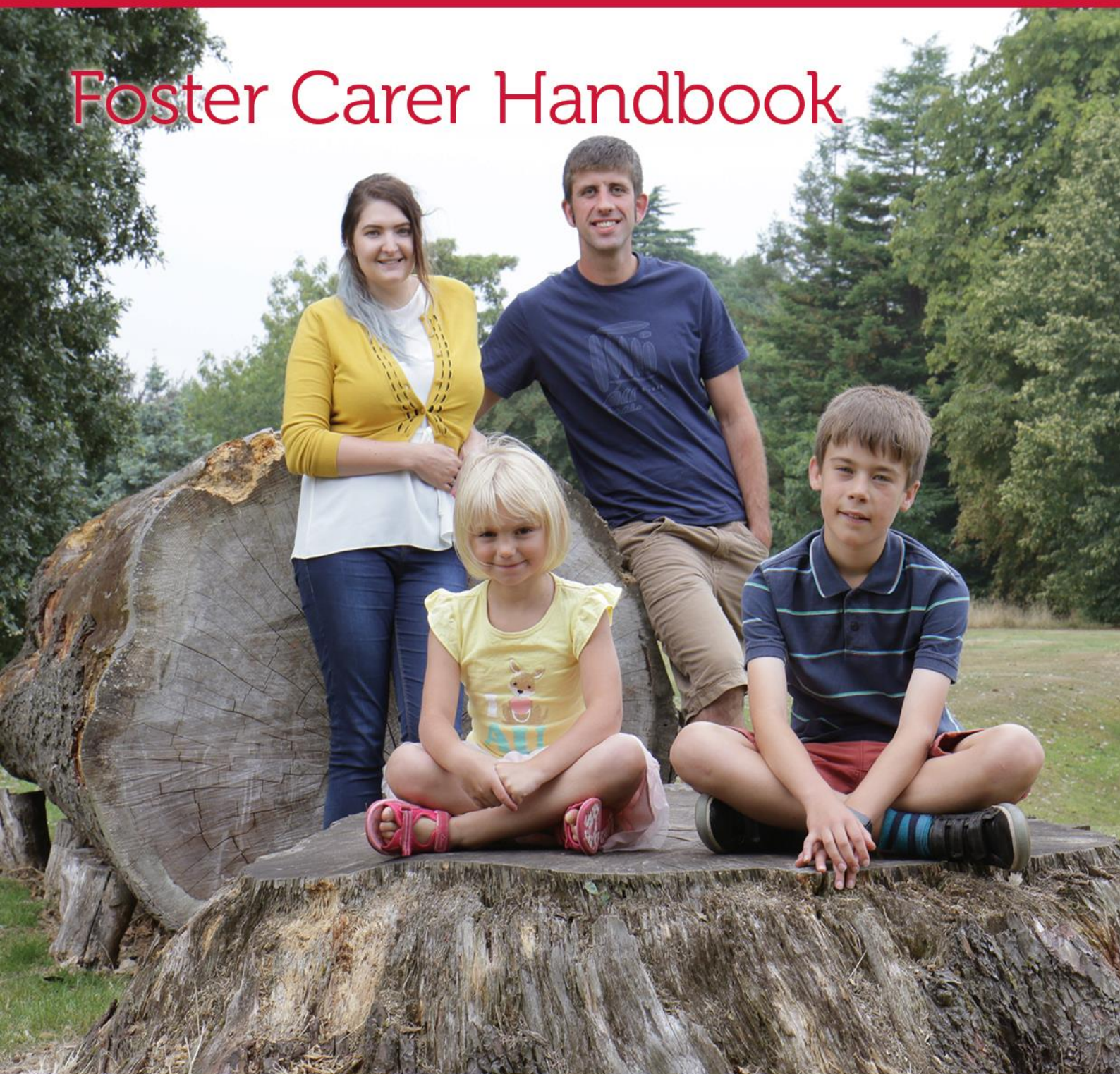


Fostering Devon

Helping ordinary people do extraordinary things

Foster Carer Handbook



fosteringindevon.org.uk

FOSTERING DEVON - FOSTER CARER HANDBOOK

Foreword

Welcome to our revised Foster Care Handbook. It was first published in 1996 and includes comprehensive details of the service we provide, and information that we hope you will find useful to deliver high quality care to Devon's looked after children.

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

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

The purpose of the Foster Care Handbook is to provide information and guidance to all foster carers and staff on fostering issues. It will also signpost carers and staff to additional sources of information.

Fostering Devon works hard to ensure that we exceed the National Minimum Standards and the Regulations for Fostering Services 2011. The National Minimum Standards are available online at:

www.gov.uk/government/publications/fostering-services-national-minimum-standards

This handbook is available on our website: www.fosteringindevon.org.uk

Updated December 2018.

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FOSTERING SERVICES – THE LEGAL CONTEXT

National Minimum Standards for Fostering Services

The National Minimum Standards and the Fostering Services Regulations 2011 and the 2013 amendments form the basis of the regulatory framework under the Care Standards Act 2000 for the conduct of fostering services.

Ofsted regularly inspects all fostering agencies to ensure that these standards are being met. Local Authorities including Child Protection and Services for children who are looked after are now inspected under a single inspection framework. Ofsted requires all foster carers to co-operate reasonably, and to allow them to visit and carry out interviews. Every fostering service is required to have a clear statement of its aims and objectives and of the facilities and services it provides through a Statement of Purpose.

What are the National Minimum Standards?

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

The Standards:

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

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

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

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

3) Promoting positive behaviour and relationships

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

4) Safeguarding children

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

5) Children missing from care

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

6) Promoting good health and wellbeing

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

7) Leisure activities

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

8) Promoting educational attainment

- The education and achievement of children is actively promoted as valuable and as part of their preparation for adulthood. Children are supported to achieve their educational potential.

9) Promoting and supporting contact

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

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

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

11) Preparation for a placement

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

12) Promoting independence and moves to adulthood and leaving care

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

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

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

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

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

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

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

16) Statement of purpose and children's guide

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

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

- The fostering service is provided and managed by those who are suitable to work with children and have the appropriate skills, experience and qualifications to deliver an efficient and effective service.

18) Financial viability and changes affecting business continuity

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

19) Suitability to work with children

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

20) Learning and development of Foster Carers

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

21) Supervision and support of Foster Carers

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

22) Handling allegations and suspicions of harm

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

23) Learning, development and qualifications of staff

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

24) Staff support and supervision

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

25) Managing effectively and efficiently and monitoring the service

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

26) Records

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

27) Fitness of premises for use as fostering service

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

28) Payment to carers

- Payments to foster carers are fair and paid in a timely way.
- Foster carers are clear about the fostering service's payment structures and the payments due to them. These are available on the website www.fosteringindevon.org.uk

29) Notification of significant events

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

30) Family and Friends as Foster Carers

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

31) Placement Plan and Review

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

The full National Minimum Standards are available at:

www.gov.uk/government/publications/fostering-services-national-minimum-standards

Fostering Devon

Statement of Purpose

Devon's Strategic Plan 'Better Together' 2014-2020 states that we will ensure that young people in care have the best care and that care leavers have good qualifications and good chances. By working together Children in Care will have a secure and stable home and go on to lead happy lives. (<https://new.devon.gov.uk/bettertogether/safe>)

The aim of Fostering Devon is to provide fostering placements that offer a stable and consistent experience of family life to Devon's looked after children and young people.

The service aims to train and develop foster carers to deliver therapeutic parenting to heal traumatised children and young people.

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

The fostering service has a key role in supporting Devon County Council as corporate parent for children who cannot live with their own families and for whom it shares parental responsibility.

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

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

Fostering Devon makes an important contribution to the Council's overall performance agenda.

Our full [Statement of Purpose](#) is available here.

Training for Foster Carers

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

Training is provided to:

- help foster carers to develop and improve their skills
- improve knowledge, develop and refine skills
- establish an explicit, positive framework of values, which promotes equality of opportunity
- encourage foster carers to be aware of the effects of discrimination in all parts of the community, recognising that they care for children, many of whom face discrimination as a part of everyday life

- ensure that all foster carers are competent and confident in safe caring and in protecting children from harm
- help foster carers to promote the health and education of children and young people

Foster carers are encouraged and supported to take responsibility for their own professional development. This is practically supported through the creation and updates of individual training profiles as part of annual reviews. Children and young people can feed back their views about their carer to the foster carer's annual review.

The training programme is reviewed constantly and is also subject to a formal annual review.

Training Allowances and Principles

Carers are expected to attend a minimum of six training events per year, gaining one credit per event, this is recognised and financially rewarded with a training allowance. The training year runs from 31 January – 30 January, after which attendance figures (collected at each event) are collated and passed to finance. Carers joining the service part way through the year will need to attend a pro rata number of training events.

One credit is given per training event attended. Delivering training will also accrue one credit, carers can collect up to two credits for this in any one year. Credits cannot be rolled over into the following year if more than six credits have been accrued.

If carers are unable to attend a training event because of family emergency or placement crisis, or illness, then a decision will be made on a case by case basis as to whether they need to attend an alternative session, or if time is too limited towards the end of the training year, then a discretionary credit may be awarded by the Fostering Manager.

The expectation remains for **all** carers to complete the required number of training and support groups, in line with the requirements of the Fostering Agreement.

If carers do not attend the required number of sessions an action plan will be put in place to assist them to achieve the training requirements, this will be part of an annual review training plan. This action plan will be reviewed after two months and if a carer is on target to achieve the required credits, the allowance will be reinstated. If a carer consistently fails to meet training requirements after a plan is in place, it may have implications for their fostering registration.

The credit record will be maintained by the foster carer and signed off by the Supervising Social Worker (SSW).

During the first year of implementation of training credits (2019) and first year a foster carer is approved, carers will receive the training allowance in good faith that they will attend the six training events. These allowances will terminate for those who do not reach the required number.

Training events can include:

- Face to face learning
- Online training including podcasts
- Identified learning activity agreed with Supervising Social Worker i.e. research/reading equivalent to 5 hours

- Foster carer conference
- Relevant training from your workplace if employed or volunteer
- Presenting training for other carers
- Visiting speaker presenting workshop at support group
- Shadowing the work of others
- Carer Days
- UASC Book Club
- TSD Workbook = 3 credits with a target of completion within 12 months.

Training, Support and Development (TSD)

As part of the training requirement, all foster carers must complete their Training, Support and Development Workbook.

Foster carers play an extremely important role, providing much needed support and security for often very vulnerable children, and enabling their successful transition into independent adult life. Fostering is a challenging role and requires skills and dedication.

The Training, Support and Development (TSD) standards form part of a foster carer's induction in the role. They provide a national minimum benchmark that sets out what foster carers should know, understand and be able to do within the first 12-18 months after being approved. These standards were developed by the sector and were introduced in 2007 and apply to all approved foster carers in England.

The seven standards are:

- Standard 1: Understand the principles and values essential for fostering children and young people
- Standard 2: Understand your role as a foster carer
- Standard 3: Understand health and safety, and healthy caring
- Standard 4: Know how to communicate effectively
- Standard 5: Understand the development of children and young people
- Standard 6: Safeguard children and young people (keep them safe from harm)
- Standard 7: Develop yourself

The TSD Standards provide a national minimum benchmark to set out what all foster carers should know, understand and be able to do within the first 12 months of approval. They form part of a national strategy, supported by the Department for Education, to raise the profile of foster carers as valued professionals and to improve and standardise service provision for looked after children.

All foster care providers are expected to engage with their foster carers to support them in achieving the TSD Standards. This ensures that the Standards are delivered in a way which allows carers to understand how the standards support them in their caring role, encouraging them to build on any areas for development identified in their assessment.

It is the government's view that all foster carers who are approved under the Fostering Services Regulations should complete the TSD Standards, which are designed to equip all foster carers with the skills and knowledge to provide high quality care to the children they look after. The TSD Standards are also now a requirement of the National Minimum Standards for Fostering Services 2011.

Further information about the TSD Standards for foster care can be [found here](#).

Changes in Approval

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

Termination of Approval

Where carers decide to withdraw from fostering, for example, due to retirement or changes in personal circumstances this should be put in writing to their local Supervising Social Worker/Team Manager. The letter will be presented to the Foster Care Panel along with a brief report from the Supervising Social Worker. A formal letter of termination of approval will be sent confirming that they are no longer foster carers. Once a carer has submitted their resignation, regulations state that this will automatically take effect 28 days later and it is not possible for the carer to withdraw this resignation.

Where Fostering Devon has reason to terminate approval of carers against their wishes, the carers should be given full details as to why in the form of a report to the Foster Care Panel. Carers can provide their own report to the Panel and can attend the Panel and bring someone to support them if they wish.

Following the Panel's recommendation to terminate approval of a carer, the Agency Decision Maker will either endorse or overturn the recommendation and the carer will receive a Qualifying Determination letter detailing the reason for the decision.

If a carer is not satisfied with the outcome, they have a right to appeal the decision within 28 days of the receipt of the letter to either the Foster Care Panel or the Independent Review Mechanism. A further recommendation is then made to the Agency Decision Maker.

