabled children they care for.

In Enfield, an enhanced rate may be paid to foster carers who support a disabled child and Disability Living Allowance (DLA) can be claimed on behalf of the child by their foster carer.

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 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. The fostering allowance makes no difference to the outcome of a claim.

DLA is normally paid every four weeks, in arrears and can be awarded for a fixed or indefinite period. 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 foster 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; 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 08457 123456.

DISCLOSURE & BARRING SERVICE

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 Children's Social Care 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 they have frequent contact.

It is not necessary for every person who comes into contact with a foster child to have a DBS check. A foster child has the right to be treated like any other child. Therefore, if a 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 foster child.

DISCLOSURES

As a person they trust, children will often talk to the foster carer about their past experiences; 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. 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; telling is the right thing to do; 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 this be appropriate. 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.

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'. Foster children can also be seen as 'different' and suffer discrimination. For this reason, foster children 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.

DISRUPTION OF PLACEMENTS

Disruption is the word used to describe a placement, which comes to an end in an unplanned way. A disruption can occur when 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.

None of the professionals working with looked after children want a foster placement to break down. If a placement appears to be at risk, a Placement Stability Meeting should be held at an early stage to discuss whether there are any actions that can be taken or support given, which will help to maintain the placement. Follow up Placement Stability Meetings can also be held to monitor the recommendations previously made and to consider the present situation.

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. If a carer has requested the ending of a placement he/she will need to give formal notice of 28 days to the Fostering Service.

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.

Disruption Meetings

Disruption meetings are held after a placement has ended. A decision will be made by the child's social care team or the fostering service, as to whether it will be helpful to hold a Disruption Meeting. In Enfield this will usually be held 6 weeks after the ending of the placement and will be chaired by an IRO. Sometimes a gap between the end of the placement and the meeting can give those involved more time to reflect.

A Disruption Meeting is not designed to apportion blame, but to try to understand the reasons for the breakdown and use the learning in the future; this applies to both social workers and foster carers.

Aims of Disruption Meetings

These include:

- 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.

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 specific 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; there will be 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. Foster 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.

DRUG AND ALCOHOL MISUSE

Drugs include 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.

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.

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.

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 cause long-term damage, to the liver, kidneys and heart for example.
- 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, 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 all together. Although no drug is safe, there are differences, for instance, 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 drugs 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 or powder found should be given to medical staff.

More information

Foster carers can obtain further advice from the Looked After Children's Nurse and Compass, which offers services to young people experiencing problems with substance misuse in Enfield. Carers can contact Compass on 020 83443180 or Enfield Youth Service on the council website www.enfield.gov.uk

Information and leaflets can also be obtained from www.talktofrank.com who are available on 0800 776600. Carers and young people can talk to them in confidence.

DUTY

All social work teams run a duty system between the hours of 9am to 5pm on week days. If the social worker or supervising social worker is not available, foster carers should ask to speak to the duty officer. If the matter cannot wait until the return of the social worker, they will deal with the issue as necessary. If the duty officers are temporarily engaged with another enquiry and the matter is urgent, the foster carer should request to speak to the team manager or duty manager. For services out of office hours see Emergency Duty Team section.

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 difficulties 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; 4% are 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 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; they may steal, hoard food or overeat.

Foster carers can help by providing regular meals and by involving the child in choosing the menu, which gives a sense of control to the young person. Carers should try to be reasonably relaxed about food, while encouraging the child to restrict his/ her Referral. 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 Referral. Anorexia nervosa (restricting food Referral), bulimia (vomiting after eating) and compulsive eating disorder are potentially serious illnesses, which 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.

EDMONTON CONTACT CENTRE & MOORFIELDS ASSESSMENT SERVICE

Enfield's Family Assessment and Contact services provide parenting assessments and supervised contact for families with children under sixteen years of age who are subject to, or at risk of, care proceedings. The service is commissioned by Enfield's Children's Services and operates across two sites;

Edmonton Contact Centre and Moorfield Family Assessment Service are located in the South East of the borough.

They are open between 9 am and 6 pm Monday to Friday. The Edmonton Contact Service is also open on Saturdays between 9.30 am and 5pm.

Moorfields Family Assessment Service offers Parenting Capacity Assessments (PCAs). Moorfields aims to complete PCAs within 8 weeks; however this may be extended to consider additional specific issues.

All assessments are undertaken by professional social workers in conjunction with a clinical psychologist and family support workers. Assessments start with an admissions meeting. This involves the parents and professionals, and aims to clarify the purpose of the assessment and its possible consequences. Health and Safety issues are also discussed and a risk assessment completed. A working agreement outlining the assessment programme is drawn up and signed by all parties following this meeting.

Assessments explore a range of issues relating to parent functioning. This includes exploring family influences, the impact of parental ill health, learning difficulties and drug and alcohol dependence. The assessment also considers the potential for change by identifying the previous responses to attempts to help as well as the motivation to change now.

There is also close liaison with professional colleagues involved with the family which contributes to the assessment process.

Parenting Assessments have three main elements

1. Individual work with children
2. Observation of parent and child interaction
3. Individual work with parents

Reports

Detailed observational reports from contact sessions may have a significant impact on the decision making and planning for children and young people, All reports are submitted to the allocated Social Worker and Legal department.

The Role of the Foster Carer

Children placed with foster carers may have parents who are subject of a PCA or the children's contact with their parents is organised through the Edmonton Centre. It is the role of the foster carer to ensure

children are taken to and collected from the assessment or contact centre on time and when required. It is also important that foster carers report back to the professional network any areas of concern in respect of the child's presentation, behaviour or discussion after assessment or contact that may contribute to the assessment process.

EDUCATION

Research demonstrates that looked after children do less well educationally than their peers. Additionally, looked after children are nine times more likely than other children to have a statement of special educational needs.

Underachievement of looked after children can be the result of:

- 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.

As a result, a number of measures have been put into place to assist children in the care system with learning and to reach their educational potential. These include:

- Personal Education Plans (PEP);
- A virtual head teacher in each area and a designated teacher in each school;
- A Pupil Premium for each looked after child (paid direct to the school);
- Discretionary Education Support Allowances (DESA) are still provided by some Local Authorities, such as Enfield for looked after children, aimed at preventing them from falling behind their peers; a DESA must be agreed at a PEP meeting and can be used for additional tutoring or other activities;
- Free music lessons for Enfield looked after children;
- A grant for care leavers who engage in ongoing training or study;
- Maintaining children who become looked after in their current school which provides them with continuity and security;
- Priority over other children for school places if a change of school is necessary;
- Avoiding, if at all possible the exclusion of looked after children; if a child is permanently excluded from one school, providing alternative full time provision within one day.

Foster carers play a key role in helping children to enjoy and achieve in education. They should be ambitious for foster children 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 that 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 consultation 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.

Foster carers can request advice about education matters from the Virtual School Head Teacher or Education Officer (HEART)

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 and develop interventions by observing and interviewing the child or young person, as well as using standardised tests; by gathering information about a child's progress at school and in other situations; and by producing 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.

EMERGENCY DUTY TEAM

Children's Social Care Emergency Duty Team (EDT) deals with any emergencies with regard to children outside of office hours.

Foster carers should contact EDT if there is an urgent issue, such as a child going missing, a serious accident or where a child is at risk of harm or harming others. All carers need to have the EDT telephone number at hand – 020 8379 1000.

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

The London Borough of Enfield also has a fostering out of hours service which is operated by the fostering managers:

Monday to Friday 5.00pm – 10.00pm

Foster Carers can access this service for advice and support on mobile number 07903 970299.

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. Foster carers may, for instance, be looking after children of 8 years old, 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.”

EQUAL OPPORTUNITIES

The London Borough of Enfield has an Equal Opportunities Policy which can be found on the Council's website; Enfield Eye.

All employees and foster carers are required to follow Enfield's Equal Opportunities policy. This states that the Council is committed to:

- Opposing all forms of discrimination carried out on the grounds of gender, colour, religion, ethnic or national origin, disability, social background, age, marital status, HIV status and sexuality;
- Making services accessible to all who need them;
- Celebrating the diversity of people in Enfield.

Equal opportunities can be put into practice in the following ways:

Ensuring equal access to jobs and services

This means that everyone has a right to apply for a job or a service and to have their application considered fairly and without discrimination. For instance, 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 in their homes, time to foster, they are in good health and if they are in a relationship that it 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 and religious 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.

Valuing differences between people

Britain is a multi-cultural society, which includes people with a range of different languages, religions, foods, clothing and 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 these differences between people should be valued and respected. In fact, they bring variety and interest and should be regarded as an asset, which can widen people's understanding and experience.

Foster carers will work with families, who may differ from them in terms of ethnicity, religion or social status. Helping a foster child to be positive about their background and identity means that they can actively value these differences.

Avoiding stereotypes

Stereotyping means making generalised statements about groups of people, which are based on false assumptions. These will differ from culture to culture. Some examples are:

- Jokes which rely on the assumption that a particular nationality or group is stupid;
- Gay men abuse children;
- African people are aggressive;
- Children who live in single parent families are likely to behave in an anti-social way;
- Disabled people should be pitied and do not lead fulfilling lives.

Positive images can be promoted by finding out how people actually live and realising that every group is made up of people with individual views, customs and life histories. It is best to avoid making generalised statements about groups of people.

In some cases negative ideas about groups of people can become part of the culture of large organisations, which then act towards them in a discriminatory way. This is called institutional racism. For instance, the police have been accused of discriminating against black people, who are more likely to be stopped and searched. One of the ways they are attempting to counter this is by recruiting more members of the black and Muslim communities into the police force.

However, sometimes people can be so concerned about stereotyping or discriminating against others that they do not question or challenge concerning behaviour. This was one of the contributing factors in the case of Victoria Climbié, who died in 2000 after being horrifically abused by her carers. Professionals had concluded that some of Victoria's behaviour, such as standing to attention before her carers, was typical of what can be seen in African families, where respect and obedience are important. This demonstrates the importance of not basing conclusions on stereotypes and generalised information.

Positive discrimination

Equal opportunities does not mean that everybody should be treated the same; this is because some groups of people start with a greater disadvantage than others. For example 21.9% of Members of Parliament are currently women, whereas in a truly representative society this should be around 50%; political parties have on occasion tried to address this by having women only shortlists. This can be a controversial policy and it is important to stress that it is only fair and effective when the person is capable of carrying out the given role.

Looked after children are also a disadvantaged group; statistically they suffer from poorer health (both physical and mental) and do less well educationally than other children. As adults, although many lead successful lives, research shows that some are more likely to be unemployed or may become involved in criminal activity. In the past it was found that we tended to expect less of foster children than we do of other children; if foster carers and social workers do not believe that 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 the outcomes of looked after children.

Being sensitive and respectful to others

One way of showing your respect for others is to be careful about the language you use. There are many words and phrases in common use which people find offensive. These include (with a more acceptable alternative):

Unacceptable

Coloured

Half-caste

Handicapped

Retarded, backward

Poof, queer

Dyke

Mad, mental

Acceptable

Black, Asian

Dual heritage, mixed heritage

Disabled person, person with disabilities

Person with learning difficulties

Gay man

Lesbian

Person with mental health problems

Another way is to make an effort to find out about other cultures and religions. Think about what it is like to suffer

racial abuse or discrimination or the problems disabled people face in their day to day lives. Be prepared to be open to other points of view, which may contradict with the beliefs you have grown up with.

How are equal opportunities relevant to fostering? Enfield expects foster carers to be committed to changing negative ideas and attitudes which they have grown up with and which are discriminatory and disrespectful. This cannot be done overnight and requires commitment to ongoing training, challenging ourselves and others.

It is important because:

- We expect foster carers to help children learn to value and respect diversity and difference and they cannot do this if they do not believe in or understand these values themselves.
- 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 a foster child.
- Foster carers, who do not value differences between themselves and others, will not be able to help a child to develop high self-esteem and a positive sense of identity.
- Carers need to understand how low expectations can disadvantage children in care and be able to support them to achieve their full potential.

EQUIPMENT

A list of recommended equipment 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 the Enfield Fostering Service for the first placement. Thereafter, apart from major items e.g. beds and wardrobes, 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.

Orders will generally be placed by supervising social workers, with Argos or Mothercare and will be collected from those stores or in the case of larger items be delivered to the carer's home.

The department wants to ensure that equipment is recycled where possible; therefore when a carer no longer needs a piece of equipment, arrangements can be made to transfer it to another carer, as long as it is in good condition.

All equipment is on loan to the carer; 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 aids and equipment.

EXCLUSIONS

A child may be excluded from school if he/she behaves in an unacceptable way; children who are excluded cannot attend their school for either a fixed period of time or on a permanent basis. For looked after children and young people, statutory guidance makes it clear that a permanent exclusion from school is an absolute last resort, only to be used when there is no alternative (such as a managed move to an alternative provision).

Fixed term exclusion

The head teacher can exclude a child from school for a fixed term in the event of a serious breach of discipline and if allowing the pupil to remain in school would seriously harm the education or welfare of the pupil or others in

the school. Before this action is taken, alternative strategies should have been exhausted.

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.

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.

Unofficial exclusions

Sometimes a school might unofficially exclude a child, sending a child home for unacceptable behaviour without following the formal exclusion procedures. If this happens, the carer should inform the child's social worker immediately; the Council's Exclusion Officer usually in their Admissions Service and the Virtual School Head for Looked After Children and the Parents Advice Centre (Enfield Parents and Children EPC) can also give advice.

How will the carer know if a child has been excluded?

The school must send a letter within one day informing the carer of the exclusion; the type of exclusion and the reasons for it; when the child must return to school (for fixed term exclusions); how the child will be educated during the exclusion; and how carers can make their views known to the governors of the school. In all cases, foster carers must immediately inform the social worker about the exclusion.

Pupil Discipline Committee

Each school has a Pupil Discipline Committee (PDC) which is made up of three governors. For fixed term exclusions of less than five days in a term, the PDC does not have to meet, but will do so at the request of a parent or carer; however, the PDC cannot decide on an earlier date of return to school. Where the exclusion is over five days and less than 15 days, the PDC will meet on request and can state whether they feel the head teacher's decision was correct. For fixed term exclusions of over 15 days in one term and permanent exclusions, the governors must meet within 15 days of the child's exclusion and have the power to reduce the length of the exclusion. If being excluded means a child will miss a public exam, the governors must meet before the exam is scheduled.

How can carers respond to a permanent exclusion?

Carers and social workers can request an emergency multi-agency meeting in advance of a meeting by the PDC. The Virtual School for Looked After Children and the Parents Advice Centre can also give information and support in preparing the case for the meeting of the PDC.

There is a right of appeal against the governors' decision only in the case of permanent exclusions; appeals are heard by the local authority's Independent Appeals Panel.

Preventing exclusions

The professionals working with children looked after 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 at home 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.

FAMILY AND FRIENDS FOSTER CARERS

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. However, because the carer's role in the child's life is changing, the reasons for this should be carefully explained to the child.

Additionally, 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.

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 and the carers must cope with these in a way that minimises their impact on the child. Formal contact arrangements are 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 in terms of the quality of their care and are supported and supervised in the same way as other carers.

The supervising social workers have particular expertise in working in this area. Training on issues which particularly affect family and friends carers is included in the training programme and they will be linked with appropriate support groups, as required.

FAMILY BOOKS OR PROFILES

Family books or profiles are created by both foster carers and adopters to give children some information about their family prior to placement. This will help to alleviate some of the anxieties they will be feeling in going to live with people unknown to them. The Fostering Service has some templates that can be used as a guide to constructing these, but equally carers can create their own.

The book or profile 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.

FAMILY FINDING

A formal family finding process is undertaken to look for a suitable long-term foster placement for children who are unable to return to live with their birth families.

After a period in care, a proportion 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 some children, but for others, long-term fostering may be considered; this would include children who are older and those for whom it has not been possible to find an adoptive placement.

Family Finding - Long Term Fostering

The plan for long-term fostering is agreed during the Permanency Planning process or during court proceedings and then ratified by the Placements Panel. Following this, the Social Worker refers the child/ren to the Fostering Service and searches for appropriate families begin. Existing in house foster carers are considered and if these are unsuccessful the search widens by contacting other local authorities via the North London Consortium. If approved at Placements Panel the child/ren can also be referred to the Access to Resources Team for private and voluntary agencies to be approached in parallel to in house fostering searches, or after in house and consortium searches have been unsuccessful. Careful thought is put into creating profiles of the children to support this process.

The child's social worker, the in house family finder and if applicable the Access to Resources Team placements officer, will read the long term foster carers Form Fs 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. Several families may be visited during this process.

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 meeting is held to consider which family best meets the child's needs. The meeting will include managers, social workers and independent reviewing officers from the children's team and a placement officer from the Access to Resources Team if an agency placement is being considered. The supervising social worker for the current foster carer is also invited.

Current carers can put themselves forward as prospective 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, a further assessment will need to be completed in order to approve them as long term foster carers.

Once a family has been identified introductions between the child and family will be planned and take place over a period of time, according to the needs of the child. Social workers then prepare a Matching Report for the Fostering Panel, which will be accompanied by information about the child and the potential foster carers. The Panel will recommend to the Agency Decision Maker whether or not the match should be agreed.

The Placements Panel as well as regular 4-6 weekly family finding meetings maintains the process of family finding, to ensure that drift does not occur in finding a child a permanent placement.

FIRE SAFETY

Every foster carer must have a Fire Safety Plan, of which all members of the household are aware; it 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, foster 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.

FOSTERING SERVICE TEAMS

The Fostering Service teams in Enfield are:

Recruitment and Assessment Team

This team is responsible for the recruitment, assessment and training of prospective foster carers. Once approved by the Fostering Panel, new carers transfer to the Fostering Support and Development Team.

The Recruitment and Assessment team can also undertake Family and Friends viability assessments and Special Guardianship assessments.

Support and Development Team

Enfield's Fostering Service has a Support and Development team managed by two Fostering Team Managers with responsibility for running the day-to-day duty system and management of two supervision groups.

The role of the Support and Development Team is to work with approved foster carers, including family and friends carers, in their task of caring for children. Each foster carer will have an allocated supervising social worker. The supervising social worker ensures that the carer provides a good standard of care to the child, according to the requirements of the National Minimum Standards. The supervising social worker also provides ongoing support and assists the carer with their professional development.

In the event that an "in house" or North London Consortium foster carer cannot be identified for a child requiring a placement, a referral will be made by the child's social worker to the Access to Resources Team (ART). They are responsible for finding placements for children via the Private and Voluntary sector.

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 his/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 local authority setting out the responsibilities and expectations on both sides.

This will be 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 allows the carer to ensure that the local authority are doing what is required on their part.

When the Foster Carers Agreement is updated, foster carers will be required to read and sign the new document.

FOSTER CARE CHARTER

The Government launched the Foster Carers' Charter in March 2011. The Charter has been jointly produced by Government, fostering organisations, charities and children. It is part of the Government's wider programme of reform to improve the entire care system including reducing barriers and delays to adoption and improving the quality of children's homes. The overall aim is to make sure that all children in care have greater stability, less upheaval and a better chance at a stable family life.

The Foster Carers' Charter sets out clear principles on how foster carers should be treated, recognises their invaluable work and aims to encourage more people to sign up to be foster carers. The Charter is backed up by new slimmed-down fostering regulations and guidance which came into force April 2011. These make clear to fostering services what their statutory duties are, and reduce the burdens placed on them.

Enfield has consulted with foster carers through the Foster Carers association (FACE) and Support Groups, children and young people and staff in drawing up the Charter.

FOSTERING CONSORTIUM

Enfield is part of the North London Fostering and Permanence Consortium. The aim of the consortium is to improve services by working together and sharing resources in certain areas of fostering.

The North London Consortium borough members are Enfield, Haringey, Islington, Barnet, Camden and Hackney.

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.

In Enfield all carers become a member of Fostering Network following approval and can access its services and website www.fostering.net

FOSTERING PANEL

It is a legal requirement that each fostering agency has a Fostering Panel.

What does the Panel do?

The Fostering Panel considers the suitability of people to act as foster carers; it also has a responsibility to ensure that assessments are fair and of a sufficient high quality and thoroughness to ensure that any child placed with a foster carer is safeguarded and their welfare promoted.

The functions of a Fostering Panel are:

- To oversee the conduct and quality of assessments carried out by the Fostering Service.

- To consider and make recommendations about the suitability of prospective short and long-term foster carers, respite carers and short break carers and recommend any terms of approval.
- To consider matches between children and long-term foster carers.
- To consider the first review of carers and any other review as required by the Fostering Service.
- To consider requests to extend temporary foster carer approvals.
- To give guidance and make recommendations on any other matters or cases referred to it by the Fostering Service, including termination of approvals in some cases.

In each case, the Panel must consider the suitability of the person to act as a foster carer and also their terms of approval; that is the type of care, 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 to care for specific children.

What is a Panel Member?

Fostering Panels are made up of a central list of people with a range of personal and professional backgrounds and expertise. Some members work for the local authority, but others will be independent, that is they are not employed in Children's Social Care. The chair of the panel must be independent of the local authority. 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 worker workers and elected members. The Panel should be balanced in terms of gender and reflect the ethnicity of the community.

The Panel cannot sit unless there are certain members present:

- The chair or vice chair;
- A social worker with at least 3 years relevant post qualifying experience
- At least 3 other members;
- If the chair is not present, there must be at least one independent member present, either the vice chair or a member, who could be the social work member if they are independent of the agency.

Also present, but without a voting rights, are a panel advisor and a panel administrator responsible for taking the minutes.

The Panel meets every three weeks. 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 formulate any questions they have.

Foster carers will receive a letter inviting them to attend the Fostering Panel. 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 the age of 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 sign a confidential 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 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:

- Recommend approval;
- Defer their recommendation until panel members have further information;
- Recommend 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 made by the Agency Decision Maker, who is the Assistant Director of Schools and Children's Services.

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 instances 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 latter. 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. 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). **See section on Independent Review Mechanism (IRM).**

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.

HEALTH

Some children who are placed with foster carers have missed routine health screenings, due to reasons such as neglect. As a result of this, they may experience more problems with their health than other children.

The Fostering Standards and Regulations make it clear that the fostering agency must work to improve the health and development of children looked after. In particular, the agency 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 agency must ensure that foster carers are provided with information regarding 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 and dentist. This will ensure that a child has a complete health record.

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.

The Lead Nurse for Looked After Children is available to give advice to carers about any aspect of a child's health.