Independent Review Mechanism

IRM is a review process which prospective or existing foster carers can use if they do not agree with the Qualifying Determination given to them by their Fostering Service provider. This means the outcome made by the Fostering Service provider that it does not propose to approve a person as suitable to foster or proposes to terminate or change the terms of approval of an existing carer. It would be hoped that most difficulties and disagreements would be resolved prior to reaching this stage. Further information can be found at www.independentreviewmechanism.org.uk or within our Foster Carers Complaints Policy.

ISSUES AFFECTING FOSTER CARERS

Foster Carers and the Smoking of Tobacco

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

Fostering Devon Smoking Policy follows the BAAF recommendations 'Reducing the Risks of Environmental Tobacco Smoke for Looked After Children and their Carers', to ensure

that priority is given to protecting the health of children and their carers. You can [read more here](#).

These are:

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

All children with a disability which means they are unable to play outside, children with respiratory problems such as asthma and those with heart disease or glue ear should not be placed with smoking families.

Local Authorities and other fostering service providers should move progressively to a situation where no more smoking carers are recruited. Coram BAAF is mindful of the importance of not disrupting stable placements

Supervising Social Workers are to inform existing foster carers who smoke to:

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

The Supervising Social Worker is to check and challenge the foster carers if any of the above appear to be occurring.

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

Foster Carers who smoke, cannot be approved for or have placement with them for any reason, children aged 5 years and under or those aged five years and above if they have respiratory conditions. All older children who can express a view must be given a choice to be placed with a non-smoking family.

Stopping smoking will protect not only the health of children but also the health of the carers. Agencies have a responsibility to ensure that where there is a relationship between a child and carer that this is maintained as long as the child needs it. All agencies should therefore encourage all their carers to stop smoking by providing advice and support.

It is expected that all carers will encourage all Children in Care (CIC) and Care Leavers not to smoke.

Electronic cigarettes – e cigarettes

Electronic cigarettes – or e-cigarettes – are electrical devices that mimic real cigarettes by producing a vapor that is potentially less harmful than tobacco smoke. Many e-cigarettes contain nicotine and, when they do, it is the vapor that gives the nicotine hit.

Since their emergence around five years ago, using e-cigarettes – or 'vaping' – has become increasingly popular. They're typically marketed as a healthier (and cheaper)

alternative to traditional cigarettes. Current advice is that whilst they may be less harmful than tobacco the long-term effects of vaping are not known. For this reason, Fostering Devon requests that carers apply the same rules in respect of e-cigarettes as apply to smoking.

Foster Carers – their own use of Drugs and Alcohol

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

Drugs

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

The illegal use of drugs by foster carers whilst they are responsible for the care of children/young people is likely to result in termination of approval. Such matters will be referred to Senior Management and the Foster Care Panel.

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

Alcohol

Foster carers must ensure that if they are drinking alcohol, this does not result in the inability to be responsible for children in their care. They should be aware that many children/young people will associate alcohol with violence because of their personal experiences, and therefore may be fearful when they see carers drinking.

Foster carers should not encourage children/young people to drink or purchase alcohol under the legal age limit. Where carers are aware that young people in their care may be drinking alcohol, they should advise the child/young person's Social Worker.

Foster Carers who are also Childminders

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

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

- Under childminding regulations there are limits on the numbers of infants/children under eight years old who can be looked after at any one time.
- Ofsted will be advised of the fostering application and a reference sought from them.
- That their work as childminders will be considered as part of the foster carer assessment and during subsequent Foster Carer reviews.

Fostering Devon's experience is that complex childminding arrangements do not fit well with fostering, particularly where there are many children involved or children minded over long periods of time. Also risks to child minded children need to be considered during the assessment to ensure that a child in care who may pose a risk to others is properly

matched. This may, for example, determine the age group for which a carer is approved to foster.

Foster Carers and Firearms

At the point of the initial assessment of prospective carers, applicants must be asked whether they hold or have access to firearms. This is particularly pertinent in a rural county such as Devon.

Where applicants confirm that they hold firearms, a current firearm certificate must be seen and a copy placed on file. The assessing social worker must see where all guns and ammunition are stored. They must be separately secured in such a way that they could not be accessed by children or young people.

Foster carers must not involve children or young people in their care in any use of firearms, including 'beating' on a shoot, without the written permission of their parents and the social worker.

As part of the foster carer annual review, the security of arms and ammunition and the ownership of a current firearms certificate must be verified. Any concerns about the storage, use of firearms or lack of a certificate must be immediately reported to the Fostering Operations Manager and respective Fostering Team Manager.

Assessing/Supervising Social Workers must be confident that applicants/carers are fully aware of the risks of firearms and use them in a responsible manner. The holding of firearms must be recorded in the foster carer assessment report to panel and the foster carer annual review report.

No child or young person will be placed with applicants where guns are being held in an unsafe way, or where there is no current firearms licence. The Police should be notified where applicants are found to have firearms and no certificate.

Retirement Age of Foster Carers

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

The foster carer approval should reflect their abilities, skills, physical health and mental health. Foster carers are not required to retire at any particular age, however, should significant health issues be noted at a review, a further medical should be sought, and advice taken from the Medical Advisor (where necessary) to inform their future role and approval. Any alteration of approval to reflect the carers' health and ability should be a shared process and be reported to the Foster Care Panel. Where carers dispute any change in their approval due to health issues, advice should be sought from the Medical Advisor as to how to proceed and whether further medical evidence is required.

Foster Carers, Lodgers, Foreign Students and Holiday Schemes

Clarification on position regarding placements:

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

- a) Only a maximum of three children under 18 years
- b) Excluding those children on Special Guardianship Orders or Child Arrangement Orders
- c) Exception is if a child is placed on an exemption
- d) Exemptions can only be made for up to 6 days on an emergency basis
- e) Sibling groups are only classed as 'one' placement, where they are the only children in the placement
- f) Regardless of status, fostering also need to consider:
 - Number of carers
 - Competing needs of children (including fostered children, carers own children or other dependents)
 - Risk Assessment and Management Plans
 - Matching issues
 - Views of all parties involved
- g) Foster carer must inform the Local Authority if there are any intended changes in the composition of the household
- h) Foreign students staying with foster carers in their homes would not be compatible with the considerations that need to take place in the matching process. Any risks posed by foreign students to children in care or vice versa would be unknown. In addition, given no information would be available in respect of foreign students, the service would be unable to risk assess the situation. Therefore, the matching process for placements would not be able to take place.

2) Devon County Council employees who foster

As a large employer, Devon County Council has adopted a policy that employees can be foster carers, unless they are staff (qualified or unqualified) employed by the Fostering Service, including PACE and Child and Parent carers. This allows potentially successful fostering families to be recruited from the majority of DCC staff.

Consideration should be given when social care staff are recruited as carers, for example DCC Social Workers, Support Workers and Community Care Workers.

Placement of children from the same local area as the carer/employee's workplace should be carefully risk assessed by the fostering service prior to placement. Issues of confidentiality, access to electronic records, risk to the carer/carer's family, complications regarding impartiality for court work and implications of allegations against the carer employee are examples of areas for consideration. Any assessment and planning in relation to these areas for potential conflict should be carefully recorded on the Conflict of Interest Statement and, if the placement proceeds, included as part of the placement agreement documentation.

It is not appropriate for a carer employee to be the nominated Social Worker for the child in his/her care, or to be directly involved in any care planning/reviewing for that child (e.g. as ISRO, Team Manager etc). When considering an application to foster, the worker needs to consider the Corporate Conflict of Interest Policy and discuss it with their line manager.

During the assessment process, the social worker should pay particular attention to any conflict of interest between work and fostering. They should seek the views of the applicant's line manager to ensure that areas of potential conflict have been fully discussed. Areas could include access to information, demands of their job, or conflict for

the person as either a worker, foster carer if allegations are made against them. The type of child, age and number of children are always looked at during assessments, special attention needs to be given to this to ensure that work and fostering are compatible.

Fostering Tasks and Services Provided

Mainstream Foster placements

Fostering Devon offers short breaks (sometimes referred to as respite), temporary, permanent and emergency placements in our four Mainstream Support Teams for children and young people of all ages.

Family and Friends

Family and Friends foster care refers to situations when close relatives of a child such as grandparents, aunts, uncles, sisters, brothers, step-parents, or other connected persons such as teachers, teaching assistants, close family friends, come forward to care for that child when he or she is no longer able to live with his or her birth parents.

The families and friends who offer this type of care want to keep the family together or ensure that the child is placed with someone who knows them well. Being a Family and Friends carer also helps children and young people keep in contact with their wider family. Family and Friends carers make a major commitment when offering a child a home for as long as needed.

Children tell us they prefer to be cared for within their own family when they can't live with their parents. They feel more secure and feel they 'belong'. If relatives do not come forward, then the child would need to come in to the care of the Local Authority. They may then be looked after by foster carers, placed in residential care, or adopted.

PACE Fostering.

Devon County council have been working closely with Devon and Cornwall Police to develop a service that provides PACE (Police and Criminal Evidence Act) beds with our foster carers for children and young people who have been charged for an offence by the police and denied bail.

This is important as we recognise that children and young people are vulnerable in a custody setting and should be treated differently to adults in Police custody, and Police cells are not suitable places for children. We are pleased to announce that we now have some fostering households who are experienced in providing remand beds working together to ensure that we can offer PACE beds 24/7 all year round.

Short Breaks (Respite) Care

Fostering Devon offers a range of short breaks foster placements. These are primarily offered to support children to remain in their main foster placement.

Temporary approval of an adopter as a foster parent (also known as a 'foster to adopt')

Regulation 25A of the The Care Planning, Placement and Case Review (England) Regulations 2010 provides for the temporary approval of approved adopters as foster

carers for a named child, where the Local Authority is satisfied that a placement with that person is the most appropriate for the child and is in their best interest.

Foster to Adopt can be used where the Local Authority's permanency plan has decided that adoption is 'probably' the best plan for the child. Where this is opposed by the parents, the Local Authority is limited in what it can do to identify or make a placement other than preliminary family finding until it has the authorisation from the Court through the making of a Placement Order.

However, there are circumstances where it is appropriate and lawful to place a child with carers who are dually approved as adopters and foster carers during a period of temporary care and until the court makes its decision about the appropriate order.

All workers involved in a 'foster to adopt' placement must be mindful that,

"Where the Local authority has identified the permanence plan as adoption, in making a placement before the court decides on the Placement Order application, they must not take any action that might suggest that they have predicted the likely outcome of that decision".

However, *strict adherence* to this can mean that children remain in foster care for a considerable amount of time and on court agreement to a Placement Order the child transfers placement to adopters causing another significant break in attachment with the carers who they may have been with for a significant amount of time.

It is essential that the social worker has fully explored all their responsibilities to engage the birth parents and the wider family in identifying solutions and placement options. These **must** be properly evaluated and fully evidenced. When identifying that it might be best to place a child in a 'foster to adopt' placement then it is essential to consult all those concerned with the child. This should include the Guardian and the Independent Reviewing Officer. This placement should be planned and not used as an emergency placement.

The needs of the child should always remain *paramount* and consideration in the following scenarios should be given to a foster to adopt placement.

For further information please visit the website: www.adoptsouthwest.org.uk

Child and Parent Placements

Our child and parent fostering arrangements allow assessments in relation to parenting capacity to be undertaken in a robust and client-centred manner within a family setting. The arrangements can help these parents learn and develop better parenting skills. We keep focused on ensuring the right outcome for the child is achieved.

These family-based placements involve placing a baby or child and one or both parents in a family home. There they will receive the support and guidance they need from a specialist foster carer. This kind of placement is usually a result of court proceedings.

The arrangements will have a role in teaching and scaffolding parenting skills whilst also undertaking a formal assessment process which will determine the care plan for the baby. There is an expectation that carers will endeavour to educate, advise and support parents in placement and also model appropriate parenting behaviour. At all times the welfare of

the baby/child in placement is the paramount consideration and all the involved professionals must have that as their primary focus.

The Assessing Social Worker and foster carers keep regular records of the progress in placement which will be shared with the parent, and the carer will contribute to the overall assessment in this way. Placements period shall be agreed for a maximum of 15 weeks duration to include potentially up to 3 weeks outreach assessment and community support once the family leave the fostering arrangement.

A placement will only be made following a Set up Arrangement Meeting and the completion and signing of the placement contract. All carers are supported by a Supervising Social Worker. The arrangement is monitored by multi-agency review meetings.

A foster carer may not take fostering leave during a parent and baby arrangement. Parachute Care will be provided by agreement as an alternative as a result of an emergency situation or as pre-arranged placement. Foster carers are provided with 4 weeks Annual Leave entitlement.

Emergency Placements.

There are occasions when a fostering placement is required out of office hours. Devon County Council Emergency Duty Team can approach foster carers out of office hours with approval from Senior Managers. An additional payment to carers is made to recognise the disturbance, see the section on finance for details

Supervision and Support

Fostering Devon values the work foster carers do and the significant contribution they make to the lives of children and young people in their care. All carers have access to a range of support to assist them in their role and ensure placement success.