HEALTH ASSESSMENT

There is a statutory requirement for every child looked after to have a Health Plan and a regular medical assessment. Initial health assessments are carried out by a doctor and then reviewed by the Lead Nurse for Looked After Children as follows:

- In Enfield the initial health assessment is carried out as soon as possible after the placement, within 28 days of being looked after.
- At least once every six months up to a child's fifth birthday, after which time they should will be reviewed annually.

It is the responsibility of foster carers to take children to these medicals when requested to do so and to encourage reluctant young people to attend. They should take the child's Personal Health Record (formerly the Red Book) with them.

Older children, depending on their age and level of understanding, 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 they receive the same health advantages as their peers who are not looked after. Sometimes an explanation and reassurance can convince the child or young person of the benefits.

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 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 also needs to feel relaxed and welcoming. The checks can feel quite intrusive; however, 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.

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 Lead Nurse for Looked After Children 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, G.P, health visitor or the Lead Nurse for Looked After Children. 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 ipods and similar devices.

HEALTH, EDUCATION, ACCESS AND RESOURCES TEAM (HEART)

The HEART Service in Enfield is jointly run by Enfield Council (Schools and Children's Services) and by Barnet and Haringey Mental Health Trust. It was established in 2001 in response to the recognition both locally and nationally, that the basic needs of Looked After Children in areas of education, mental/emotional and physical health were not being met adequately at that time.

HEART is composed of four closely linked elements:

- The Child and Adolescent Mental Health Service (CAMHS/HEART) works to improve the mental health and well-being of children in care and, with their social workers and foster carers, contributes to care planning, placement stability and the prevention of placement breakdown. The service offers consultation to the professional network and assessment and therapy to children, young people and their foster families, and now includes a dedicated programme (INSTEP – Intensive Support and Therapy for Enfield Placements) to provide additional support to foster carers when placements are under pressure.
- The Education Service (EDUCATION/HEART) works with social workers, foster carers and teachers to develop the educational achievements and attendance of children in Enfield's care. It provides advice and training in education in general, as well as on specific issues that relate to learning, social, behavioural needs. Additional advice/assessment/intervention is available from the educational psychologist.
- The Specialist Nurse Service (HEALTH/HEART) works with social workers, foster carers and health professionals to identify and improve the health of Looked After Children. This involves the provision of a holistic initial and regular review health assessments and health care plans for each child, which contribute to the Care Plan. The nurses provide health advice and training to social workers, foster carers, health care workers and allied professionals.

HEART sees foster carers as essential partners in its work and looks forward to joining with them in many different contexts – PEP meetings, health reviews, CAMHS interventions, training sessions, "development days" etc.

HOLIDAYS

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. The 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.

Permission from parents and possibly the court may need to be sought. 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 foster child missing lessons and certainly not if a child will miss examinations.

Occasionally, a holiday will have been planned before a child is placed with the foster carers. In these circumstances a respite arrangement may be needed either with a nominated carer, whom the child knows, or with another foster carer.

Children's previous experiences may mean that they regard this 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; an annual holiday allowance is payable.

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;
- Cuts and abrasions should be covered with a plaster or other dressing;
- Disposable nappies, tampons and sanitary towels should be incinerated or double wrapped in polythene bag prior to disposal;
- Disposable gloves should be used when clearing up any spillages of bodily fluids and wash and dry hands after removing them;
- Surfaces, toilets and bathrooms should be kept 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.

INDEPENDENT REVIEW MECHANISM (IRM)

The IRM is a process which foster carers and prospective foster can use if they do not agree with some of the decision 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 provider 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 provider; they can only make a recommendation which the fostering agency 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 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 agency to enable the IRM to obtain relevant paperwork.

This should be sent to:

Contract Manager,
Independent Review Mechanism,
Unit 4, Pavilion Business Park,
Royds Hall Road,
Wortley, Leeds. LS12 6AJ
Tel: 0845 450 3956 (charged at local rate) Fax: 0845 450 3957
Website: www.independentreviewmechanism.org.uk
Email: irm@baaf.org.uk

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 agency will also be asked to send a representative with knowledge of the case.

Having heard from both the carer and the agency 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 agency and the carer with their recommendation and the reasons for it. The fostering agency will then reconsider the case. However, whatever the recommendation of the IRM, the agency 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 the agency's Complaints Procedure; however, it is only possible for the Complaints department to consider whether procedures have been correctly followed and they cannot change the decision about the approval or its terms.

INDEPENDENT REVIEWING OFFICER (IRO)

One of the main responsibilities of IROs is to chair Children Looked After Reviews. It is a legal requirement for the local authority to have an IRO service. IROs are independent in the sense that they are not involved in working with children looked after 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.

Their function is:

- To chair children looked after 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. This helps prevent any delays.

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.

Enfield's Fostering Service has a Fostering IRO whose role is to carry out foster carers annual reviews.

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.

As with other people working with children and young people, all Independent Visitors under Disclosure & Barring Service (DBS) checks.

INSURANCE

Foster carers are responsible for ensuring they have adequate insurance cover; this is particularly important as under law, foster carers can be held liable for any damage caused by a foster child and could also be responsible for any damage or injury to a child they are fostering, 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 foster children. 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 have 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.

All London Borough of Enfield approved foster carers are covered under the Council's blanket Public Liability policy, this is in respect of their liability for and arising from:

- Bodily injury sustained by foster children in their care.
- Accidental damage to or loss of property belonging to a third party caused by children in their care.

Cover is also provided through the Council's internal insurance fund for accidental damage to the foster carer's own property caused by foster children in their care, provided the damage is not covered by any other insurance policy. The policy is subject to £50 excess.

The Council's cover for willful or malicious damage to foster carer's property is subject to the foster carer initially passing any claim to their own insurers, if this is declined, the Council will take appropriate action. It is possible a claim will be refused if the Police have not been notified. Damaged property should be kept for inspection.

The London Borough of Enfield's Fostering Service takes out annual group membership from the Fostering Network for all its approved foster carers. This membership includes legal advice and/or representation in the event of an allegation or complaint made against a foster carer and any prosecution related to a placement.

It also gives members access to specialist advice on a 24 hour legal advice line. The insurance covers the foster carers, their children and parents for:

- Up to £100,000 of legal expenses arising out of acting as a foster carer and incurred in defending criminal prosecutions;
- Up to £10,000 of legal expenses arising out of acting as a foster carer and incurred in defending a civil proceedings.
- Unlimited assistance for initial legal representation at police interview under caution;
- Up to £2,000 of legal expenses incurred in appealing against a barring decision to add the carer's name to the list of people unsuitable to work with children.

Further information and advice can be obtained from Fostering Network.

INTERNET AND MOBILE PHONE SAFETY

Undoubtedly there are many benefits to new technology; however there are also a number of risks.

It is a particularly important subject for foster carers because of the increased vulnerability of foster 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 is to ensure carers are aware of the risks and take steps to minimise them.

Benefits and risks

Some of the benefits include:

- 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 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.

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:

- 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 foster children that not everything they read online will be true and any offer that sounds too good to be true probably is.
- Do not give out personal information, such as address, date of birth, school name or telephone number on social networking sites or chat rooms;
- 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;
- Do 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;
- Do 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;
- Do attend training on the use of the internet.

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.

More information about internet safety can be obtained at www.childnet-int.org

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 contribute to the purchasing of 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 foster 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.

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.

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 this is carefully planned and facilitates the bonding between the child and his/her new family. For this reason an Introductions 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; they give 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; however the time period tends to lengthen if the child is older.

The average time for introduction for a baby or young child is 10 days.

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 book 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;
- An introductions review meeting is usually held half way through the introductory period 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.

JEALOUSY

A foster 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 foster 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.

LEGISLATION

This is an overview of the legislation relating to children since the Children Act 1989.

Children Act 1989

This 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 followed the Every Child Matters Green Paper and Lord Laming's inquiry into the death of Victoria Climbié, which identified serious failings within the child protection system. It aimed to improve protection and outcomes for all children, not only those in the care system. Some of its main provisions are:

- Improved information sharing and co-operation amongst all agencies working with children;
- The establishment of the electronic social care record which will include information on all children and help health, education and social care agencies share information to ensure concerns about their safety do not slip through the net;
- The appointment of a Children's Commissioner for England and a Director of Children's Services in every local authority;
- The establishment of Local Safeguarding Children's Boards (LSCB) to oversee the protection of children on a local level.

Children and Young People Act 2008

This followed the Care Matters - Time for Change Green Paper, which focused 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. The Act made some amendments to previous legislation, including the option of not moving out of foster placements at 18 and extending support to those in education and training up until the age of 25.

LEISURE

All foster children should be encouraged to develop interests and hobbies and engage in creative and sporting activities, both in and out of school. This could include cubs, brownies, scouts and guides, drama, music, riding, youth clubs and volunteering. Involvement in such activities increases their social, emotional and physical skills and develops their confidence and self-esteem. It also prepares them for the world of work and the development of a healthy work life balance.

Children should also have the opportunity for friends to visit them at the foster home and to visit friends in their own homes. This will help them make and sustain friendships.

Guided by the Placement Plan, foster carers can make day-to-day decisions about the child's activities, as would any reasonable parent. This includes staying overnight with friends and going on school trips.

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.

Foster 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, this 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. If the child returns home, then the memory box and photographs will accompany him/her. If the plan is to find a permanent substitute family, the formal life story process is started after the second CLA review; this involves direct work with the child 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 their foster child in engaging in the work and in dealing with any emotional issues which it raises.

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 significant to the child;
- Making memory boxes 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.

LIFTING AND HANDLING

Foster carers who care for children who need lifting or who have back problems, 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.

LOCAL SAFEGUARDING CHILDREN BOARDS

LSCBs were introduced by the Children Act 2004. Cases, such as the death of Victoria Climbié, highlighted the failure of different agencies to work together effectively to protect children. The aim of LSCBs 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.

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.

Foster 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; 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.

MAKING A PLACEMENT

When a child’s social worker requires a foster placement, they contact Enfield’s Fostering Duty Service which is the initial single point of referral for all children requiring a foster placement. Once a suitable placement is identified foster carers will receive a call from their supervising social worker or the duty worker in the Fostering Service.

Frequently, social workers will simultaneously be exploring other options, such as the child’s family members. Consequently, foster carers should not be surprised if a placement that they have been contacted about is, ultimately, not required.

If an in house placement cannot be identified contact will be made with our North London Consortium partners to see if they have an available, suitable placement. If this is also unsuccessful the referring social worker will seek permission from their manager to approach the Access to Resources Team.

If the requirement for a placement falls outside office hours, the child will be initially placed in an emergency placement by the Emergency Duty Team. Dependent on the child’s circumstances, a short term placement may subsequently be identified.

Accepting a placement

Foster carers need to make an informed decision about whether to accept a placement and will receive as much information as possible before agreeing to the placement. However, where the child has come into care following an emergency, there may be a limited amount of information initially. Foster carers should ensure that they ask as many questions as necessary to ascertain whether the proposed placement is appropriate for their family.

These are some of the 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, sexualized 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 Team? 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 to accept the placement. They 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.

How children are placed

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 Book/Profile. Sometimes, however, due to the urgency with which a child needs to be looked after, there is insufficient time for this to happen.

Normally a social worker will bring the foster child to the placement, although occasionally if it is a new born baby, the foster carer may be asked to go to the hospital to collect him/her.

Unless the placement is made in an emergency, the social worker will organise for the child to have a medical examination. The regulations state that this should take place before placement, but if this is not reasonably practicable, then it should be as soon after the placement as possible. The foster carer should also receive a copy of any legal order, which pertains to the placement, Police Protection Order, Emergency Protection Order or Care Order.

Any specialist equipment, for example baby items, will be supplied on loan from the Fostering Service. 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.

The social worker should give the carer the Referral and Personal Information Record (PIR) at the point of placement or in an emergency as soon as possible afterwards. The Referral and PIR is completed when a child is first referred to Children's Services and is updated as circumstances change; it, therefore, sets out essential information about the child and the reasons why they need to be looked after.

A Placement Planning Meeting must be held before the child's arrival in the placement or within 5 days afterwards. This meeting will be attended by the child's social worker, supervising social worker, the child (if of sufficient age and understanding) and the parent. It is designed to ensure that all parties understand the Care Plan and are working together. The Placement Plan will be discussed; this sets out how the placement will meet the child's needs, for example with regard to contact, education, health and behaviour. It will specify the role of the carer, for instance in taking a child to contact or health appointments or in working with the child to resolve specific behaviour difficulties. It will also clarify which day-to-day tasks are delegated to the foster carer, such as medical consent, permission to go on school trips and be involved in leisure activities.

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 SHORT-TERM FOSTER CARERS

Taking children into the care of the local authority should only be considered when all other options have failed to keep them within their birth or extended family and where children are assessed to be at significant risk of harm, if they remain at home.

When arranging placements careful matching is required to ensure that once placed, it is not necessary to move the child, unless this is to a permanent placement.

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 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 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 a specific time 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.

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 Children's Social Care if there is a Care Order or Interim Care Order. Where parents are not available, for example, where the children are unaccompanied minors, the social worker will give medical consent.

Children who are over 16 or are under 16 but 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.

GP and hospital appointments

When parents sign the Placement Plan, they delegate consent to the foster carer to take children to GP and hospital appointments. However, this does not include immunisations, for which consent must be obtained from the parent or social worker as above.

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; they will ensure that a parent or senior social care manager is contacted who is able to 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.

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. Once the course of medication has finished, any that is remaining should be safely disposed of.

Where it is necessary, foster carers should 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; however, the foster carer, as a reasonable parent, should ensure that medication is taken at the prescribed times.

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.

MEETINGS

A number of professionals will be involved in making decisions about a child or young person who is looked after; 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 contribute their wishes and feelings to 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; carers should read these to ensure they are accurate and raise any issues in writing. Minutes are confidential documents, 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.
- Children Looked After Reviews form part of the continuing planning process.
- Child Protection Case Conferences are held in response to an allegation of child abuse.

Placement Stability 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. Where a placement breakdown is unavoidable, the placement stability meeting reflects on the reasons for a placement breakdown 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 children looked after 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.

MISSING FROM CARE

The standard of care provided to foster children should minimise the risk that they will go missing. If children or young people threaten to run away, the foster carer should try to dissuade them, but should not physically restrain them, unless it is necessary to prevent injury to the child, other people or prevent serious damage to property.

However, research shows that looked after children are more likely to be missing from home than other children.

There is a difference in procedure for a child who is missing, whereabouts unknown, and a child who has not returned home but whose whereabouts are known.

Unauthorised absence

This refers to children who absent themselves from home 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.

However, while they remain absent, the situation and level of risk should be continually monitored and if they do not return to their placement within a designated period of time, they may be deemed to be missing. In some circumstances, the local authority can approach the courts for a Recovery Order.

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; they should 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 will also want to search the house and see the foster child's room.

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.

Return

Children who return to the placement should receive a positive response. They will be interviewed by the police and possibly an independent person to establish the reasons why they went missing.

Giving children this opportunity to talk allows them to discuss any concerns that they have and 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.

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.

MENTAL HEALTH

In 2004, a survey by the Office of National Statistics of the mental health of children and young people looked after by the local authority found significantly higher levels of mental health problems 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.

Therefore, it is likely that at some time foster carers will look after a child or young person with mental health difficulties. If a carer is concerned about a child's mental health, they should discuss this with the social worker and supervising social worker and raise it as part of the annual medical.

NURSE FOR LOOKED AFTER CHILDREN

The designated nurse for children in care is known in Enfield as the Lead Nurse for Looked After Children and Young People. This person is a qualified nurse, midwife and health visitor, with additional family planning and child development training. The nurse is based in the Looked After Children's Service at Triangle House in Palmers Green.

The role of the LAC nurse is to ensure that the health needs of all children in the care of Enfield are met and to maintain health files for each of them. Initial health assessments are always carried out by a doctor and the reviews are undertaken by the LAC nurse.

- Children under five are seen every six months for a health review and this includes a developmental check.
- Children and young people over five are seen annually. 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. From the assessment, a Health Plan is devised. This forms part of the Care Plan and feeds into the Child Looked After Review of the child or young person.

The nurse is also involved with foster carer training. She works closely with the lead doctor for looked after children 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 lead 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.

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 foster 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 foster children by fostering agencies. 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 wellbeing.

The NMS are based on the following values:

- They 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.
- 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.
- Foster 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.

The local authority is inspected by Ofsted at regular intervals ensure their compliance with the regulations and assess whether it is meeting the minimum standards. 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 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.

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 the local authority 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 regular intervals. 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 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.

Enfield's inspection reports can be accessed at: www.ofsted.gov.uk

OVERNIGHT STAYS

Children and young people may be invited to friends' houses for sleepovers. The guiding principle is that a looked after child should not be excluded from involvement in normal activities such as this.

Information regarding significant relationships and friendships and any restrictions in contact should be recorded in the Placement Plan. Discussing the issue at this time may give advance notice and time to undertake necessary Disclosure Barring Service (DBS) 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; if it is not, they need to explain the reasons to the child. Where sleepovers are one off occasions, arising from events such as a friend's birthday, no DBS 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.

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.

PARENT AND CHILD FOSTERING SCHEME

The Parent and Child Fostering Scheme works in collaboration with the North London Consortium boroughs; these are Barnet, Camden, Enfield, Haringey, Islington and Hackney.

Parent and child fostering placements enable robust assessments to take place when babies and young children are at risk of removal from their parents' care. Carers in this scheme will be given additional specialist training.

The foster carers' work is underpinned by specialist supervising social workers, monthly support groups and ongoing specialist training. Foster carers provide detailed learning support records that, where necessary can be used in court.

Assessment placements are likely to be requested where:

- The child may already be subject to a court order or public law outline process has begun.
- The child is believed to be unsafe at home.
- The parent is believed to be unable to provide safe care, even with daytime services.
- Placing the parent and child together enables clear assessment information to be gathered.

Assessment placements are conducted over 26 week periods, with reviews built in.

These placements are considered as a direct alternative to residential placements.

PARENT AND BABY PLACEMENT

In most cases this will be a mother and baby, but in theory could be a father and child. This kind of fostering placement is an alternative to a mother and baby unit. If there are concerns about the mother's ability to care for the child, both the young person and child may be looked after; alternatively only the mother may be in the care system. Occasionally, a foster carer may be asked to care for an older mother (over 18), where there are concerns about her parenting skills and only the baby will be looked after.

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 not supportive of their pregnancy. 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.

The foster carer does not necessarily provide care to the baby, but has a supervisory role and encourages the parent to develop her childcare skills; the level of supervision will depend on individual circumstances and the degree of concern there is about the young person's ability to care for her 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 young people 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.

Foster carers will need to exercise considerable sensitivity and diplomacy in order to help a young person develop childcare skills without appearing to be too interfering and in achieving the balance between assisting with the care of the child while ensuring that the young person takes responsibility for their baby.

PARENTAL RESPONSIBILITY

Other people apart from parents can have parental responsibility (PR) for a child, which means they possess the same rights and duties under the law that a parent has.

When making decisions about a child's future, only those with PR have a right to be consulted. Mothers automatically have PR; fathers only have this if they are married to the mother, if their name is on the birth certificate or if it is formally agreed with the mother or via a court order.

Other ways to obtain PR include being granted a Residence Order, a Special Guardianship Order or through adoption. The 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 Meeting and recorded in the Placement Plan.

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 child's social worker and their supervising social worker well in advance.

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, the Looked After Children's Head of Service may do this, if it is not possible to obtain the parent's signature.

PASTORAL SUPPORT PLAN

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.

PATHWAY PLAN

The Leaving Care Act 2000 aimed to ensure that each young person who left care was prepared and ready to do so. Part of this was the requirement for each young person in care to have a Pathway Plan from the age of 16 years.

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. 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, independent reviewing officer and personal adviser.

The plan will include:

- Education, training or employment;
- 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.

PERSONAL ADVISER

The provisions of the Leaving Care Act 2000 aimed to ensure that sufficient support was given to each care leaver. Therefore, each young person in care is allocated a personal adviser from the age of 16. Between the ages of 16 – 18 the Personal Adviser will be a qualified social worker and post 18 could be a care coordinator.

The Personal Adviser will be involved in:

- Providing advice and support;
- Drawing up the Pathway Plan and ensuring it addresses any changing needs;
- Keeping in touch with the young person;
- Coordinating services and linking with other agencies.

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 plan is 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 specific reading, becoming a mentor or assisting with the delivery of training to other carers.

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 social worker and school to work together in the interests of the child's education.

Each foster child is required to have a PEP within 20 school days of becoming looked after or after joining a new school. Subsequently, it is reviewed every six months until Year 11, after which it is included in the Pathway Plan. PEPS are also recommended for pre-school children to support their transition into school.

The PEP includes the views of the designated teacher, social worker, carers 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 review targets and action from any previous PEP and set out clear new 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.

PERSONAL HYGIENE

Foster children may find it difficult to maintain an acceptable level of cleanliness. This can be because they were neither taught nor encouraged at home 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 they smelled.

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.

PETS

Any pets in the foster home will need to form part of the assessment as to the suitability of the household. Pets can have therapeutic value for children, especially those who have learnt to distrust adults. On the other hand, 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 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.

Dogs

There are a number of dogs which are named in the Dangerous Dogs Act 1991. These are: Pit Bull Terrier, Japanese Towser, Dogo Argentine and Fila Brazillero. No family owning one of these dogs is permitted to foster for Enfield.

There are a number of other dogs which the borough would be very cautious about allowing in a foster home. These include: Rottweiler, Doberman Pincher, Alsatian, Boxer, Presa Canario, Dalmatian, Chow Chow, Alsakan Malamute and dogs trained to fight or as guard dogs.

Strict caution will also be applied where the household has more than one dog, as the animals can behave more unpredictably in a pack.

A dog assessment needs to be completed; this 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.

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 foster child, who may have mixed feelings. 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 be prepared to reassure the child that even though they are leaving they are still cared for and will be remembered.

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 onto independent living.

If they are moving to a new family, they 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 them, using the family book. 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.

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 foster 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 foster 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; 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 foster 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 more time to plan an appropriate placement move. A Placement Stability 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. Foster 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.

PLACEMENT PLAN

The Placement Plan is the part of the Care Plan which sets out how the placement will contribute to meeting the needs of the child. 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. Ideally, it should be agreed before the placement is made; if the placement is made in an emergency it must be completed within 7 days. The foster carer must be given a copy.