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

- supervision, support and review from a qualified and suitably experienced Supervising Social Worker
- frequent visits and regular telephone contact from the Supervising Social Worker
- individual membership of Foster Talk
- a comprehensive post-approval Training Programme
- access to respite care as appropriate
- access to Support Groups
- therapists from the Children and Adolescent Mental Health Services (CAMHS) who provide expert guidance and support to Foster Carers of children and young people who are experiencing serious emotional difficulties.
- access to the local Designated Nurse for Children in Care
- access to the Childrens Placement Support Workers who are available to provide planned and crisis intervention flexible support
- Peer Guide support
- Foster Carer Strategy Group

- Access to the Foster Talk Organisation's, Fostering Independent Support Service (FISS) in respect of Foster Carers subject to an allegation.
- Membership of the Devon Foster Carer Association.

Support Group Allowances and Principles

Carers are expected to attend a minimum of six support groups sessions per year, gaining one credit per session, this is recognised and financially rewarded with a support group allowance. The session year runs from 31 January – 30 January, after which attendance figures (collected at each event) are collated and passed to finance. Carers joining the service part way through the year will need to attend a pro rata number of support groups.

One credit is given per support group attended. Credits cannot be rolled over into the following year if more than six credits have been accrued.

If carers are unable to attend a session because of family emergency or placement crisis, or illness, then a decision will be made on a case by case basis as to whether they need to attend an alternative session, or if time is too limited towards the end of the year, then a discretionary credit may be awarded by the Fostering Manager.

The expectation remains for **all** carers to complete the required number of training and support groups, in line with the requirements of the Fostering Agreement.

If carers do not attend the required number of sessions an action plan will be put in place to assist them to achieve the support group requirements. This action plan will be reviewed after two months and if a carer is on target to achieve the required credits, the allowance will be reinstated. If a carer consistently fails to meet support group requirements after a plan is in place, it may have implications for their fostering registration.

The credit record will be maintained by the foster carer and signed off by the Supervising Social Worker.

During the first year of implementation of support group credits (2019) and first year a foster carer is approved, carers will receive the support group allowance in good faith that they will attend six sessions. These allowances will terminate for those who do not reach the required number.

Support groups can include:

- Staff led
- Devon Foster Care Association meetings (up to a maximum 2 credits per year)
- Online support groups (this arrangement needs further investigation, would be SSW led)
- Supervising Social Worker (SSW) led coffee mornings/informal sessions
- SSW led foster walks
- Carer Days (up to a maximum 2 credits per year)
- Support Groups led by Peer Guides.

Whilst it is recognised that other carer led independent support groups / meetings are beneficial to carers, these do not contribute towards credits.

Peer Support

Peer Guides provide support to carers from experienced colleagues. They can be phoned for advice any day of the week. Even if you're not looking for a quick answer it can be good to get things off your chest. Peer Guides are selected and appointed based on experience, skills and commitment.

Each area has at least one Peer Guide who attends monthly meetings chaired by a Fostering Team Manager where they receive regular updates on any new legislation, policies and procedures. They have local contact numbers both from within DCC and other agencies and can offer lots of helpful hints and general support.

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

Foster Carer Reviews

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

The review normally takes place in the carers home and will include a report from the Supervising Social Worker, foster carer, written comments from Social Workers responsible for any child/children placed in the foster home since the last review, views of the young people/children, their parents and children who foster (in writing or by discussion).

The review is signed by the carers and their Supervising Social Worker and forwarded to the Fostering Team Manager who will approve any recommendations in relation to the carers development plan. It will also provide an opportunity to discuss the carer's skills, linking them to the TDS Standards for foster care and their experience. It is the formal re-approval of the carer. First reviews of newly-approved carers will be presented to the Foster Care Panel, as will subsequent reviews which identify significant changes – e.g. a change in approval range from temporary to permanent fostering.

Children and Families Policies and Procedures

All Devon's Children Services policies are available here:
<http://devonchildcare.proceduresonline.com/index.html>

Who's who in Fostering Devon?

The Fostering Assessment Team.

The countywide team is responsible for all the initial contacts with prospective carers through the dedicated enquiry line. They book the initial visits and have an oversight of the decisions made. Social workers within this team will complete detailed assessments of prospective carers and support the carers through to approval. All foster care initial training – Skills to Foster - is co-ordinated and planned through the team. The team keep foster carers in touch with current topics and trends through a newsletter, website and Facebook

page. They liaise closely with the Placement team with regard to unmet need to enable targeted marketing campaigns.

Fostering Supervising Social Worker Teams

The teams are divided into four geographical areas – Exeter, South, Mid & East and North Devon. Offices are located at Follaton House in Totnes, County Hall in Exeter and Taw View, Barnstaple. Once approved at Panel, foster carers are allocated a Supervising Social Worker from the Fostering Support Team in their area who is responsible for supervising and supporting them. They will attend meetings with their carers, help them to complete written reports and undertake regular supervision and their annual review which will also include training and development.

The Placement Team

The placement team are part of Fostering Devon and are located at County Hall in Exeter. The team is responsible for making placements with all of our in-house and external independent fostering providers including Child and Parent, PACE.

The team work from 'snapshots' and from Care First which provide information on current placements and carer availability for all in-house carers. This information is updated daily and used to identify placements and consider appropriate matching which is a crucial part of their role. Placement co-ordinators are also responsible for arranging respite placements and ensuring that carers are paid for any respite carers have provided. The placement team can be contacted on 01392 382005.

Fostering Children's Placement Support Team

The aim of the Children's Placement Support Team is to improve placement stability in Devon through crisis intervention and planned, time limited, therapeutic support. The service works closely with CAMHS colleagues supporting the resilience of carers looking after children and young people presenting complex and challenging behaviours. By improving placement stability we want to improve the outcomes for children and young people.

The Children's Placement Support Team Managers and Support Workers are based within Fostering Devon. Preventative interventions are achieved by building a multi-agency approach around the child/young person to provide precise and specialised support at the right time. As a result the progress, stability and success of placements are regularly monitored so there is the opportunity to respond to difficulties and concerns as they arise.

For the child/young person, actively listening and promoting participation is paramount. By enabling them to develop their emotional resilience and improve relationships with adults, they are more likely to build attachments leading to positive relationships. The reduction in multiple placements will benefit the child and young person in terms of life stability in relation to changes in school; the need to make new attachments and improving the child/young person's chances of achieving independence and economic well-being.

The Children's Placement Support Team provides support to all in-house carers, who are looking after children and young people with additional complex needs and where placement stability is under threat where it meets the criteria for intervention.

For crisis intervention there needs to be a high risk of placement breakdown, high risk to safety/safeguarding, carer resilience concerns, previous placement moves, number of

complex young people in placement, absconding, aggressive behaviour, child sexual exploitation, substance misuse, mental health issues, self-harm etc.

For planned interventions, the risks are the same but there is early identification from Placement Planning Meetings, referrals, preventative measures, and six-week time limited therapeutic interventions from Fostering Support and/or SAC CAMHS.

Support

The team, alongside our colleagues in CAMHS, respond to the emotional, behavioural and mental health needs of our children/young people, by providing therapeutic, time-limited interventions. The team provides intensive 1:1 intervention via direct work with children and foster carers using evidence-based tools and frameworks. This will include specialist approaches such as Mediation, Dyadic Developmental Psychotherapy, Solution Focussed Therapy, Theraplay, CSE training and therapeutic life story work, in order to improve placement stability and prevent breakdown.

There is a duty phonenumber and support is available daily (inclusive of weekends) until 10pm. There is a rota in place to ensure support is available to placements for both crisis intervention and planned interventions in the evenings and weekends.

This service provides a flexible support package tailored to meet the needs of the carer and the child/young person. It is important to intervene early so that negative relationships that mediate the strong association between disturbed behaviour and placement disruption can be prevented. The success of any intervention is consistency in approach with a commitment to the carer and child/young person.

Teamwork is crucial in assessing and intervening with children/young people and their responsible adults in the care system, especially when complex issues are present and input from additional services are required. The aim of the service is to ensure that agencies such as social care, CAMHS, Education, YOT etc. come together to co-ordinate a plan for, and to support, their most vulnerable children and young people.

Referrals

Referrals can be made via the duty phone for crisis intervention and planned interventions. A referral form will be completed by the support worker on duty for crisis intervention and a Children's Placement Support referral form will need to be completed by the Supervising Social Worker or the Child's Social Worker for planned therapeutic intervention. A referral can also be made for a new placement based on the information within the Single Assessment and K1, with attendance from the Children's Placement Support Team at the Placement Planning Meeting.

Thresholds are considered and determined on an individual basis. The risks to placement stability can be used as a guide for all professionals. Thresholds are based on the coping ability of both the carer and child/young person. The focus of the support is building the relationship between the carer and child/young person for longevity of the placement and not the relationship between the support worker and the child/young person. Ongoing support will continue to be provided by the Childrens Social Worker, Fostering Supervising Social Worker and other agencies such as Education, Health, Youth Services. Fostering Support Worker Intervention will no longer support supervised contact, transport, respite, child-minding, taking young people to appointments, activities etc.

Relational Strategy

An intervention seeking to address mental health and well-being should place equal focus on improving the quality of the relationship between the carer and child/young person, since this is likely to indirectly affect the child or young person's behaviour and emotional state. We must explore, understand and respect the subjective and personal experiences of the children and young people that we care for, in order to work with the challenges and impact this has on the foster carers and the dynamics of their relationship with the child/young person.

The Children's Placement Support Team will consider the behaviour, the way it's interpreted, and the relationship within which this interpretation takes place, as well as how the improvements in behaviour can translate into the improvements in the relationship. The key is responding to the behaviour in an appropriate way rather than changing the behaviour, to support placement stability. The benefit of this approach is the development of a stable, nurturing and responsive care of the child/young person in relation to their attachment issues.

The team can be contacted on 01392 381491.

Fostering Team Manager

Each of the Fostering Teams has an allocated Team Manager. The Team Manager is responsible for the provision, delivery and monitoring of the local Fostering Service, vision and leadership, line management, performance management and the general wellbeing of their team members, in line with DCC Policies and Procedures and the Fostering Services National Minimum Standards, Regulations and Guidance 2011.

Fostering Operations Manager

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

Independent Safeguarding and Reviewing Officer

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

Local Authority Designated Officer (LADO)

The designated person who gives advice to Social Workers and Team Managers in respect of any Child Protection concerns. They chair Strategy Meetings when allegations are made about foster carers.

Corporate parenting

The Children Act 2004 required Local Authorities that have responsibility for both Education and Social Care to bring these functions together under one directorate. This is to ensure that different agencies work together more successfully to improve outcomes for children. The focus is 'the journey of the child or young person' and delivering the 'Every

Child Matters' agenda to Devon's Children and Families, all under the strategic aim of giving children and young people the best possible start in life.

Placement Planning Meetings

The Placement Plan provides clarity for the child and the child's carer (whether parent, a foster carer, registered provider or the person responsible for the child at the accommodation), about how the day to day parenting tasks will be shared between the child's carer and the responsible Authority, including clarity about the financial arrangements for the child's upbringing. Please also see 'Delegated Authority' section.

The Placement Plan sets out in detail how the placement is intended to contribute to meeting the child's needs as set out in the Care Plan. An effective Placement Plan will ensure that the carer receives essential information about the child, including his/her health, educational and emotional and behavioural needs, how these may affect the child day to day and appropriate strategies for responding to them. It is the responsibility of the placing Social Worker to provide this information. It is important to identify any behaviour which has been of concern to a child's previous carer and which has contributed to the breakdown of a previous placement.

Clarity and specificity in the Placement Plan will ensure that the carer understands the child's likes, dislikes and routines and reduce the potential for disagreements which may arise in situations where decision-making on behalf of children may be the responsibility of different people at different levels in the organisation such as the foster carer, the social worker or managers. A lack of clarity about who does what can lead to role confusion and placement breakdown (see Delegated Authority section). Clarity on responsibilities regarding financial arrangements and transport arrangement are often issues of concern and should be explicitly agreed at this point.

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

The 2010 Care Planning, Placement and Review Regulations set out the information which must be provided in the Placement Plan **[Regulation 9 and Schedule 2]**. The carer will need to know about the child's family, his/her race, religion and culture, the language spoken at home and any disabilities or other special needs. The carer will generally need to know the circumstances leading to the child becoming looked after and the child's previous experiences, both before and during the care episode. In particular, the carer needs to know what the long-term plan is for the child and the timescales, what the objectives are for the specific placement being offered, and how these fit within the Care Plan. The carer should be given a copy of the Care Plan when it is completed and be clear about his/her role in implementing it. Within the context of the Care Plan the carer needs a realistic estimate of how long the placement is expected to last.

The following people could attend the meeting:

- the child/young person, whenever appropriate, should be encouraged to express their views as much as possible.

- the birth parents / guardians
- the child/young person's Social Worker
- other significant persons involved with the child such as grandparents, aunts, uncles, friends
- the foster carer
- the foster carer's Supervising Social Worker
- other people may be invited such as Teachers, Doctors, Educational Welfare Officers, Educational Psychologists etc

The agreed plan and decisions will be written down and signed by all those attending the meeting. They will all be given a copy, together with the Placement Agreement and Medical Consent forms, including the child/young person if he or she is old enough to understand. **This is the responsibility of the placing Social Worker.** A meeting chaired by an Independent Safeguarding and Reviewing Officer (1st review) will be arranged within four weeks to review how the Placement Plan is progressing.