PLACEMENT STABILITY MEETING

A Placement Stability Meeting (PSM) is held if a foster placement is in danger of breaking down.

Reasons for this could include:

- Where an allegation or complaint has been made;
- 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 aim of a PSM is to discuss strategies for preventing the breakdown of the placement, if this is possible and in the best interests of the child. As such, the PSM should be set up as soon as there is a risk that the placement is going to break down. During the meeting, a placement support plan should be drawn up, identifying the input that will be given in order to maintain the placement.

PSMs are normally chaired by a social work manager.

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 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 materials and 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. 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 play equipment and 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, reading stories with the child and having books, magazines and newspapers in the home. When carers take children out there will always be opportunities to talk about the journey and interesting things around them. This will not only be fun for a child but will encourage language and communication skills.

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. Children of all ages need to play and have opportunities to learn new skills, discover and socialise with other children. Most of all play should be fun!

POCKET MONEY

There is a specific amount which is allocated in the foster carers' allowances for pocket money.

The way in which this is managed should be discussed as part of the Placement Planning Meeting or with the social worker, if issues arise at a later date.

Whether or not the child is given the whole amount in cash depends on their age and ability to manage money. 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.

Carers can withhold some pocket money, for instance if they have caused deliberate damage to property. However, the maximum that should be kept back should be no more than one third and for not more than three weeks. It should be put into the child's savings account unless it is to be used to pay for damage caused.

POLICE

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 is to be interviewed, an appropriate adult will need to be present; this will be arranged by the police in consultation with the Youth Offending Team.

Foster carers can be appropriate adults and training on the role is available as part of the training programme.

Immediate assistance

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.

PREGNANCY

Young women in the care system are more likely than other teenagers to engage in risk taking 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 Sex and Relationships 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.

PREPARATION FOR INDEPENDENCE

The transition to adulthood can be challenging for all children, in particular children who are looked after by the local authority. Looked after children are more likely to have experienced loss and lack of stability, they may have less self-confidence and fewer educational qualifications. It is even more challenging for children looked after who have disabilities.

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 Pathway Plan.

The Leaving Care Act 2000 became law because it was recognised that care leavers were often not well-prepared and did not have effective support after leaving care. This Act places a duty on the local authority to assess the needs of 16 and 17 year olds and to ensure that each young person has a Pathway Plan (and a Transition Plan for young people with disabilities) and a personal adviser to give them support. The Children Act 2008 extended the support to care leavers in education and training up to the age of 25.

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.

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 benefit 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 have started this work with young people in their care before it is formalised in the Pathway Plan. Much of it involves ongoing discussion as the opportunity arises, for instance discussions about the misuse of drugs and alcohol or relationships with boyfriends/girlfriends. Once the plan is drawn up, carers are likely to be

asked to set up situations where young people can learn practical skills, such as budgeting for and cooking meals or giving them their clothing allowance to manage. 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. 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.

PRIVACY

Like adults, children want their privacy to be respected. In the foster home, privacy should be seen as a two way process; children should knock on bedroom doors before entering and other members of the family should do the same for the foster child. Foster 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 Looked After Children Review and the reasons explained to the child.

The child also has the right to receive or refuse any calls made during reasonable hours that are determined by the foster carer. The foster child should be allowed to call anyone he or she wants to; however, the time, duration and cost of such calls may be restricted. There may be situations which merit 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.

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.

RECORD KEEPING

Foster carers are required to keep a log in which they record day to day information about each child in placement.

Why must foster carers keep records?

There are several reasons why this is important:

- It may assist their work with the child or young person as they may see important patterns of behaviour emerging.
- Foster carers are in the unique position of seeing the child on a daily basis; as such their observations are invaluable to the local authority.
- The records are useful to inform assessments and when attending case conferences, reviews or giving evidence in court.
- Contemporary recordings are essential as a tool in protecting carers against false allegations.
- The records will assist with life story work and contribute to the Care Plan.
- The foster carer will be able to use anonymised parts of the recordings where appropriate, to provide care/behaviour examples when completing the courses relevant to their Training, Support and Development Standards.

What should foster carers record?

The carer should record the following but it is not an exclusive list and the carer should record anything that appears to be of importance.

- Appointments with the GP, clinic, hospital, dentist or optician, dates of immunisations or health checks, accounts of hospital admissions or illnesses;
- Details of any medication administered;
- Concerns about health, development, emotional and physical needs;
- Details of meetings with the department or other professionals;
- Information about education or training and the date and outcome of any meetings;
- Information about day to day activities and special events;
- Information about behaviour and sanctions;
- Observations about relationships with friends and members of the household;
- Information about the quality of contact and the child's reactions to seeing his/her birth family;
- Observations about progress the child has made including any milestones reached, such as starting to walk, the child's first word, the first day at school;
- Any behaviour or comments that the child has made which may be concerning; the child's exact words should be recorded;
- Details of any disclosures made by a child and the actions taken by the foster carer.

Guidelines for record keeping

- All records must be kept confidential.
- Recording can be done electronically but the document must then be printed out and the computer file deleted.
- Foster carers should be open with children about keeping records and what is in them; children should be able to see what is written about them but care should be taken that they do not see information written about a third party, such as a parent. If carers are unsure, they should discuss a child's request to see their records with their supervising social worker.
- Records must be kept up to date, signed and dated; they will be checked and signed by the supervising social worker on a regular basis. This will also ensure that they are of the quality required.
- Records should be respectfully written and should differentiate between what is fact and what is opinion. If carers are unclear about how to write their log, their supervising social worker will be able to provide guidance and all carers should attend training on record keeping. It is important to keep in mind when recording that children may request to read what is written about them.

- This should not mean that carers do not record their concerns, but pay attention to how they write them down.
- The log sheets belong to the department and should be returned to the social worker or supervising social worker when the placement ends.

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. Foster carers cannot change a child's religion.

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.

Alternatively the carer may have strong religious convictions, whereas the foster child and their family do not; it would be inappropriate to involve the foster 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 support 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, temple, synagogue or 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.

RESIGNATION

Approved foster carers can resign at any time by writing a letter to 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.

RESILIENCE

Looked after children have frequently suffered abuse and neglect at home and being in care has often added 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.

The following information is taken from Robbie Gilligan's book, Promoting Resilience. Research has suggested that the following factors are important in helping children build resilience:

Secure base: Children need carers who care about them and on whom they can depend to support them through difficulties; they need to know that there will always be someone to go to for help and encouragement. This is important even after 18, when they have left the care system.

Sense of continuity: Children's past relationships should be disrupted as little as possible; relationships with family and friends should be maintained; they should remain in the same school and in the same community; their culture and identity should be valued.

Friendships: Supporting children to make and sustain friendships aids the development of social skills and a support network.

Talents and interests: Developing interests and talents helps children experience success and find activities which they are good at, such as sport, horse-riding, dancing, art or music.

Education: Doing well educationally can give a sense of achievement and help prepare children for employment.

Positive values: To learn how to behave in a caring and responsible way towards others, children need to have positive role models.

Social competence: Learning to communicate effectively and make informed decisions helps children in all areas of life, socially, educationally and in the workplace.

These competencies help a child build positive self-esteem. This means that a child has a sense of being valued and valuable. It means having a sense of optimism and the conviction of being able to succeed, for instance in an exam or other challenge; it also means children have a sense of control over their lives.

Foster carers are in a unique position to support children develop competence in these areas, which will help increase their resilience to adversity throughout their lives.

REASONS FOR CHILDREN BEING IN CARE

Children need to understand the reasons that they are in care; however painful, they cannot move on with their lives, until this healing process has happened.

RESTRAINT

There may be times when the behaviour of a child or young person poses a serious risk to themselves, others or property. Initially, de-escalation and diffusion techniques should be tried. Restraint should only be used as a last resort; for instance a child intent on leaving the house should not be restrained unless this poses a serious risk. If restraint is unavoidable, it should be done with the use of the minimum amount of force and for the shortest possible time. Ideally a second adult should be present. If it is not considered possible to restrain a child without injury to either the foster carer or the young person, urgent help should be sought, usually from the police.

If a carer has had to restrain a foster child, they must make a detailed recording of how the incident arose and the reasons why restraint was used. The carer should also inform the child's social worker and the supervising social worker as soon as possible.

As it is difficult to predict when such situations will arise, carers are advised to attend training both on how to use restraint and also on how to anticipate and prevent such incidents, where this is possible.

SAFER CARE

Every fostering household must have a Safer Caring policy, which is reviewed annually through the foster carer's review process and with each new placement with the aim of:

- Keeping foster children safe, given that for some children there may be a greater vulnerability to abuse;
- Helping a fostered child to learn to respect, privacy for themselves and other family members;
- Teaching children of the need for foster carers to be aware of their whereabouts;
- Teaching children about "stranger danger";
- Keeping all children in the household safe from abuse from other children;
- Keeping foster carers and their birth children safe from the risk of allegations.

The whole family should be involved in agreeing the policy, as this enhances their understanding of the reasons behind it and commitment to it. In addition, all foster carers must attend Safer Caring training.

What can foster carers do to protect themselves?

House rules: These can include that:

- Nobody 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.
- 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.
- Foster carers take photos of children in their care as part of normal family life and as preparation for Life Story work. However carers should be mindful that the taking of photos or videos may have formed part of the abuse they may have experienced. Carers should never take photos of children while in the bath or undressed. Photos should not be stored on a computer.

Enfield's Fostering Service has Safer Care Policy examples. Supervising social workers will assist foster carers in developing their own policy.

Supervision: As carers may not be aware of a child's history, at the early stages of the placement, children should be supervised while playing together and this should take place in a living area, rather than a bedroom.

Men who foster: Given that men are more likely to be accused of sexual abuse, they should avoid carrying out personal care tasks, such as washing and dressing children, where there has been known abuse. 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 to have a positive male, as well as a positive female role model and to understand that not all men are abusers. It must also be remembered that children can and are sometimes abused by females.

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 harm a child and it may be that they need additional support. Carers should understand that 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; foster children who have been abused can evoke very strong feelings, such as anger or even disgust.

Although sometimes difficult to manage, 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 any communication difficulties.

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. There is a Sons and Daughters Support Group which can offer children of foster carers support and an opportunity to discuss their concerns. The children's support group, FAST, meets in school holidays.

Birth children and foster children can sometimes be sexually attracted to each other; it is preferable to avoid placements where the carer's own teenagers are of a similar age to foster children. This issue should be openly discussed with teenagers to remind them they must regard any foster child 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 over emphasised; 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 foster child any physical affection. However, foster children are desperately in need of love and care and it may add to their feelings of rejection, if the carer avoids touching them.

Foster 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; reading a story in the lounge is safer than sitting on the child's bed.

SAVINGS

As a broad principle Enfield Children and Families Social Care aim to encourage children and young people to develop a custom of saving money for holidays, special items they would like and for their future life.

The Fostering Service aims to encourage all Enfield children and young people to develop this savings habit by recommending that a regular weekly amount is saved. Children are encouraged to save from their pocket money, but the carer is also expected to save £5 a week for the child.

Once a child has been in care for 12 months, they will be issued with an Enfield ISA. Carers will need to pay the child's savings into their ISA.