Delegated Authority

The revised Statutory Framework for Fostering and Care Planning which came into force in April 2011 (amended in 2013), and the Foster Carers' Charter, outline the importance placed by the government on foster carers being able to take a greater range of decisions about day to day aspects of the lives of the young people they care for.

Decisions about the care of a looked after child are likely to fall into three broad areas:

- Day-to-day parenting, e.g. routine decisions about health/hygiene, education, leisure activities;
- Routine longer-term decisions, e.g. school choice;
- Significant events, e.g. surgery.

All decisions in the first category should be delegated to the child's carer (and/or the child if they can take any of these decisions themselves). Where day-to-day parenting decisions are not delegated to the carers, any exceptions and reasons for this should be set out in the child's placement plan within their care plan.

Decisions about activities where risk assessments have been routinely carried out by those organising / supervising the activity, e.g. school trips or activity breaks, should be delegated to the child's carer. There is no expectation that local authorities should duplicate risk assessments.

Reasons not to delegate to the carer may include the child's welfare, if the child's individual needs, past experiences or behaviour are such that some day-to-day decisions require particular expertise and judgement. For example, where a child is especially vulnerable to exploitation by peers or adults, where overnight stays may need to be limited, the foster carer may need the local authority to manage this.

The second category of decisions will require skilled partnership work to involve the relevant people. The child's permanence plan will be an important factor in determining who should be involved in the decision. For example, if the plan is for the child to return home, their parents should be involved in a decision about the type of school the child should attend and its location, because ultimately the child will be living with them. Where the plan is for long term foster care, or care in a residential unit until age 18, then while the child's parents must be involved (unless there is a care order and the local authority has decided not to involve them), where possible the school choice should fit with the foster carer's family life as well as be appropriate for the child.

The third category of decisions is likely to be more serious and far reaching. Where the child is voluntarily accommodated the child's birth parents or others with parental responsibility should make these decisions. Where the child is under a care order or emergency protection order, decisions may be made by the birth parents or others with parental responsibility which includes the local authority, depending on the decision and the circumstances. Such decisions should, however, always take account of the wishes and feelings of the child and their carer.

The expectation must be that the assessment and approval of foster carers, their training and previous experiences of, for example, caring for their own children, will equip them with the skills and competence to undertake the day-to-day caring task, including taking day-to-day decisions about their foster child's care. Any skills gaps should be urgently addressed so that foster carers are able to carry out their parenting role effectively.

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

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

It is important that foster carers know what authority they have to make decisions about everyday matters involving the child. Arrangements for delegating authority from the parents to the Local Authority and/or from the Local Authority to the foster carers, must be discussed and agreed as part of the Care Planning process, particularly at Placement Planning Meetings and agreements should be recorded on the Placement Plan.

Terminology Used

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

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

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

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

Visits by the Child's Social Worker

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

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

- on the day the child is placed, to assist in the placement process and to make sure that the child understands (according to his/her ability) what is happening;

- within one week of the placement - this can be used as the Statutory Visit, if set requirements are met;
- then at intervals of no more than six weeks until the placement is confirmed as the child or young person's permanent placement;
- in subsequent years, at intervals of no more than six weeks (three months if the placement is intended to last until the child is 18);
- within 48 hours of the child/young person returning from a missing episode.

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

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

Review of the Child or Young Person

A Child in Care Review must take place before any significant change is made to the child's Care Plan, unless that is not reasonably practicable, including a decision to cease looking after a child. This includes consultation with the Independent Reviewing Officer.

The purpose of the Child in Care Review is to:

- Ensure that the child/ young person has a permanency plan and that permanence is achieved in a timely way to achieve the best possible outcomes now and in their future (see Permanence Planning Guidance);
- Ensure that appropriate plans based on the child's needs are in place to safeguard and promote the overall welfare of the child in care in the most effective way and achieve permanence for him or her within the statutory timescale;
- Monitor the progress of the plans and ensure they are being progressed effectively;
- Make decisions, as necessary, for amendments to those plans to reflect any change in knowledge and/or circumstances;
- Ensure needs of children looked after as a result of secure remand are met;
- Ensure that an Eligible Young Person is being supported to achieve all they need to 'move on' or 'Stay Put' as they need (see Staying Put Procedure).

It is important that decisions taken at Child in Care Reviews are implemented and responsibility for actions clearly defined, including the timescales for actions and person(s) responsible.

The key plans that should be considered at a Child in Care Review are:

- Care Plan including recommendations for permanence;
- Permanence Plan (within or outside the family);
- Health Care Plan;
- Pathway Plan if applicable;
- Personal Education Plan.
- The review should also take account of the child's Placement Information Record and any other plans or strategies (e.g. behaviour management strategy), ensuring that they are up to date, or that arrangements are in place to update them.

Frequency of Child in Care Reviews

Normally, Child in Care Reviews should be convened at the following intervals:

- An initial Child in Care Review should be conducted within 20 working days of the child becoming Looked After and include a Personal Education Plan;

- The second Child in Care Review should be conducted within three months (91 days) of an Initial Review;
- Subsequent Child in Care Reviews should be conducted not more than six months (183 days) after any previous review.
- In relation to children placed with prospective adopters or where there is Authority to Place for Adoption, see the Adoption Reviews Procedure.

Child in Care Reviews should be brought forward in the following circumstances:

- As soon as practicable where a child is moved from one placement to another on a planned or unplanned basis or a significant change in the circumstances of a child suggests his/her placement is no longer appropriate;
- Where a significant change to the child's Care Plan is required;
- Where the Independent Reviewing Officer agrees that such a review should be convened, for example, upon the request of the child, parent(s) or any other significant person;
- Where, as a result of a visit, the social worker's assessment is that the child's welfare is not being adequately safeguarded and promoted;
- Where a review would not otherwise occur before the child ceases to be detained in a young offenders institute or secure training centre, or accommodated on remand;
- Where the local authority proposes to cease to provide accommodation for a looked after child.

Advocacy for Children

Looked After Children, Children Subject to Child Protection Planning and Care Leavers are entitled to access an advocate to support them to get their voice heard in relation to specific issues. Devon County Council contracts with the National Youth Advocacy Service (NYAS), an independent organisation, to provide advocacy to eligible children and young people in Devon.

An appointment of an advocate for a Looked After child is appropriate where a child wishes to be represented at a meeting (for example a Child in Care Review) or assisted in making a complaint or bringing a matter to the attention of the care provider, the local authority or the Regulatory Authority.

Information on how to access the service should be provided to the child and young person at any time by their social worker or Independent Reviewing Officer especially where their wishes and feelings may not be in accordance with plans being made for them. This information is also included in the Children in Care pack.

For Children in Care and Care Leavers, their Social Worker should talk to them about the advocacy service. If the child/young person wishes to have an advocate to support them with a particular issue, then the Social Worker must make the referral and state the issue that the advocacy is required for. This can be made over the phone on 0808 808 1001 or via the on-line referral form available at NYAS website.

The Role of the Child in Care Review in Achieving Permanence for the Child

The Independent Reviewing Officer (IRO) must check that the child's Care Plan includes a Permanence Plan with measurable milestones and a Contingency Plan should the preferred plans not materialise.

At the second Child in Care Review, there is a requirement to focus on the Permanence Plan, to ensure it provides permanence for the child within a timescale which is realistic, achievable and meets the child's needs. For a child under three years old the allocated IRO should make a decision, based on the needs of the child, whether or not to conduct the first review as a meeting to consider permanence. If it is considered that the chosen avenue to permanence is not viable, the IRO should ensure that the social worker arranges as a matter of urgency to consider the most appropriate permanent alternative.

At the third Child in Care Review there will be a need for a Twin Track/Parallel Plan to be made where a Permanence Plan has not been achieved. For example where a plan for rehabilitation of the child has not been achieved, the Review should seek to establish whether the lack of progress is as a result of drift or whether there are valid child-centred reasons, properly recorded and endorsed by the social worker's manager. No further rehabilitation plan should be recommended unless there are exceptional reasons justifying such a plan or where further assessment is specifically directed by the Court. In this case, the Parallel Plan must include the active pursuit of an alternative placement for the child. All subsequent Reviews should review the progress and validity of the Permanence Plan.

Placement Review Panel

The Placement Review Panel meets weekly to consider requests for placement moves and any additional resource requests. This includes Staying Put arrangements. The meeting is chaired by a Senior Manager. Significant information is required to be presented to panel which will also include the viewpoint of Fostering Devon where the child is placed in an internal fostering placement.

Planned Endings

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

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

Planning and preparation for leaving care should begin in good time if the young person is moving on to independence from a foster home. The duty to provide support after leaving care lies with the Local Authority, not the foster carers. In some cases the fostering family may be willing to continue in a befriending role to a young person who has left care and the foster home. See Children (Leaving Care) Act 2000 in the Legal Section.

Unplanned Endings

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

A Local Authority may not allow a child/young person to remain in a foster home if it considers that his/her best interests are not served by staying there. Ideally, a child or

young person should not be removed without an early Child in Care Review Meeting being convened unless deemed to be 'at risk'.

In situations where foster carers are beginning to feel that a placement should no longer continue, they should not feel they have failed. Nor should they be reluctant to contact their Supervising Social Worker or the child's Social Worker before they reach breaking point. The earlier all concerned are made aware of the situation, the sooner they can help and offer additional support. The priority should be to avoid the child leaving in an emergency. Both the child and the foster carers will need help in coping with a disrupted placement and they can all be reassured by the fact that often no one person is to blame.

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

The functions of the IRO have been set out in section 25B(1) of the 1989 Act and Regulation 45 of the 2010 Regulations. Between Reviews, if the Care Plan continues to meet the needs of the child, there may be no need for any communication between the IRO and the Social Worker or the child. However, in the event of a significant change/event in the child's life, the Social Worker must inform the IRO. Such changes include:

- a proposed change of Care Plan, for example, arising at short notice in the course of proceedings following directions from the court
- where agreed decisions from the Review are not carried out within the specified timescale
- major change to the contact arrangements
- changes of allocated Social Worker
- any safeguarding concerns involving the child which may lead to enquiries being made under Section 47 of the 1989 Act (Child Protection enquiries) and outcomes of Child Protection Conferences or other meetings that are not attended by the IRO
- complaints from or on behalf of the child, parent or carer
- unexpected changes in the child's placement provision which may significantly impact on placement stability or safeguarding arrangements
- significant changes in birth family circumstances for example births, marriages or deaths which may have an impact on the child
- if the child is charged with any offence leading to referral to Youth Offending
- services pending criminal proceedings and any convictions or sentences as a result of such proceedings
- if the child is excluded from school
- if the child has run away or is missing from an approved placement
- significant health, medical events, diagnoses, illnesses, hospitalisations, or
- serious accidents
- panel decisions in relation to permanency.

Disruption Meetings

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

Foster Carer Files

Fostering Devon is required to keep foster carer files safe and confidential. Files will be maintained by the Fostering Service and Business Support and should include:

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

All records must be kept for 15 years from the date on which carers are de-registered. Fostering Devon keeps all carers records on DCC's electronic record keeping system. Access to a foster carer file is restricted to those who are authorised and need access because of their duties. Foster carers have a right to see their own records. Such requests should be made through a carer's Supervising Social Worker who will advise them about the process. Foster carers do not have a right to see references taken up during assessment, or full Strategy Meeting minutes or third-party information as these are confidential.

GOOD PRACTICE IN FOSTERING

Foster Carer Recording

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

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

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

Confidentiality

Working in partnership with birth parents is a prime task of fostering. Relationships can be completely undermined if confidentiality is not fully respected. In sharing the care of a child, carers will receive a lot of confidential information which the child and the family have given in trust. It is appreciated that carers or the child may wish to share certain information with very close relatives and friends or other people concerned with the welfare of that child. However carers should discuss this and seek permission from the child's Social Worker in the first instance.

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

When a child is placed, carers will receive highly confidential written information which must be kept in a secure place and returned to the child's Social Worker at the placement end.

Photographs

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

Contact

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

Sometimes a child may return from time spent with parents in an upset or confused state. Carers need to realise that the child needs time to readjust or may need help in talking about their feelings. Try and prepare the child for meetings where appropriate. Including the birth family in celebrations such as birthdays can be very helpful.

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

Some foster carers may be involved in helping children to move on to adoptive homes or be interested in adoption themselves. Further information is available from Adopt South West. Any plan for permanent foster care or adoption will be made at a formal Child in Care Review Meeting, also known as a Permanency Planning Meeting. Foster carers are invited to these meetings and asked, with assistance from the Supervising Social Worker, to prepare a report in respect of the child's progress in placement. As the main carer, you have valuable insight into the needs of the child

Each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in his or her Care Plan and/or Placement Agreement. Where the Care Planning and carer's personal situation allows, it is expected that foster carers will allow up to two contact sessions a week (maximum 3 hours per session), in their own home to facilitate contact, as long as it is appropriate to do so.

The foster carers' role in respect of contact arrangements needs to be agreed at the Placement Planning Meeting and not be changed unless agreed by all parties. Contact arrangements should be established, maintained, monitored and reviewed. The child's views should be sought and, wherever possible, given priority in determining contact arrangements.

Some foster carers are trained and paid to undertake formal, supervised contact, both in respect of children placed with them and those placed with other carers. This can take place at the carer's home or at an alternate venue. Foster carers who are interested in offering this service should speak to their Supervising Social Worker in the first instance.

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

In making decisions about whether to permit a Looked After Child to stay overnight or to have a holiday with their friends or with relatives of their foster carers or to go on a school trip, foster carers and responsible Authorities should consider the following factors:

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

If in doubt about the appropriate decision or if there is reason to consider that a child may be at specific risk in staying in a particular household, the foster carers should consult their Supervising Social Worker and the child's Social Worker for advice. The child and their carers should always be told of the criteria that will be used to make decisions about overnight stays, visits and holidays. Any such visits, stays or holidays must only be made with the full agreement of the parent, placing Social Worker and the Supervising Social Worker and written consents recorded on the Delegated Authority Form.

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

There is no statutory duty for a Disclosure and Barring Service (DBS) to be sought in relation to adults in a private household where a child may stay overnight or visit, or who the child may accompany on a holiday or on a school trip. DBS checks should not normally be sought as a precondition.

To maintain and allow for a spontaneous normal family life, child in care placed with foster carers can and should be allowed to stay with foster carers friends and relatives overnight if the considerations above have been followed. However, this is not about allowing for 'informal' respite for the foster carer to take breaks and holidays themselves. In these instances, formal respite through the child's Social Worker and Placement Team should be followed. In all instances, where a child in care stays with friends or relatives of the foster carer, the carer should be contactable and available to have the child back if required without notice.

Sleepover Policy

The following policy helps to reduce the bureaucracy previously related to sleepovers.

Unplanned sleepovers

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

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

Responding to a request for an unplanned sleepover

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

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

If the carers are not satisfied with the arrangements, then they should refuse the child/young person's request in the same way they would for their own child. Carers should inform the child/young person's Social Worker and their Supervising Social Worker of visits that have taken place. Carers should record these visits on their recording sheets (Form 11). Regular overnight stays with the same friend, or longer planned periods away from the placement, require a DBS check.

Sleepovers for young people aged 16 and over

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

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

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

Computer Use

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

E–Safety

Foster carers will be supported by their Supervising Social Worker to establish internet usage policies for their household. Setting up a written agreement with older children about usage must be considered. Foster carers must be made aware of a range of online resources which are available to help parents and carers to help children Stay Safe Online, such as www.thinkuknow.co.uk or www.childnet.com

Foster carers are given information about how to keep themselves safe on the internet and observe confidentiality. On approval, foster carers receive the Family E -Safety Kit. Further copies can be requested via the Supervising Social Worker.

Please also see: <https://www.fosteringindevon.org.uk/guide/resources/computer-and-internet-safety/>

Babysitting

CIC may be included in your normal babysitting arrangements. Babysitters should not be under 18 years old. The child in placement no longer needs a babysitter when aged 14 or over, but thought must be given to the maturity of the child and in what circumstances he or she is being left. Carers can use their older adult children as babysitters if they are deemed suitable. All babysitters must be DBS checked.

Activities

Life for children and young people in foster care should be as 'normal' as possible and, therefore, it is never possible to avoid some risks involved in activities such as swimming,

horse riding, canoeing etc. However, carers should not expose children to high-risk situations without appropriate safeguards and discussion with the child's Social Worker and Supervising Social Worker.

Consent for Activities, Trips and Holidays

Consents for outdoor activities, school trips and holidays abroad should be discussed and agreed as part of 'Delegated Authority' issues covered in Placement Planning Meetings and at subsequent CIC Reviews. Please see section on 'Delegated Authority'. **Please note: Children in Care must not be taken on holiday during term time.**

Valuing the Individual Child

Children in foster care come from a wide range of cultural backgrounds. This is reflected not only in their race, religion and language but also in the way they have been brought up. They may have different skin colour, hair, dress and religious beliefs. They may speak a different language or eat different types of food. Carers need to recognise, respect and celebrate these differences. They may also need to support them in feeling positive about themselves and being proud of their heritage. There are clear laws against discrimination on race, disability, sexuality or gender.

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

Sometimes, a child with additional special needs has become too difficult for the parents to cope with and that is the reason why he or she is in care. Carers can help by obtaining as much information as possible about the disability. Training on specific difficulties is made available to carers looking after these children and young people. Whilst caring for disabled children and young people can have its own challenges, it can also bring its own rewards in helping children to realise and achieve their potential.

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

Each child has her or his own identity and self-esteem valued and promoted. Foster carers and Social Workers work co-operatively to enhance the child's confidence and feeling of self-worth. Names are very important – a child's name needs to be respected and should not be shortened/amended without permission and discussion with the Local Authority and parents.

There are no rules about what your child in care calls you, and what you call them, so talk to the child about what they would like to call you. Sometimes younger children use Mummy and Daddy. If Mummy and Daddy are the child's favoured names for the foster carers, they should talk with the child's Social Worker. This could be discussed at a meeting or review, as birth parents may be distressed by the child's decision and this could affect the placement. A way round this is for carers to add their first name to the title, e.g. Mummy Rachel and Daddy Pete, which does not then lead to confusion with the birth parents.

A child retains his or her own forename when fostered but changes the surname when adopted. If a child in care says he or she wants to be known by a different surname, the Social Worker and parents must be consulted. Parental permission is required to change a name for a child (under the age of 16) or even for a child to be 'known as', for instance, within a home or school setting.

The child's race, culture, religion and language must be respected. Discrimination should be challenged on behalf of any child. Carers need to promote children's cultural and religious heritage and identity. Whilst carers may have their own strong beliefs, these should not be imposed upon a child and issues such as church attendance/household values need to be discussed at the planning stage in any placement.

Life Story Work

Many children who are Looked After have complexities in their lives – they may have experienced abuse, many moves, or separations and they may have patchy memories about what has happened or been given an inaccurate account of their past.

Life Story work can be a useful tool in helping children to make sense of their lives. Such work is planned by the Social Worker, and the carers may be involved in assisting and supporting it. A Life Story book to help the child understand his or her life may be produced, this can include photos and letters etc. It is important to maintain a record of the child's life and progress at each stage whilst in foster care. This can be done by keeping a written or photographic record – see the previous section on photographs. Consideration must be given to safeguarding the child in relation to confidentiality.

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

Education

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

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

All Devon's CIC should have a Personal Education Plan or PEP. Foster carers are asked to contribute to its completion at a PEP meeting and should have a copy. Carers are also required to actively contribute to delivering good educational outcomes for the children and young people in their care.

Foster carers can find further information about education supporting children in care by accessing the Virtual School web pages available at:

<https://new.devon.gov.uk/educationandfamilies/young-people/children-in-care/education->

of-children-in-care. The website gives plenty of useful information about education support as well as contact details for PEP Coordinators and Area Learning Advocates.

Personal Education Allowance (PEA)

There is an allowance of up to £300, available for each CIC who is at risk of not reaching the National Standards of Attainment and who have been identified as eligible for additional support through their PEP. The PEA is accessed through the child's Social Worker. The aim of the PEA is to prevent CIC from falling behind other children in terms of education. If the child is already behind, the allowance aims to help them catch up, or to support better prevention and early intervention. This is also used to raise the self-esteem and confidence of young people which would also have a positive effect on educational outcomes.

Every school will have a Designated Teacher for Children in Care. The Designated teacher is the first point of contact in the child's school for carers and social workers. The Designated Teacher is responsible for the completion of the Personal Education Plan for the young person. Carers should always attend the PEP meeting which will set targets for academic and social and emotional development progress as well as numerical targets for progress relevant for their key stage. At this meeting those present will agree how the Pupil Premium+, currently £2,200/year, will be spent.

Admissions

CIC often need a school place during the academic year when some schools are full. The Schools Admissions Team has arrangements in place to admit CIC to a school as quickly as possible. Due to their educational vulnerability, CIC must not be taken out of school during term time for holidays. For more information on raising educational standards visit www.fosteringindevon.org.uk/guide/resources/education-and-employment

Employment and Children in Care

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

Health

Each child or young person in foster care receives health care which meets her or his needs for physical, emotional and social growth, together with information and training appropriate to her or his age and understanding.

Practice Guidance

- 1) A full health assessment is carried out for every child/young person in foster care each year and every child/young person should have a Health Plan that is reviewed in the light of regular health assessments.
- 2) Carers should ensure that children and young people's routine health care needs, such as dental checks and sight and hearing tests, are met. It is helpful if carers can have this information readily available for their CIC Review.
- 3) Details of a child/young person's medical history should be obtained when they first become Looked After, this information should be passed on to carers. Carers should ask for details, particularly if the child takes any medication or has particular health needs or allergies.

4) It is essential to know the name of the child's own Doctor. If a child has a serious illness or is admitted to hospital, carers must notify the child's Social Worker or Emergency Duty Team who should then inform the child's parents. Any illness should be recorded and details of any medication or treatment administered.

5) Foster carers should obtain temporary registration with their local health practice for any children in their care.

Consent for Medical Treatment

When a child is placed, foster carers must be given a copy of the Placement Agreement with signed medical consent. If they do not have this, they must inform the child's Social Worker, and their Supervising Social Worker. Foster carers may be able to sign forms such as consent for medical treatment including anaesthetics, dental treatment and permission for inoculations. These forms may only be signed by the foster carer if:

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

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

Young Person's Consent

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

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

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

Specialist CAMHS

Specialist CAMHS is a multi-disciplinary service for children and young people which aims to help them with a range of mental health issues. Children or young people who are seen by specialist CAMHS may be experiencing one or more of the following:

- Emotional disturbance
- Attachment disorders

- ADHD
- Eating difficulties
- Depression and/or anxiety
- Psychotic illness
- Behaviour difficulties

Support is generally offered to carers, children may receive counselling, group work, family work, carer/child work, individual psychotherapy or more general support. Occasionally, they may need the help of medication. Decisions about whether to refer a child or young person to the service will be part of a child's Care Plan/Review. The child's Social Worker will receive information from carers about the child's behaviour and will make a referral either through the GP or direct to the service.

Health Policy for Looked After Children

The Personal Health of Looked After Children

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

It is a policy that considers good health to be a positive state of physical, psychological and emotional wellbeing, not simply the absence of illness. It recognises that there needs to be separate guidance about the provision of medical checks, about response to symptoms of illness and about treatment and medication.

Good Health Care

Mandatory Guidance:

There should be a comprehensive health record/Personal Health Plan available for each child. Where this is not available, or where significant information is missing, efforts should be made to obtain it from the child's Social Worker. According to their age and ability, children and young people should be encouraged to learn about their health history and its possible importance for later life. Priority should be given to the maintenance of routine health care, especially dental, sight and hearing checks and where appropriate, immunisations.

Practice Guidance

Considering age and ability, children and young people should be taught the importance of good health care, the range of services available and how to access them. They should be encouraged to take responsibility for their own health care. Young people approaching independent living need to know how to register with a GP and dentist, when to use them and how to deal with any particular medical conditions to which they may be susceptible.

A young person's sexual health needs should be included and addressed in the Personal Health Plan as part of the care planning process. Where carers are unsure of how to deal with a situation, they should consult the young person's Social Worker and their Supervising Social Worker.

Healthy Lifestyle

Mandatory Guidance:

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

Practice Guidance:

More generally, the care of children and young people needs to be mindful of health implications. Those caring for children should be seeking to encourage a healthy lifestyle. This is particularly so in relation to diet, exercise, rest and personal hygiene. To be able to establish a healthy lifestyle, children and young people need to be provided not only with information and advice but also the skills with which to utilise that knowledge and the wish to do so.

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

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

There are also areas where the experiences, preference and beliefs of those caring for children are most likely to affect their approach to the issues. However, these are areas where consistency is crucial, and staff and carers must not allow personal attitudes to undermine agreed practice.

Sexual Health Guidance for Children and Young People

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

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

Devon's Sexual Health Policy demonstrates Devon's commitment to work with all partners to help to promote positive sexual health for all young people. The policies apply to carers and staff providing services to young people in care. They may also be of interest to a range of others, including young people in care, carers and their families. They outline the duties, responsibilities and rights set out in law and national guidance and how these can be applied when providing information and directing young people to sexual health services.

<https://new.devon.gov.uk/care-and-health/adults/health-and-wellbeing/sexual-health/>

The policy addresses a wide range of issues including:

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

Courses on sexual health and awareness are run through our training programme:

www.fosteringindevon.org.uk/already-a-foster-carer/secure-area/support-training/

SAFEGUARDING CHILDREN

Safer Carer Agreement

Foster carers are to encourage children to take appropriate risks as a normal part of growing up. They must help children understand how to keep themselves safe, including when outside of the home or when using the internet or social media (Standard 4.4). Safer Caring Agreements consider particular risks and identify appropriate behaviour in relation to those risks.

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

The Supervising Social Worker is to ensure that a Safer Caring Family Agreement is completed during the assessment process. Supervising Social Workers must make sure that all members of the household are involved in this process.