SCHOOL TRIPS

The child's social worker will sign the consent form for a child to go on a long school trip if there is a Care Order or Interim Care Order. If they are accommodated under Section 20 of the Children Act, the social worker will inform the parents; if they are in agreement, the social worker may sign the form on the parents' behalf. If the child is over 13, or for day trips, the responsibility to sign the consent form may be delegated to the foster carer.

This will usually be discussed at the Placement Planning meeting and the decision to delegate this action will be recorded in the Placement Plan. However, the carers need to keep the social worker informed about the child's participation in school trips.

The maintenance allowance contains £11 per week for school trips and activities. Foster carers should contact their supervising social worker regarding additional financial support to enable young people to undertake major school trips, holidays and other activities

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.

SEARCHING CHILDREN AND THEIR BELONGINGS

It may be appropriate to conduct a search of children or their belongings if there is reasonable cause to believe that they have concealed weapons, illegal drugs or other items that may place the child or others at risk of injury.

Carers should always try to gain the child's co-operation before carrying out a search and they must discuss any such action with the child's social worker, preferably in advance. Two adults should be present and during a search of the child's belongings, the child should be there, if possible.

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, this may be if there is concern that a child may harm themselves.

On some occasions, if there is reasonable cause for concern, carers will enter a child's room without asking for permission. Such action must have been previously discussed with the child's social worker and be recorded. Another exception 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.

SELF-ESTEEM

Most children looked after 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 may 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 less vulnerable to negative experiences and will be more able to resolve past issues and move forward with their lives.

SELF-HARM

Deliberate 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.

Why do young people harm themselves?

Self-injury is a way of dealing with very difficult feelings that build up inside; it could be as 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; 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. 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.

It must also be acknowledged that young children can also self-harm. This can be similar to older children in that they may pull out their hair, pick at their skin, head bang at night and/or hit themselves. Younger children rarely purposefully cut themselves as a means of relieving tension.

Helping the young person

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.

Carers should always discuss a strategy for managing the behaviour with the social worker. Children and young people may also be referred for therapeutic help from the Child and Adolescent Mental Health Service who will be able to recommend behaviour management strategies. Foster carers can also seek advice and support in respect of understanding the behaviour of children in their care from the HEART/CAMHS service.

SEX AND RELATIONSHIPS

One of the many expectations of a foster carer is to assist in the ongoing education of foster children and young people with regard to sex and 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 in Enfield are encouraged to attend the Sex and Relationship training course which helps develop their skills and confidence in speaking to children of all ages about sex, relationships and growing up. Details of the course can be obtained from the supervising social worker. There is also a LAC lead nurse practitioner based at Triangle House who is 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.

In some circumstances health professionals are able to give contraceptive advice to young people under 16 without parental consent.

However, foster carers should initially seek advice from the social worker, if they feel the young person they are caring for would benefit from this.

To contact the Lead Nurse for Looked After Children at Triangle House telephone 020 8379 2028.

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 emotional 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.

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.

Currently, Enfield procedures state that foster carers caring for children under 5 years old and those with respiratory conditions or mobility problems should not be smokers. This includes members of the household, as well as the main carers (unless there are exceptional circumstances). Other carers should ensure that they have a smoke-free environment i.e if they smoke it should be outside of the home. However, Enfield is mindful of the effects of passive smoking and is keen to support and encourage all carers to be non-smokers.

Enfield has a Foster Carers Smoking Policy which provides detailed information on the boroughs approach to foster carers and smoking.

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.

SOCIAL WORKER'S ROLE

Every looked after child or young person must be allocated to a social worker who has a legal duty to ensure that 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;
- To maintain links for the child with his/her birth family by arranging contact in the foster home or other venue;
- To visit the child in the foster home and see him/her alone and with the carer;
- To help and support birth parents;
- To ensure that the foster carers have all the available information about the child and that all paperwork is

completed and signed;

- To work with the foster carer to promote the educational, health and developmental needs of the child;
- To do direct work with the child, including life story work, to help them understand and come to terms with their circumstances;
- To co-ordinate the involvement of other professionals and organise specialist support, where this is necessary;
- To 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 in 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.

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.

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, social workers need to consider the needs and feelings of applicants' 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

Foster 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 foster 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 the foster children. They may also feel jealous of the foster child's relationship with the social worker.

Looked after children may also respond to previous negative experiences through challenging behaviour, this could take the form of refusing to do as they are 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 foster child is getting away with behaviour for which they themselves would be punished. The amount of time that parents spend managing the behaviour of foster 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 foster children have good relationships, it may also be the case that foster children who are less mature, find it difficult to play co-operatively or to share. This can prove frustrating for birth children.

Sometimes, foster 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 foster child, as they can be unsure how to reply. When foster 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 focused on the foster child, the feelings of sons and daughters can get overlooked.

How these issues can be addressed

While talking to carers about the age of the children they would like to foster, the ages of their birth children are taken into account. Research suggests that it is often preferable for a foster child to be the youngest in the family and that placing a foster child who is close in age to birth children is more likely to break down.

During the assessment, the social worker involves 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 foster 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.

To help children to be able to discuss and understand a foster child's behaviour and to have the opportunity to talk about how difficult this can sometimes be, Enfield has the FAST (Friends and Support Today) group which is specifically for children of foster carers. The group meets in school holidays for fun activities and also for discussion sessions. The value of this group is that children meet other children from families who foster so that they can build up their own friendship and support networks.

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 foster 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 foster child's behaviour or if the child has told them something "in secret".
- Work out a simple cover story for the presence of the foster child and ensure that birth children are aware of it.

SPECIAL EDUCATIONAL NEEDS

Children and young people with SEN all have learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age. These children and young people may need extra or different help from that given to others.

Many children and young people will have SEN of some kind at some time during their education. Early years providers (for example, nurseries or childminders), mainstream schools, colleges and other organisations can help most children and young people succeed with some changes to their practice or additional support. But some children and young people will need extra help for some or all of their time in education and training.

Communicating and interacting – for example, where children and young people have speech, language and communication difficulties which make it difficult for them to make sense of language or to understand how to communicate effectively and appropriately with others.

Cognition and learning – for example, where children and young people learn at a slower pace than others their age, have difficulty in understanding parts of the curriculum, have difficulties with organisation and memory skills, or have a specific difficulty affecting one particular part of their learning performance such as in literacy or numeracy.

Social, emotional and mental health difficulties – for example, where children and young people have difficulty in managing their relationships with other people, are withdrawn, or if they behave in ways that may hinder their and other children's learning or that have an impact on their health and wellbeing.

Sensory and/or physical needs – for example, children and young people with visual and/or hearing impairments, or a physical need that means they must have additional ongoing support and equipment. Some children and young people may have SEN that covers more than one of these areas.

Disabilities

Many children and young people who have SEN may have a disability. A disability is described in law (the Equality Act 2010) as a 'physical or mental impairment which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.' This includes, for example, sensory impairments such as those that affect sight and hearing, and long-term health conditions such as asthma, diabetes or epilepsy.

The Equality Act requires that early years providers, schools, colleges, other educational settings and local authorities:

- **Must not** directly or indirectly discriminate against, harass or victimise disabled children and young people.
- **Must** make reasonable adjustments, including the provision of auxiliary aid services (for example, tactile signage or induction loops), so that disabled children and young people are not disadvantaged compared with other children and young people. This duty is what is known as 'anticipatory' – people also need to think in advance about what disabled children and young people might need.

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 Coordinator (SENCO), responsible for ensuring the needs of children who require additional help are met.

The Local Offer

Every local authority must identify education, health and social care services in their local area provided for children, young people and families who have SEN or disabilities and include them in an information directory called the Local Offer. This will also help local authorities as they can use it to see where the gaps in provision are. The Local Offer also needs to include information about services provided outside your local area that local people are likely to use.

The local authority also needs local schools, colleges, health services and other service providers to contribute to the Local Offer.

This Local Offer needs to be kept up to date, and so your local authority will need to seek feedback from children, young people, parents and foster carers as part of that process.

SEN Support

Any support your foster child gets from their school or other setting should meet their needs. If your foster child has SEN, they will be able to access help – called SEN support – from their early years settings, such as nurseries.

Children and young people with more complex needs might need an Education, Health and Care (EHC) plan instead. EHC plans replace statements of SEN and Learning Disability Assessments (LDAs).

The four stages of SEN support are:

- Assess
- Plan
- Do
- Review

Assess: Your foster child's difficulties must be assessed so that the right support can be provided. This should include, for example, asking you what you think, talking to professionals who work with your foster child (such as their teacher), and looking at records and other information. This needs to be reviewed regularly so that the support provided continues to meet your foster child's needs. That might mean getting advice and further assessment from someone like an educational psychologist, a specialist teacher or a health professional.

Plan: Your school or other setting needs to agree, with your involvement, the outcomes that the SEN support is intended to achieve – in other words, how your foster child will benefit from any support they get – and you and your foster child's social worker needs to be involved with that. All those involved will need to have a say in deciding what kind of support will be provided, and decide a date by which they will review this so that they can check to see how well the support is working and whether the outcomes have been or are being achieved.

Do: The setting will put the planned support into place. The teacher remains responsible for working with your foster child on a daily basis, but the SENCO and any support staff or specialist teaching staff involved in providing support should work closely to track your foster child's progress and check that the support is being effective.

Review: The support your foster child receives should be reviewed at the time agreed in the plan. You can then decide together if the support is having a positive impact, whether the outcomes have been, or are being, achieved and if or how any changes should be made.

Your foster child's school or other setting can use the Local Offer to see what help is available that may help to achieve your foster child's outcomes.

Carers can obtain support about special educational needs and any other education issue from the Virtual School for Looked After Children based at Triangle House.

SPECIAL GUARDIANSHIP

Special guardianship is an order made by the court under the Adoption and Children Act 2002.

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; this includes making most of the decisions concerning the child's upbringing.

Special guardianship differs from adoption, which completely severs the legal tie between children and their birth parents. With special guardianship, the birth parents remain the legal parent and have some rights to make major decisions regarding their child, such as changing the child's surname, going abroad for more than 3 months, if the guardians want to adopt the child and circumcision.

On the other hand, special guardianship gives carers more parental rights than long term fostering; if a child is in long term care, they remain within the care system and parental responsibility is shared between the local authority and the parents in varying degrees. The child is subject to CLA regulations, including the requirement for regular reviews and visits by a social worker.

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.

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. Local authorities can offer support packages, including training, help with contact, therapy services and finance.

A worker may be allocated for a time limited period where the Special Guardian requires support and advice pertaining to contact. Foster carers can apply to the court for an SGO with the consent of the 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.

STATEMENT OF PURPOSE AND CHILDREN'S GUIDE

Every fostering service must have a Statement of Purpose which describes its services and aims and objectives, which must be consistent with legislation, regulations and the National Minimum Fostering Standards. It must detail how the service will help children achieve positive outcomes. The Statement of Purpose is reviewed on a regular basis.

The Children's Guide sets out how the Fostering Service works to ensure that their needs are met. It also includes what they can do if they have problems or complaints. Each child should receive a guide when they are placed with a foster carer; it is produced in two forms to suit different levels of understanding. It is the foster carer's responsibility to explain the contents of the guide to children.

Where children have disabilities or speak limited English, the social worker needs to ensure that the contents are conveyed to them in a form which meets their needs and level of understanding.

STEALING

Stealing is a behaviour that foster carers may encounter when caring for a foster 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; when in the foster home, 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. Foster 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.

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, they are required to work with parents and they 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. 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 support 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 support groups and the Foster Carers' Association.

SUPERVISING SOCIAL WORKER (SSW)

Supervising Social Workers (SSWs) work within the Fostering Support and Development Team. This team is situated in the Fostering Service at Charles Babbage House, 1 Orton Grove Enfield EN1 4TU.

Their role is to support and monitor approved foster carers and family and friends carers in the task of looking after foster children and young people. Although part of their task is to give ongoing emotional and practical support to carers, their first responsibility is to the children and to ensure that they are receiving good quality care.

Supervisory and support visits

Each SSW will have a caseload of carers who will carry out their tasks through visiting the foster placement. The frequency of visits will always be determined by the circumstances of each case. In many circumstances visits to carers will take place at intervals of 4-6 weeks. If a carer is 'resting' or unavailable to take a placement then the frequency of the visits can change to every 12 weeks.

Visits to respite carers will depend on the frequency with which they provide a placement. A carer who offers one respite a month will be visited at least every 12 weeks. Visits to carers offering more regular respite placements will take place at least every 4 – 6 weeks.

In a long term foster placement the carers will be visited at least every 12 weeks. There are two definitions of 'long term' fostering:

1. The carer has been formally matched to the child in placement.
2. The child's care plan is for long-term fostering with their current carer AND has been in placement for over one year.

These timescales represent the maximum gap allowed between visits. All reasonable requests made for a visit from carers or a looked after child will need to be met. Should a crisis or a standard of care issue occur then more regular visits will need to take place as agreed with the fostering managers. Visits from the SSW should be timed to complement those of the child's social worker to avoid both visits taking place very closely together and a gap then being left where no contact is made with the placement.

Where partners are jointly approved as carers, the meetings should include both carers wherever possible; if the second carer has other commitments such as work, they will not need to be seen on every occasion, but he/she will need to attend some meetings and the annual review. SSWs also have a duty to speak to the sons and daughters of carers and on occasions the fostered child 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, this will be via an individual Training Development Plan.

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.
- 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. DBS and medicals.
- Foster carers' professional development and their attendance at training and support groups.

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. If the carer's SSW is not available, the carer can talk to a duty SSW or a manager, if the matter cannot wait until the carer's SSW is available.

Unannounced visits

SSWs are legally required to carry out an unannounced visit; this is to ensure that children are receiving a consistently good standard of care. If there are concerns further unannounced visits will be carried out. Usually the health and safety check is carried out at the time of the unannounced visit. The fostered child should also be seen at this visit.

Other responsibilities

SSWs will assist carers to prepare for attending and contributing to professional meetings. 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 their manager, where 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's Review. 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 Specific Issues 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 training development plan (TDP) and the Training, Support and Development Standards portfolio.

SUPPORT CARERS

Like parents, foster carers sometimes require practical help or emotional support while looking after children. For this reason, we ask all foster carers to give us the name of someone who will act as their support carer, who must be over 21 and willing to provide some assistance, either occasionally or on a more regular basis.

Role of support carers

Support carers offer different levels of support, depending on the circumstances and commitments of the approved foster carer. Some will be available in emergencies or for occasional child sitting. Others may take on tasks on a more regular basis, such as assisting the carer with or collecting them to or from school.

Occasionally a support carer will care for a foster child for a longer period of time where the carer has to go away

in an emergency or on a holiday and is unable to take the child.

Nominated carers will normally look after children in the foster carer's home, as this is less disruptive to the child's routine and feelings of security.

Requirements of support carers

Looking after other people's children is clearly a responsible task and as it is acting in the place of the parents, the local authority has a duty to ensure the child's safety and welfare at all times.

Support carers have been identified by prospective and approved foster carers as suitable people to assist in caring for foster children and this recommendation carries weight. However, a social worker also needs to meet with the nominated carer to discuss their experience, availability and to give them more information about fostering and the needs of foster 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.

The local authority will also require a Disclosure Barring Service (DBS) check, if the support carer will be caring for children in their own home; other members of the household, who will have significant contact with the child, may also need to complete a DBS check. In addition, a health and safety check of the home will be undertaken.

Where the support carer is looking after a child while the foster carer is away, the social worker will visit to assess the suitability of the arrangement and to ensure that the carer has all the relevant information about the child in order to be able to meet his/her needs. While the foster carer is away the child's social worker or supervising social worker will visit on a weekly basis.

The support carer will receive the maintenance part of the fostering allowance for the duration of the placement.

Training for Support Carers

Support carers will have the opportunity to attend the Skills to Foster training

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 Fostering Out of Hours Service on 07903 970299. If a child goes missing, or does not return at the expected time, the carer will also need to contact the Emergency Duty Team on 020 8379 1000 and the Police.

Training

There is a comprehensive training programme which assists carers in reflecting on their practice and improving their skills. The supervising social workers will work with foster carers, through supervision, to identify areas of specific training relevant to the children they are caring for. The SSW will assist the carer in formulating their

personal Training Development Plan. Carers also need to complete their Training, Support and Development Standards Portfolio (TSDS) within 12 months of their approval.

There is support to complete the TSDS portfolio.

Support Groups

Support Groups for all foster carers run monthly in the morning and evening; these are facilitated by the two Supervising Social Workers. The support groups often have speakers on support and care related topics. All carers are expected to attend a minimum of four support groups per year.

There is also a group for the sons and daughters of foster carers FAST, during school holidays. This group is a good way for children to meet other children from families who foster and to form their own support networks.

There are a small number of friends and family foster carers some of whom live outside the borough, the fostering service will endeavour to link them with an appropriate support group in their area. Local friends and families foster carers are also able to attend the Support Group.

Induction Course Group

This group is for newly approved carers. The course aim is to provide the carer with induction training, to give them additional support and advice and the opportunity to discuss their initial uncertainties. The induction group also provides the opportunity to meet other newly approved 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 provides 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's Nurse and the HEART team.

Child and Adolescent Mental Health Service (CAMHS)

CAMHS provides therapeutic input to looked after children and young people. Additionally, it offers counselling and support to 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

Enfield carers can obtain independent support, for example, in the event that an allegation or complaint is made against them, from the Fostering Network. The Fostering Service can also arrange for the carer to have support, in the case of an allegation, from an independent social worker.

Breaks from caring

It is recognised by the Fostering Service that there are times when a foster carer may need a period of respite to support placement stability. Before making arrangements for a period of respite care this must be agreed with the supervising social worker and the child's social worker.

Up to 14 days a year can be taken for respite care, although most foster carers do not take respite, preferring to provide continuity of care for the children placed with them

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.

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 worst they need medical intervention to be removed, and what seems desirable at the present time, may not be at a later date.

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. Young people should be warned of the risk of infection from unclean equipment.

TAX AND NATIONAL INSURANCE

Please refer to the Fostering Network website for the latest updated information: www.fostering.net

Tax

Foster carers are treated as self-employed under the tax system. There is a tax-free allowance, which means some carers may not need to pay any tax. They are required to inform Her Majesty's Revenue and Customs (HMRC) if they exceed the tax-free amount. 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.

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 opposite.

National Insurance

In common with other self-employed people, foster carers must by law register to pay Class 2 national insurance contributions (NICs).

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; 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.

Universal Credit

Foster carers may be entitled to claim Universal Credit, although any other income in the household, such as from a working partner, will be taken into account. See Universal Credit.

Advice

- Tax Aid provides free tax advice to those on a low income. They can be contacted on 0845 120 3779 or www.direct.gov.uk
- The Low Incomes Tax Reform Group can also give free assistance: www.litr.org.uk.
- Her Majesty's Revenue and Customs: www.hmrc.gov.uk

TEAMS WORKING WITH CHILDREN AND YOUNG PEOPLE

Children's social workers are organized into a number of different teams according to the focus of the work. These are some of the teams with which foster carers may have contact:

MASH

This team is Enfield's single early intervention and prevention response for professionals who consider a child, young person or family who need a service. The focus of the MASH team is to work together with agencies and families to provide early support to children, young people and their families thus reducing the need for statutory intervention.

Referral and Assessment Team

The work of this team is of limited duration. It undertakes initial work when children are referred, in order to ascertain whether a service is needed, for instance if there are concerns with regard to child protection. If longer term work is needed cases are transferred to one of the other teams.

Family Support and Child Protection Team

This team works with families where there are concerns about the welfare of children. Social workers work with families to improve their childcare skills with the aim of maintaining the children within their family. Foster carers may have contact with this team if it is decided that a child is no longer safe at home and requires a foster placement.

Adolescent Support Team

The Adolescent Support Team works with young people at risk of being accommodated, and to support rehabilitation of young people back to their families.

Children Looked After Teams

These teams work with children who are in the care of the local authority. They may be looked after by foster carers or reside in Residential Units or other types of placement.

Children with Disabilities Team: Cheviots

This team works with children with disabilities and their families and assesses the services they require. Some of the children may require periods of respite care and may be placed with foster carers or in residential placements, whilst other families may receive a short break service from foster carers.

Adolescent and Leaving Care Service

This team works with young people in their transition to independence. It is a multi-disciplinary team which aims to work with young people to develop the skills they require for independence.

Asylum Team

The Asylum team works with children and young people who come to this country as unaccompanied

minors and who are seeking asylum in the UK. Asylum-seekers under the age of 18 years become the responsibility of the local authority and may be placed with foster carers, while their application is considered by the UK Border Agency.

Youth Offending Service

This is a multi-disciplinary service, which works with young people who have committed criminal offences. The aim of the team is to prevent young people carrying out further offences.

CSE Team

The Child sexual exploitation teamwork with children and young people being exploited or at risk of being exploited.

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 them 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, both TVs and computers have parental control settings which can be used to restrict access to certain programmes and sites.

Whether a foster 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 children in the family, both birth children and foster children, do not feel that they are being treated differently.

Foster carers are advised not to place a television in a foster 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; 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.

TERMINATION OF PLACEMENTS

Children's Social Care has a duty to remove a child from a placement which is detrimental to his or her welfare. There can also be instances where foster carers feel they can no longer care for a child.

Foster carers are expected to give 28 days formal notice of their wish to terminate a placement. Every effort will be made to try to prevent the breakdown of a placement.

Where there are concerns about a possible placement breakdown a Placement Stability Meeting will be arranged to discuss the issues and consider if they can be resolved. If this is not possible consideration will be given as to why the placement needs to come to an end.

In some cases a placement will break down before a Placement Stability meeting can be held. Where this occurs a

Disruption meeting will be convened 6 weeks after the placement ends. This meeting will be chaired by an IRO. The purpose of this meeting is to discuss the issues and lessons that can be learnt.

TRAINING FOR FOSTER CARERS

Context

Enfield provides a varied programme of training for carers responding to the National Minimum Standards based on statutory guidelines and good practice.

It is essential that foster carers attend training, as a means of improving their skills and knowledge and contributing to their professional development. It is expected that foster carers attend four courses or equivalent training in a year. All training is currently offered free of charge.

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 training and development plan. Details of how to apply for training are contained within the manual.

The timing and organisation of training takes account of the carer's fostering and childcare responsibilities. For those carers who additionally work outside the home KCAS on line training is provided to complement face to face training. All training is run within a framework of Equal Opportunities and Anti-discriminatory Practice and reflects the diversity of the communities served by Enfield foster carers.