The Family Agreement is to be reviewed:

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

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

Prior to placement, at the Placement Planning Meeting or within 24 hours of the child being placed, foster carers are provided with full information about the child. This

information includes any relevant details about their family to enable them to protect the child and any other child for whom they have responsibility. (Standard 11.3)

The Family Agreement is shared with the child at an age appropriate level by the foster carer and child's Social Worker within five days of placement (Standard 1.3). The Family Agreement is filed in the foster carers file. The Child's Individual Agreement or Risk Assessment is given to the child's Social Worker to be filed electronically on the child's record. If further risks are identified during the placement, the child's Individual and/or Family Agreement is amended by the Supervising Social Worker. The amendments can be made following discussions between relevant professionals and the foster carers. If more complex and a Risk Assessment is in place, the Risk Management Meeting is to be reconvened with all relevant parties including the child's Social Worker, to consider the risks and make decisions about how they will be managed (Standard 4.1).

Should an external risk to the child or the placement be identified, (e.g. from family members) the child's Social Worker is to arrange a Risk Management Meeting to which the Supervising Social Worker and/or Fostering Team Manager must attend. (Standard 4.1). The Supervising Social Worker ensures that all relevant aspects of risk and risk management are recorded on the child's Individual Agreement or Risk Assessment. The Supervising Social Worker records on the Chronology that a Risk Management Meeting has been held and detailing where the minutes are stored, a copy is to also be placed on the child's file.

Health and Safety Assessments

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

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

Where a dog resides within the household, the Supervising Social Worker is to complete the 'Pet Questionnaire'. This is reviewed annually as part of the carers' review. The questionnaire refers to dogs which are illegal to keep. A description can be found in Annex A of the guide to Dangerous Dogs available on the DEFRA website. DEFRA no longer provide photographs to assist with the identification of these dogs as they can look very different yet have a substantial number of characteristics present to be considered a dangerous dog. If there are any queries regarding the breed/temperament or health of a dog the Supervising Social Worker is to contact the Animal Health and Welfare Team (Neighbourhood and Environmental Quality Unit) for advice or to request a joint visit.

The Supervising Social Worker needs to identify if applicant's own firearms. Where the applicant holds firearms, a current firearm certificate must be seen, and a copy placed on file. The Supervising Social Worker must see where guns and ammunition are stored. They must be separately secured in such a way that a child or young person cannot access them. If there are concerns arising from these checks, they are to be fully discussed with the applicants regarding any risk factors.

The weight given to specific concerns is considered and if necessary the Supervising Social Worker will ask the applicant to take corrective action before the case is presented to the Fostering Panel. If there is continuing doubt then the matter is to be discussed with the Fostering Team Manager or advice sought from the Operations Manager and/or Fostering Panel.

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

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

- Every year as part of the Foster Carers Annual Review
- Whenever a foster carer moves house or carries out major structural works or other changes to their existing property and its immediate environment
- Where there are major changes to the immediate environment surrounding the home, for example new building works or the creation of a new road (in such circumstances it is only necessary to complete the relevant sections of the assessment)
- Whenever the foster carer changes their car (in such circumstances it is only necessary to complete the relevant sections of the assessment)
- If there is a significant change in a foster carers category of approval
- If the foster carer has a swimming pool built on their property. A swimming pool check list would need to be completed by the Supervising Social Worker.
- If the foster carer lives on a farm, a farm risk assessment will need to be completed by the Supervising Social Worker.

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

Fostering Devon is committed to provide foster carers with adequate 'Skills to Foster' preparation training and on-going training which covers Health and Safety issues. The foster carer is also to be provided with written guidelines, which outline their Health and Safety responsibilities (Standard 10.3). Where a foster carer is to provide or is providing transport for the child, the Assessing / Supervising Social Worker is to ensure this is safe and appropriate to the child's needs (Standard 10.4). At the annual review the Supervising Social Worker must check that the gas check, car insurance, car MOT and safety restraints are up to date.

Behaviour Management

Supervising Social Workers are to ensure that foster carers are familiar with the guidance on control and sanctions within the placement. These may vary depending on the needs of the child. Training for foster carers and the Supervising Social Workers can be arranged as appropriate. When disciplinary measures are used, children and young people are encouraged to write, or have their views recorded and sign their names against them if possible, in the records kept by the foster carer.

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

Physical intervention

There are circumstances when it would be appropriate to intervene physically to prevent harm to the child, young person or others. If there are any incidents of physical intervention, consideration must be given to whether a Risk Assessment Management meeting needs to be convened.

Supervising Social Workers must ensure that these incidents are recorded by the foster carer in their Recording Log and on a PO3 Form and that the foster carer informs the Supervising Social Worker and the Child's Social Worker the same day or the next working day. The Supervising Social Worker must record an observation within the foster carers file and contact the child's Social Worker to notify them of the incident.

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

Bullying

All suspected or actual incidents of bullying are taken seriously by Fostering Devon. They are fully investigated, and support is provided by the child's Social Worker and the Supervising Social Worker to the child and their foster carers.

Foster carers must record all suspected or actual incidents and report these to the child's Social Worker and the Supervising Social Worker within 24 hours. The foster carer, the Supervising Social Worker and the child's Social Worker are to make a plan to address concerns, this is to include:

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

After any concerns have been discussed with the child, and if bullying is confirmed or continues to be suspected, a risk management meeting is held (please refer to 1.5). The Supervising Social Worker is to record all reported incidents of bullying and the action taken.

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

HIV, AIDS and Hepatitis

In common with many areas, Devon has very few reported cases of HIV infection in children and young people. This being the case, it is unlikely that foster carers will be caring for children/young people who are known to have HIV. However, the prevalence of HIV in the general population is increasing and it is, therefore, important for carers to follow safe hygiene practices for all members of the household and visitors. This includes the safe handling of all body fluids and waste e.g. changing nappies.

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

Drugs and Solvents

Where foster carers have concerns that young people in their care may be involved with drug or solvent abuse, they should discuss this with the young person's Social Worker and seek advice. We know that many young people will have experimented with drugs in some form or another before they leave school. Specific advice should be sought if there is cause for concern regarding use of drugs, excessive alcohol consumption and/or solvent abuse.

The attraction of drugs includes the excitement of the sensation, the alternative they offer to alcohol and the escape they can provide from feelings of inadequacy or low self-esteem. There is often peer pressure to join in. It is important that young people understand the different reasons why drugs are taken and what are generally considered to be appropriate and inappropriate uses. Training is available to carers of older children and teenagers.

Alcohol

Although many people don't think of it as a drug, alcohol can be equally damaging to health and wellbeing. It is important to talk to children and young people realistically and in context about the dangers of alcohol, especially when taken in large quantities. This includes both the potential effects on health and the changes that over-indulgence will make to behaviour and judgement.

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

Solvents

Solvent abuse is another common form of teenage experimentation. Children may start as young as 8-9 years but usually stop after a few sessions. Others do not. Solvents can include petrol, dry-cleaning fluids, liquid shoe polish, the butane gas in cigarette lighters, aerosol sprays and certain types of glue.

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

Drugs

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

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

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

If you have any concerns or suspicions about drug use, please speak to the child's Social Worker or your Supervising Social Worker. There are several agencies and organisations who can help young people with such difficulties whilst offering further support to you.

Legal Highs

Legal highs are substances that have similar effects to illegal drugs like cocaine or cannabis. They are sometimes called club drugs or new psychoactive substances (NPS). Many of these drugs are now controlled, but some are still legal to possess. This does not mean they are safe or approved for people to use.

Some drugs marketed as legal highs contain ingredients that are illegal to possess. Legal highs can carry serious health risks. The chemicals they contain have in most cases never been used before in drugs for human consumption. This means they haven't been tested to show they are safe. Users can never be certain what they are taking and what the effects might be.

Other risks:

- The increase in the risk to yourself if you combine alcohol with any legal or illegal drug.
- Legal highs can reduce inhibitions, so you do things you wouldn't normally do. They can cause paranoia, coma, seizures and, in rare cases, death.
- Because the chemical ingredients in a branded product can be changed without you knowing, the risks are unpredictable.
- Even drugs that look similar or have similar names may be of varying strengths and have different effects.

When to get medical help

Most problems with short-term use of legal highs will settle after you stop taking them. However, the negative effects of some legal highs can take a few days to wear off completely, just like the comedown from stimulants such as cocaine or amphetamines. If you think the child or young person is having a serious negative reaction soon after taking a legal high, or experiences problems that do not settle with a little time out, fluids and fresh air, get medical help straight away by going to the accident and emergency (A&E) department of your nearest hospital.

If you're worried about continuing health problems of the child or young person after they've stopped taking the drugs, visit your GP. But if you think further advice would be helpful before deciding whether or not to visit your GP, call the FRANK drugs helpline on 0300 123 6600, or NHS 111.

Legal highs and the law

Many drugs that were previously sold as legal highs are now controlled under the Misuse of Drugs Act, including mephedrone (meow meow or mcat), naphyrone, BZP and GBL. This means they are illegal to possess or supply to others. There are lots of different types of synthetic cannabinoids, and a large number have become Class B drugs. To find out more about legal highs, visit the FRANK website - www.talktofrank.com

Emergencies and assistance

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

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

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

Violence, Aggression and Challenging Behaviour

Aggression is a feature of behaviour that may be an element of youngsters' need to be looked after and trying to understand some of the causes of this are important. It is helpful for foster carers to have strategies for dealing with violent or aggressive confrontations, should they arise. This can apply equally to younger children and older adolescents.

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

Youngsters may have experienced adults who are not able to handle complex and difficult situations and have resorted to outbursts of temper, destructive behaviour or domineering means of control. Aggression is one of the identified products of frustration and helplessness. Carers should be aware that when faced by challenging behaviour, their own feelings of anger may result from not knowing what to do i.e. frustration and helplessness. Sometimes, aggression is used to cover up feelings of depression. In some rare cases, aggressive behaviour may have an organic cause, or may be evidence of a psychopathic disorder.

Many youngsters who are looked after by carers may be ill-equipped to recognise or express their feelings. A lack of success in achievement, being misunderstood or not valued by others can result in feelings of confusion and low self-esteem. Many foster carers will not be experienced in either managing or bearing the brunt of verbal or physical violence and it can lead to the same feelings of inadequacy and helplessness felt by the youngster. The power and significance of aggression should not be underestimated. It requires firm judgement, and often experience, to understand and respond appropriately.

A useful starting point is for carers to assess and acknowledge levels of aggression within themselves. Recurrent problems and the feeling of running out of ideas, energy or motivation can result in feelings of helplessness. Carers should endeavour to know a youngster's circumstances well enough to understand factors and situations that may lead to or trigger aggressive behaviour. Carers need to be aware that they may not be conscious of personal mannerisms and phrases which may recall a youngster's memories of past bad experiences.

A carer's own ability to deal with frustration or provocation is of great importance; a calm reasoned response is called for – easily said, but often not so easily done! The overall aim is to enable youngsters to find enough socially acceptable means of expression, and so to lessen their need to resort to aggressive or violent behaviour. Carers should try to be aware of patterns in a youngster's behaviour. Particular places, activities or times of the day can be stressful trigger points, for example, meal-times and bed-times, the build up to going to school or family contact can be key events. Carers need to acknowledge when they themselves are feeling stressed and understand how they personally manage this, whether it be a quiet walk, physical activity or having someone to talk to.

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

It is important to remember that help and support is available to carers via the Supervising Social Worker, Foster Carer Strategy Group Representatives, Peer Guides, Childrens Placement Support Team or Emergency Duty Team (EDT).

Preventing Violence and Aggression

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

Wherever possible avoid dealing with aggressive situations alone, always seek support. Be aware of the case history of each youngster in your care and be sensitive to their needs. Understand the significance of your relationship with the youngster. Always make some response to attention seeking behaviour; failure to do so may make the situation worse. Youngsters should have the opportunity to communicate their concerns with carers where necessary. Time must be made available to them.

Do not issue threats of any sort but do point out the possible consequences of their actions. Threats usually escalate situations and if made in the heat of the moment can prove to be impossible to implement. Avoid cutting or unkind remarks; try to find the most positive way of saying what must be said. This especially applies when talking about the young person themselves, their family and friends.

Show disapproval of inappropriate behaviour, not of the person as an individual. All parties involved in an incident should be given support and made aware of their rights. Be aware of potential flashpoints such as mealtimes and late evenings. If they prove to be problem times, try to plan ahead and let the young person's Social Worker know. Carers should reflect on the circumstances in which incidents have happened to prevent further occurrences.

When disruptive influences threaten the stability and wellbeing of others, it is important that carers have planned ahead carefully and are engaging young people and channelling their energies appropriately. A calm, reasoned approach is called for. Diversion is often a useful tactic.

If all else fails, physical restraint may be used only to prevent a child from harming themselves or somebody else. Young people who have experienced violence or sexual abuse may find restraint threatening and those using it should be aware that they may be making themselves vulnerable to future allegations. Carers should never use restraint without another adult being present, unless circumstances are exceptional. All such incidents should be recorded and discussed with the child's Social Worker and your Supervising Social Worker as soon as possible. A PO3 form needs to be completed and sent to the Supervising Social Worker.

Positive Reinforcement

The central ethos, as in any family, should be based consistently on positive reinforcement thereby encouraging good behaviour by appropriate adult attention, as opposed to seeing the regular imposition of sanctions as the primary method of management and control. Within this context, some form of sanction will be necessary where there are instances of behaviour that would be reasonably regarded as unacceptable in any family group.

Permissible Sanctions

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

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

Where damage is malicious, youngsters should be expected to contribute or work to help with the cost of repair or replacement. Carers can access post-approval training to build their skills in managing challenging behaviour and calming potentially difficult situations.

Prohibited Disciplinary Measures

These include:

- corporal punishment, including smacking;
- deprivation of food and drink;
- restriction or refusal of visits/communication with family members, where this is part of an agreed plan;
- restriction or refusal of visits/outings with Support Workers where this is part of an agreed work plan
- requiring a young person to wear demeaning or inappropriate clothing;
- withholding medical or dental treatment or medication;

- using accommodation to restrict liberty, e.g. locking children in their bedroom;
- intimate physical searches

Support Networks, Recording and Reporting Incidents

Carers must report and record any incidents, significant illnesses, hospital visits to A&E, minor accidents within the home (such as a fall from a bicycle). A PO3 form must be completed and given to the Supervising Social Worker. If in doubt, contact your Supervising Social Worker for advice.

Carers who have been subject to verbal or physical violence should ensure that the incident is reported to both the young person's Social Worker and their Supervising Social Worker. Such experiences can be distressing, and carers may need to talk to their Supervising Social Worker, another carer, Peer Guide or a friend.

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

Reparation

Young People should be encouraged to develop a sense of responsibility towards the environment in which they live. Where children have caused damage, depending on their age and level of understanding, they should be encouraged to help the carer undertake repairs. Most children will value their rooms and surroundings if they have made an investment in them. Where damage is malicious, youngsters should be expected to contribute or work to help with the cost of repair or replacement. Pocket money should not be withheld from a child as punishment for unacceptable behaviour. However, it may be appropriate in some circumstances to withhold a part of the pocket money ie up to two thirds as payment towards the cost of repairs or replacement of items resulting from deliberate damage.

Reminder: always positively reinforce or reward good behaviour.

FINANCE

Fees and Allowances

A weekly fee (excluding birthday, holiday and festival payments) is allocated to cover the basic expenses of caring for a child including clothing. **All carers receive this payment.**

Fostering Devon reward and recognise carers' commitment to personal development and building resilience. If a carer attends **six training events** in a year, then this will be recognised and rewarded. If a carer attends **six support groups**, then this will be recognised and rewarded too. This is to encourage personal development and promote participation in support groups where experience, fresh ideas and mutual support are shared.

The fees and allowances also recognise the support needs of children. **Enhanced** support payments are made to those caring for children with enhanced needs. An **Enhanced Plus**

payment is available and recognises the challenges of caring for the most traumatised children.

Once the level of fees and allowances has been assessed this level is retained for the duration of the placement. The aim is to **recognise successful care giving**. Any enhanced element will **not be removed** if the child settles down but may be added at an agreed fixed point of review.

Should a foster carer or social worker believe their placement has been scored unfairly and wish to appeal their assessment, the request should go directly to the Fostering Team Manager. If the Fostering Team Manager wishes to uphold the appeal, it must then be passed to the Service Manager for decision.

Fees and allowance protection for carers is guaranteed for those placements commenced prior to the implementation date of the 21st January 2019. This protection remains until the placement ends. This includes ongoing respite arrangement agreed prior to the implementation date. Any protected allowance will remain fixed.

A retainer may be agreed if a placement with a carer needs to be held for a period to ensure appropriate planning for a child. A retainer will be paid at 50% of the weekly basic fee, plus the training and support allowance. Any retainer needs to be agreed by the Operational Manager and will be reviewed weekly.

Birthday and festival allowances are based on age banded rates and are paid near the relevant date. Holiday allowances are a fixed rate for all ages. These allowances are paid to the carer to contribute to the costs of these events, that are not intended as a payment directly to the young people. However, carers may agree with the young people and social workers to make a contribution towards age appropriate events i.e. music festivals.

Clothing allowances are included in the basic weekly fees. Requests for additional clothing will be considered on a case by case basis at the beginning of a placement or in exceptional circumstances.

The individual child's care plan will capture any additional resources that may be required to ensure the carers is able to meet the child's needs, for example therapeutic input.

Individual financial arrangements to support a child's educational, sporting or leisure interests will be agreed at the Placement Planning meetings.

New respite placements' fees and allowances will follow the above model, payments received for respite care will reflect the child's needs and ensures respite carers receive the same payment as the main carer. During the respite period, the main carer will receive the minimum weekly allowance. Those respite arrangements in place prior to the implementation of the new fees scheme will be protected at the existing rate.

Eligible and relevant care leavers aged 16 and 17 will be allocated £30 per week on top of the fees and allowances paid to the carer. This is paid either to the young person or carer as appropriate. The purpose of the payment is to support the young person to develop their financial independence and be used to purchase bus passes, some clothing, additional self-care products for example.

Overpayments to carers must be refunded in full, likewise underpayments will be paid in full.

Parent and child, Staying Put and PACE fostering arrangements have discreet payment structures. Payments that have been agreed as part of a Special Guardianship Order (SGO), Adoption Order, Arrangement Order or Residence Order are outside of the scope of the recent review and will be considered separately.

Full details of Fostering Devon's [fees and allowances can be found here](#), they are reviewed annually.

Emergency Placements

Carers receive a disturbance payment of **£100** for the first night, in the case of placing siblings this remains the same at £100. The payment for the child is the basic weekly allowance plus the training and support group allowance. If the child's needs are assessed in due course at either the enhanced or enhanced plus level, then these fees will be retrospectively applied within an agreed timeframe.

Placements will be deemed an emergency when made between the hours of 1630 and 0900 on the same day as the placement is required. The disturbance payment will not be made when the placement has been arranged in normal office working hours, even when EDT are involved in physically placing the child after normal working hours.

Carers receiving state benefits are advised to check any possible effects that fostering could have in relation to claims. Generally fostering allowances are disregarded but the benefits system is complex, and advice should be obtained from the Benefits Agency or FosterTalk - www.fostertalk.org

Insurance

Devon County Council provides insurance cover in respect of CIC, it includes:

- public liability for compensation, costs and expenses in respect of injury to a CIC Insurance would be exempt in cases of abuse, molestation or any wilful or intentional act.
- legal liability of the foster carers in the event of accidental injury, loss or damage caused by a CIC to any member of the public.
- legal expenses – free legal assistance.
- an All Risks and Malicious Damage Policy covering damage caused by a child. There are a few exclusions in the Policy, e.g. damage to motor vehicles and computers.

Claims are initiated through the child's Social Worker and must be submitted within 30 days of the damage occurring.

Please note - carers should notify their insurance company that they are Fostering Devon carers. Most insurance companies are willing to cover a CIC as members of the household. Carers should check with their own insurers if there are any situations where their policy would not cover and seek an alternative if necessary. Carers must inform their Social Worker immediately if they suspect that a claim is going to be made for accidental injury to a child in care or loss damage caused by a child in care to any third party. Legal assistance in connection with possible legal action brought against the carers for mistreatment of a child in care.

Any claim must be made within 30 days. The Social Worker for the child will inform the DCC County Solicitors Department.

Motor Insurance

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

Tax

Basic foster care allowances are a reimbursement of costs incurred and are not taxable. For further information please refer to Fostering Devon's [Fees and Allowances page](#) here.

Eligibility for the Adaptation of Property or Purchase of Vehicles

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

Financial assistance to undertake an adaptation or provide a vehicle or a specialist vehicle is not an automatic "right" for a foster carer. Assistance is only provided in response to an assessment of specific needs in respect of a CIC or to meet essential Health & Safety standards where foster carers cannot make appropriate alternative arrangements. Such assistance can be provided if it will be the only way to enable a child's specific needs to be met (e.g. a child with disabilities) and/or where Health & Safety considerations require this.

Carers are expected to contribute (except in exceptional circumstances), to the purchase of vehicles and extensions. Where property adaptations or extensions are funded, any loans will be made to fund structural alterations, not to provide furniture and fittings. In all such instances foster carers seeking such assistance should refer to their Supervising Social Worker who will provide detailed information concerning the Capital Programme funding and the relevant application forms.

THE LAW RELATING TO CHILDREN

The Children Act 1989

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

- the best place for children to be Looked After is within their own homes
- the welfare of the child is the paramount consideration
- parents should continue to be involved with their children and any legal proceedings that may concern them and that legal proceedings should be unnecessary in most instances
- the welfare of children should be promoted by partnership between the family and the Local Authority

- children should not be removed from their family or contact terminated, unless it is absolutely necessary to do so
- the child's needs arising from race, culture, religion and language must be considered.

Concepts that need to be understood

Parental Responsibility

The Act is built on the notion of 'Parental Responsibility'. This summarises the duties, rights, powers and responsibilities of a parent in respect of their child. People other than parents can acquire shared Parental Responsibility. The Local Authority acquires Parental Responsibility if a Care Order or Emergency Protection Order is made. However, in the case of a Care Order the extent to which parental responsibility can be exercised by a parent may be limited by the Local Authority. If a Child Arrangement Order is made, Parental Responsibility is shared with the person looking after the child. Parents can delegate responsibility to someone else without losing it themselves.

Children in Need

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

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

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

Children being 'Looked After' by the Local Authority

Accommodation may be provided on a voluntary basis Sec (20). The person with Parental Responsibility (PR) may remove the child at any time, except when someone else who has PR under a Child Arrangement Order agrees with the accommodation. If this happens, the Carer should inform the child's Social Worker, Fostering Supervising Social Worker as soon as possible. Young people aged 16 and over may choose to be, or remain, accommodated against the wishes of someone with Parental Responsibility. This would be assessed by a Social Worker.

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

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

Family Proceedings

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

Welfare of the Child

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

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

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

Legal Proceedings and Court Orders

Court Orders

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

Section 8 Orders

These are defined by the Children Act 1989 as follows:

Child Arrangement Order

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

A Contact Order

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

The people concerned may be birth parents, grandparents, brother/sister or other people who are or have been significant in the child or young person's life. The Order will last until the child/young person reaches the age of 16 or until the Court decides the order is no longer necessary.

A Prohibitive Steps Order

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

A Specific Issues Order

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

Care Orders and Supervision Orders

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

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

Care Order

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

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

A Care Order gives the Local Authority a share in Parental Responsibility for a child. The Local Authority must look after the child and provide him or her with somewhere to live. A Care Order can last until a young person is 18 years old or until an Adoption, Supervision or Child Arrangement Order is made or until the court decides that the Order is no longer necessary. The Children and Young People's Services or persons with Parental Responsibility for the child can apply for the discharge of the Order.

Supervision Order

This places a child or young person under the supervision of the Local Authority or a Probation Officer, this person is required to advise, help and befriend the child. The Order can only be for one year but the supervisor can apply for this to be extended. It must not be for more than three years in all and not after the person is 18 years old.

A Supervision Order may carry certain conditions for example, that the child should have medical or psychiatric examination or treatment. It may also say that the child should take part in particular activities at specified times. The Order can be stopped if any interested parties apply to the court and the court agrees or if a Care Order is made.

Interim Order

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

Child Protection

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

Emergency Protection Order

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

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

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

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

The Police also have powers under the Children Act to take a child into Police Protection for up to 72 hours where a Constable believes that a child would otherwise be likely to suffer significant harm. Carers looking after a child under an Emergency Protection Order (EPO) should be given a copy of the Order. In practice, Emergency Protection Orders are rare as the hope is to work without an Order wherever possible.

Child Assessment Orders

An application is made by the Local Authority when:

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

The Order can only be effective for up to seven days and the person with care of the child must produce him or her for assessment and comply with the directions given by the Court. The child, if of sufficient understanding, may refuse to undergo the assessment or examination. The Court can treat the application as one for Emergency Protection and make that Order instead. The Court will only make an Order if it considers that doing so will be better than making no Order.

Refuge

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

Private Fostering

This is when, in a private arrangement children under the age of sixteen (or eighteen, if disabled) are placed by their parents with a person who is not a close relative, for more than 28 days. A close relative is defined as a parent, grandparent, aunt or uncle, but not cousins, great aunts, great uncles or close friends.

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

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

Children's Guardian

A Children's Guardian is a qualified independent person appointed by the Court to represent and safeguard the interests of children and young people who are subject to court proceedings. They are appointed by Children and Family Court Advisory and Support Service (CAFCASS) if the child or young person is in the care of foster carers. The Children's Guardian is likely to make contact to seek the views of the carers. If you would like more information about the role of the Children's Guardian, please contact the child's Social Worker. The job of CAFCASS is to safeguard and promote the welfare of children involved in Family Court proceedings.

Care Leavers – The Children (Leaving Care) Act 2000

Principles:

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

Many young people are frightened by the thought of having to leave their foster home and cope alone. Leaving Care is seen as a process and not an event on their 16th or 18th birthday. A Social Worker from the Care Leavers Team will be introduced at the first Review after the young person's 15th birthday.

To improve the assessment, preparation and planning for Leaving Care.