Process and support

Prior to approval carers will have attended the 'Skills to Foster' training as part of the application process. After approval carers attend the Induction programme and must attend/renew mandatory and core training every three years

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. Support to complete this is offered from carers' supervising social workers, through the carers' induction course.

Each carer must have a Personal Development Plan which is both a plan for and record of training and development opportunities. This is reviewed every year by the foster carer and the supervising social worker as part of the Annual Review. This PDP enables all carers to evidence their ability to keep up to date; improve and update skills and knowledge for fostering and meet the seven training and development standards.

The PDP forms part of a foster carer's training and development portfolio which all foster carers are expected to keep up to date and which can be taken with them if they move to another fostering provider.

Further training support is available from the Training Coordinator and the Development and Training Commissioner who are both happy to discuss carers' training needs with them on an individual basis.

All newly approved foster carers must complete the induction and mandatory training listed below and update their knowledge in these areas every three years:

Mandatory training – to be completed every three years

- Paediatric First Aid for Foster carers
- Safeguarding Children (Half day Introduction on Safeguarding programme)
- Safer Caring
- Internet Safety
- Sex and Relationships

Core Training – which should be given priority as part of the four days annual training requirement

- Positive interventions
- Play and movement development
- Fostering Changes
- Life Story Work
- Working with Difference/Cultural awareness
- Child Development
- Managing Challenging Behaviour
- Separation and Attachment

There is further training to be found in the training manual which can support the development of specialist areas of interest.

TRAINING SUPPORT AND DEVELOPMENT STANDARDS (TSDS)

- The training Support and Development Standards (TSDS) for Foster Carers 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.

Please note:

- All existing foster carers* should have completed a portfolio, evidencing that they have met the TSDS Standards.
- 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.

The seven Training Support and Development Standards are:

1. Understand the principles and values essential for looking after children and 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 and signed off by the manager. Sometimes additional work may be required before a certificate of completion is issued.

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. These include:

- 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 to building a positive identity and to support this in as many ways as possible, for instance by providing 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, play materials, 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 department 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 which face these children, 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.

TYPES OF FOSTER CARE

There are a number of different types of care for which carers can be approved, based on their preferences, skills and accommodation.

Short Break Carers

This means looking after a child in the carer's home for short periods of time on a regular basis to support their family. Parents and carers needing a short break will often be caring for children often have disabilities and additional medical needs or challenging behaviour. Carers can offer weekends and/or time during school holidays and can be linked with more than one family.

Short Term Foster Carers

Short term foster carers offer full-time placements for children, aged from birth to 18 years, who 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 placement. 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 most children who are adopted.

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.

Respite Foster Carers

Respite foster carers provide care for children for very short periods of time. They may be used to give foster carers who are experiencing very challenging behaviour from a child, or who may be caring for a child with significant disability, a respite break. In some instances where a carer requests a holiday break without the children in their care, respite care may be agreed. It is however expected that carers will take children with them on holiday.

All respite arrangements will need to be agreed by the Fostering Service and the child's social worker

Family and Friends Foster Carers

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 benefit 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.

UNIVERSAL CREDIT

Income Support (IS), Employment and Support Allowance (ESA), Jobseekers Allowance (JSA), Child Tax Credit, Working Tax Credits (WTC) and Housing Benefit was replaced by Universal Credit in October 2013.

Foster carers are able to get Universal Credit so long as they are fostering a child under 16 years of age (or older in specific circumstances) but it will depend on their income. Fostering income will continue to be disregarded. If a foster carer is part of a couple, neither of whom has employment, one of the couple will normally have to register for work in order to get Universal Credit. That rule can be varied in special circumstances though.

Foster Carers will be able to claim Universal Credit for 8 weeks between placements without having to register for work.

Foster carers will not be penalised for having an additional bedroom whether or not a child has been placed with them or they are between placements, so long as they have fostered a child or become an approved foster carer in the last 12 months.

A weekly cap of £500 is applied to almost all benefits received by a working-age family but this does not include any fostering allowance they receive.

Young people: Young people who remain the foster home after they turn 18 can claim Universal Credit if unemployed or in non-advanced education (or from 16 if the young person is disabled or is responsible for a child). With Universal Credit, there are different levels of 'conditions' attached – i.e. whether the young person has to sign-on as unemployed, or prove ill-health or prove that they are estranged from parents.

Foster carers' Universal Credit will not be affected by the young person's own claim, even if the young person claims for housing in their own right and pays the foster carer rent. Income from having a lodger is not counted as income so does not need to be declared when claiming Universal Credit.

This is a complex area and foster carers are advised to obtain further advice about Universal Credit entitlement from www.dwp.gov.uk or www.fostering.net

USEFUL CONTACTS

Enfield Children's Social Care
Enfield Fostering Service
020 8379 2814

Fostering Out of Hours Service
07903 970299

Emergency Duty Team (out of office hours)
020 8379 1000

Adolescent and Leaving Care team
020 8379 8211

Advocacy Services for Children and Young People
Email: advocacy2@barnardos.org.uk
Web: barnardos.org.uk
Telephone: 020 8768 5058
Freephone: 0808 800 0017

Referral and Assessment Team
020 8379 2507

Looked After Children Team
020 8379 8211

CAMHS
020 8379 2000 or 020 8360 6771

Cheviots Children's Disability Service
020 8363 4047

Children and Family Support Team
020 8379 2574

Education/HEART
020 8379 8275

Health/HEART
020 8379 8295/6

Lead Nurse for Looked After Children
020 8379 8296

Edmonton Contact Centre
020 8379 1704/5

Special Guardianship Team
0208 379 8490

Support and Advice
CoramBAAF
0300 222 5775
advice@corambaaf.org.uk

Compass (Drug and alcohol advice)
020 8344 3180
www.compass-uk.org

FAST
Friends And Support Today
Support for children and relatives or foster carers
(Please ask your supervising social worker for details about this group)

Fostering Network
0207 620 6400

www.fostering.net

Independent Review Mechanism
0845 450 3956 (charged at local rate)
irm@corambaaf.org.uk
www.independentreviewmechanism.org.uk

Lifeline (drugs and alcohol advice)
www.lifeline.org.uk

National Autistic Society
www.autism.org.uk

Refugee Council
www.refugeecouncil.org.uk

TalktoFrank (drugs advice)
0800 776600
www.talktofrank.com

Voice (Independent support for young people)
020 7833 5792
www.voiceyp.org.uk

KRATOS
07506 747430 or 020 8379 8034
KRATOS@enfield.gov.uk

Coram Voice
020 7833 5792
info@coramvoice.org.uk

Government Agencies
Ofsted
0300 123 1231
enquiries@ofsted.gov.uk
www.ofsted.gov.uk

Child Benefit Helpline
0161 210 3086

Department of Work and Pensions
0845 717 3456
01851 767 538
www.dwp.gov.uk

DLA Helpline
01367 730222

HM Revenue and Customs
0845 300 3900
www.hmrc.gov.uk

Tax Credits Helpline

0191 206 1385

Self Assessment Helpline
0845 300 0627

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 Services - 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.

VARIATIONS AND EXEMPTIONS

Variations

Sometimes it is agreed that a carer will take a placement outside their current approval range (age, gender and numbers). The SSW will complete a report and obtain authorisation from the service Manager.

Exemptions

Regulations stipulate that no foster carer may care for more than three foster children at one time unless they are all siblings. If more than three children are placed in an emergency, approval must be sought in the same way as for a variation. However, if the carer lives outside of Enfield the local authority in which they live must also give approval for the arrangement.

If the placement is longer than 28 days, the exemption report will need to be presented to Fostering Panel.

VIRTUAL SCHOOL FOR LOOKED AFTER CHILDREN

This is a team which works to promote the educational achievement of all children looked after by the Council. These children are on a '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 Virtual School team

have the expertise to help children who are in care to overcome any obstacles to academic achievement, thus their improving educational outcomes.

The team offers advice and training to corporate parents (including foster carers, social workers, councilors, teachers and school governors) so they are better able to support children looked after with educational issues.

In Enfield the Virtual School is part of the multi-agency “HEART” support team for looked after children and young people.

Its functions include:

- Support to social workers with personal education plans (PEPs);
- ‘Troubleshooting’ when social workers are experiencing difficulties with any aspect of a child’s education, for instance finding a school place;
- Monitoring the educational progress of all children and young people in public care;
- Working with schools both inside and outside the borough to support the needs of children looked after by Enfield;
- Liaison with early years providers and the adolescent and leaving care service;
- Referral to other agencies where further assessment or specialist support is required;
- Supporting designated teachers in individual schools to meet the specialised needs of children looked after.

VOICE

This is a voluntary organisation campaigning for children and young people in care. They also provide advocacy and direct work 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 or 020 7833 5792
www.voicep.org

WELCOMING A FOSTER 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 talking about them and underlying their behaviour may lie some of the following feelings:

- Self-blame and guilt about being removed from their parents' 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.
- 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.

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 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.

WHISTLEBLOWING

The borough is committed to ensuring that staff and foster carers all behave in an open and acceptable way. If foster carers feel that either a staff member or another foster carer has behaved in an inappropriate manner, they can, if necessary, use the whistleblowing procedure to ensure that the issue is dealt with.

Circumstances in which staff or foster carers may wish to whistle blow
These could include:

- A child protection issue;
- A racist incident or behaviour;
- Financial wrongdoing or theft;
- Poor social work practice;
- Abuse of a vulnerable staff member or client;
- Bullying in the workplace or outside;
- A practice which may bring the Council into disrepute.

Ordinarily foster carers would be expected to inform their supervising social worker, who will bring the matter to the attention of more senior managers. However, there may be occasions when a foster carer considers that their supervising social worker is involved or has not dealt appropriately with the issue when it was raised.

In these circumstances foster carers should feel free to approach a more senior manager (normally the social worker's manager) or any other appropriate manager and book a time to meet with them confidentially. They may be required to offer a brief explanation as to why they wish to meet with the manager concerned, together with the reason of why they cannot speak to their supervising social worker.

Confidentiality cannot always be guaranteed as formal action may be required to protect a client, member of staff or the reputation or finances of the council.

This procedure is designed only for issues in which there is a serious conflict of interest that prevents a foster carer from talking to their supervising social worker. It cannot be used to air general dissatisfaction with other foster carers or members of staff.

WHY CHILDREN BECOME LOOKED AFTER

The local authority works with families with the aim of resolving problems and helping children with their birth families. In some cases this is not possible; if there is a reasonable cause to suspect that a child is suffering or is likely to suffer significant harm by remaining at home, the local authority has a duty to intervene and remove the child.

Children are removed because they are suffering physical, sexual, emotional abuse or neglect. 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, lack of food, 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 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.

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 helped to put them forward. Children may express these to social workers and foster carers, who have a responsibility to ensure that they are heard. 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 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.

YOUNG PEOPLE OVER 18

Once a young person reaches 18, they are no longer looked after. However, some young people can benefit from remaining with their foster carer for a period of time, for instance to finish their education. In Enfield this is overseen by the Adolescent and Leaving Care Service (ALCS) as part of the 'staying put' procedures.

The young person should be eligible to claim benefits, including housing benefit which should be paid to the carer as rent. The ALCS will also pay the carer an allowance to cover the costs of caring for the young person.

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 on means-testing benefits is considerably more 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 from the local Citizens Advice Bureau.