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

To provide better personal support for young people after leaving care.

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

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

Staying Put

Staying Put is about care leavers continuing to live with their foster carers when they reach 18 yrs.

Specifically, it is defined by the Children Act 1989 and refers to an arrangement whereby a young person, who when they became 18 was in law an 'eligible child' placed with a foster carer, continues to live with that person.

An eligible child is someone who:

- is looked after by a local authority;
- is aged 16 or 17, and;
- has been looked after for a total of at least 13 weeks since the age of 14

It is a term meaning that they are eligible for support as a care leaver and does not refer specifically to staying put support. Once they become 18 an eligible child is known in law as a 'former relevant child'.

Whenever a young person continues to live with their former foster carer in these circumstances, it is referred to as a staying put arrangement. Staying put arrangements continue until the young person becomes 21 or stops living in the household if before then.

Local authorities have duties to monitor and support staying put arrangements. Local authorities have significant statutory obligations to support care leavers whether or not they participate in staying put, and these are explained in the Children Act 1989 statutory guidance.

A former relevant child who is pursuing further education or training may be entitled to support until the age of 25, but beyond their 21st birthday this cannot be defined as staying put.

In a practical, everyday sense, a young person who enters into a staying put arrangement is likely to view this as a continuation of fostering and to refer to the person providing the care as their foster carer, in much the same way as we all continue to refer to our parents as just that, whether or not we are still living at home. Similarly, staying put carers will often view the arrangement as just an extension of fostering, albeit that the young person is increasingly independent.

The significant difference is that in law staying put arrangements are not foster placements, because the young person is no longer a looked after child but an adult, and the fostering regulations, statutory guidance and national minimum standards no longer apply. Local authorities should always be involved in promoting and planning staying put arrangements, which should be a three-way partnership with the young person and the former foster carer. However, ultimately it is the young person and their foster carer who make the joint decision to establish the arrangement. This is based on their commitment to each other and applies in the same way whether the foster carer is approved by a local authority or by an independent fostering provider.

There is nothing new about the notion of foster carers continuing to provide a home to young people whom they have fostered: many have done this in the past and regarded previous foster children as members of their own families for the rest of their lives. The change in the law in 2014 moves this from an ad hoc arrangement to one which is legislated for until the age of 21, and which local authorities must support.

Fostering Devon supports these arrangements through the provision of ongoing social work and financial support, see [Fees and Allowances page](#) for more information.

Discussion should start with the young person and foster carer regarding the option of staying put as early as possible, ideally before the young person reaches the age of 16.

Further information regarding Devon's policy in respect of Staying Put arrangements, visit: <https://www.fosteringindevon.org.uk/guide/resources/staying-put-2/>

Adoption and Children Act 2002

This Act came into force on December 30th 2005, replacing the Adoption Act 1976 and modernising the law regarding domestic and inter-country adoption. The guiding principle of this Act is to place the child at the centre, aligning adoption law with the relevant provisions of the Children Act 1989 in which the child's welfare is the paramount consideration. In addition it:

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

Children Act 2004

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

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing

The Act requires the following key actions are taken:

- A Children's Commissioner for England is created.

- Requires Local Authorities to co-operate to improve children's wellbeing, including the creation of a Director of Children's Services within the Council and a lead
- Member for Children's Services.
- Develops the requirement for Private Fostering arrangements.
- Puts a Duty on the Local Authority in its role as the Corporate Parent
- to promote the educational achievement of Looked After Children.

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

www.everychildmatters.co.uk/

Youth Justice and Police Interviews.

To help understand the working of the Criminal Justice System and your potential role in it, here are the answers to some frequently asked questions.

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

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

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

Under the Police and Criminal Evidence Act (PACE) 1984, young people under the age of 17 must have an appropriate adult present with them at any Police interview. You may be asked if you are willing to perform this role. **You do not have to do this. There are Youth Offending Team officers by day or Emergency Duty Team officers by night that can do it.** However, if you feel able to and want to support the young person, ask whether a Solicitor has been called, be it the Duty Solicitor or one known to the young person. DCC's policy advises that anyone acting as an appropriate adult, who is also a DCC employee, should have a solicitor present. The only exception to this is when the parents are acting as appropriate adult. Then they may make this decision themselves.

What happens when I get to the Police Station?

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

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

Your role is predominantly one of ensuring the health and welfare of the young person and that he or she knows what is happening to them. When you go in to see them, make sure they know why they are there but don't get drawn into an account of what happened. It may put you in a compromising situation and you could be called as a witness for the prosecution. Once a solicitor is present, the interview can go ahead.

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

will take place. This involves taking fingerprints, photos and a DNA sample - usually a swab from inside the cheek. YOU MUST BE PRESENT FOR ALL OF THIS. If a body/intimate search is to be done, a solicitor must also be present.

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

What is the process for a NOT GUILTY plea?

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

What options have the Police got next?

The Custody Sergeant may indicate his/her preferred outcome on release. This may be a Reprimand or a Final Warning. If it is the latter, a date will be given to return to the police station. A charge to Court may be made. This may well have bail conditions attached, such as a curfew or a restriction on who the young person can be in contact with. Always check that you have seen the form they are released with, so you can adhere to any conditions.

What can I expect at the court appearance?

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

The Court may well ask you to talk about how the young person has been doing while he or she has been living with you. This is just to give the court a chance to get a better picture of how life is for that young person and the likelihood of him or her re-offending. If the young person is admitting the offence, and it is a first offence, the probable outcome will be a Referral Order. You will be invited to talk with the YOT Officer about this. If it is a second appearance, then the court will request a pre-sentence report from the local YOT and they will advise you from there.

It is important to remember that you are there for support and will not be held to account - so try to remain confident and positive and never be afraid to ask questions. If you need any more detailed information, talk to your Fostering Supervising Social Worker. He or she may pass you over to your local YOT who will be able to help.

CHILD PROTECTION

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

Defining Child Abuse

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

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

Signs and Symptoms

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

Note: No catalogue of symptoms and signs can be exhaustive. The following is for guidance only. It must also be remembered that alternative medical or social explanations may exist for the problems listed here. With any child there may be considerable overlap between one category of abuse and another.

Physical Injury

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

Factors associated with injuries which may arouse suspicion include:

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

Neglect

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

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

Emotional Abuse

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

The child may:

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

Sexual Abuse

Although many factors have been associated with sexual abuse, many may also be found in association with other medical or emotional problems. Where there are worries about a child's behaviour that cannot be explained satisfactorily, the possibility of sexual abuse should be borne in mind. As with any other type of abuse allegation, a child who alleges sexual abuse should be listened to carefully, the allegation recorded and reported to his or her Social Worker. An investigation will then be initiated.

Sexually abused children are frequently obedient and anxious to please but may have poor relationships with peers. Many children have no overt problems, particularly in the younger age range.

Physical signs which may be present include:

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

Medical problems such as:

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

In younger children behavioural problems can include:

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

In older children behavioural problems can include:

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

At any age:

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

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

Encountered Abuse

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

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

Behaviour between young people – what constitutes abuse?

All allegations of abuse by a young person which involve an adult, a foster carer, a staff member or contact outside the home, must lead to a Strategy Meeting to consider the need for an investigation. Sometimes, this will also be the case with abuse between young people. However, a clear boundary needs to be set between behaviour that amounts to

serious physical assault, intimidation, or sexual assault requiring a Strategy Meeting and external investigation - and normal childhood behaviour or sexual exploration.

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

- In the care system there will be a percentage of young people who have been exposed to inappropriate sexual activity, physical injury and other forms of abuse before their current placement. It is possible that these young people may display behaviour that is inappropriate for their age. They may, for example, be unintentionally sexually proactive and/or aggressive towards other young persons. They may act as leaders or instigators of inappropriate activity.
- Consideration should be given to functional and chronological age differences between young people involved in any sexual activity. The greater this difference the more likely there is an abuse of power. The more vulnerable person could be exposed to an abusive experience. It is this that makes mutual agreement or consent to the behaviour unlikely.
- Any type of sexual behaviour between young people should be considered to see whether it was by informed mutual agreement resulting from sexual curiosity. The behaviour is more likely to be abusive if it involves intimidation, deception, enticement, bribery or physical force.
- In any sexual behaviour, or behaviour involving assault, some assessment should be made of the relationship between the participants and what purpose the behaviour serves for the young people involved.
- Any type of childhood behaviour needs to be seen in the context of the intellectual, behavioural and social development of the young people involved.
- Account should be taken of how persistent the behaviour appears to be and how long it has existed. It is useful to note whether the victims have any similar characteristics.
- Sexual activity between young people of the same sex, or of different sexes, may occasionally be regarded as childhood behaviour which is not uncommon. It is not appropriate for foster carers to condone sexual behaviour or any physical or emotional intimidation between young people. For young people involved in sexual exploration or for those involved in minor forms of bullying, strategies for dealing with this should be developed.

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

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

Disclosure of Abuse

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

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

When a young person alleges abuse, a Foster Carer should listen to what they have to say. **THE EMPHASIS SHOULD BE ON LISTENING, RATHER THAN ON ASKING QUESTIONS.** The young person should be sensitively told that the foster carer is concerned with what has been said and needs to discuss it further with the young person's Social Worker. Home Office guidelines suggest the following steps for any initial allegations of abuse:

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

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

Child Sexual Exploitation

Child sexual exploitation takes different forms - from a seemingly 'consensual' relationship where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. Child sexual exploitation involves differing degrees of abusive activities, including coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyber bullying), and grooming for sexual activity. There is increasing concern about the role of technology in Sexual Abuse, including via social networking and other internet sites and mobile phones. The key issue in relation to child sexual exploitation is the imbalance of power within the 'relationship'. The perpetrator always has power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Many children and young people are groomed into sexually exploitative relationships, but other forms of entry exist. Some young people are engaged in informal economies that incorporate the exchange of sex for rewards such as drugs, alcohol, money or gifts. Others exchange sex for accommodation or money because of homelessness and experiences of poverty. Some young people have been bullied and threatened into sexual activities by peers or gangs which is then used against them as a form of extortion and to keep them compliant.

Children and young people may have already been sexually exploited before they are referred to children's social care; others may become targets of perpetrators whilst living at home or during placements. They are often the focus of perpetrators of Sexual Abuse due to their vulnerability. All staff and foster carers should therefore create an environment which educates children and young people about child sexual exploitation, involving

relevant outside agencies where appropriate. They should encourage them to discuss any such concerns with them, another member of staff, or with someone from a specialist child sexual exploitation project, and also feel able to share any such concerns about their friends.

Where a member of staff or foster carer is concerned that a child or young person is involved in, or at risk of, sexual exploitation, they should contact the allocated social worker, or in their absence the social work team manager at the earliest opportunity. If neither can be contacted or no response is received, they should contact the referral and assessment team, children's social care. Staff or foster carers should also contact the police, if they are concerned a crime has been, or may be, committed.

If, following Assessment, the social worker and their manager decide action needs to be taken to protect the child, the Local Safeguarding Children Board procedures will be instigated. This may include notifying the police regarding possible criminal offences.

Foster carers should also contact their Social Worker / fostering agency at the earliest opportunity, or for advice if they first want to discuss their concerns.

If the child or young person is not deemed to be in need, the social worker should consider onward referral to relevant agencies. This should include liaison with the member of staff or foster carer who made the referral.

For further information please see DCC's policies in respect of CSE available at: <https://new.devon.gov.uk/educationandfamilies/young-people/reach-reducing-exploitation-and-absence-from-care-or-home>

Responsibility of Foster Carers

Fostering Devon require any foster carer working with young people who have reason to believe that a young person is suffering, or likely to suffer, significant harm, to inform the young person's Social Worker and Supervising Social Worker and record all relevant information. In the case of verbal disclosure, wherever possible quote the actual words used by the child. The report should indicate whether the abuse is current or refers to events in the past. It needs to be dated and signed with a full signature in case it is required in court proceedings. This should include a list of contacts with any other people.

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

Suspicious of Abuse

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

The Treatment of Abused Young People

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

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

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

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

Safeguarding Training

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

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

South West Safeguarding and Child Protection Procedures can be found at:
www.proceduresonline.com/swcpp/

Devon Child Care Child Protection Procedures on line can be found at:
<http://devonchildcare.proceduresonline.com/index.html>

MANAGING SAFEGUARDING CONCERNS

Children's safety and welfare must be promoted in all fostering placements. Supervising Social Workers are to support individual foster carers to actively safeguard and promote the welfare of the CIC and become aware that they have a moral obligation, a right and a duty to raise with Fostering Devon:

- Any apparent instance of malpractice, negligence, or unprofessional behaviour including any situation where a child or young person in care is being abused, or their rights and dignity are being, or have been, disregarded or over-ruled, or where decisions are taken which are clearly not in their interests and put them at risk of abuse, exploitation, oppression or discrimination;
- Any circumstances arising within which employment conditions or employers' practices could place children, members of the public, foster carers or staff at risk.

Supervising Social Workers provide foster carers with information to enable them to understand their duty of care to children and to enable them to put forward suggestions which may improve the quality of service and to correct any statutory omissions, or prevent malpractice. Supervising Social Workers must support foster carers to make positive relationships with children and generate a culture of openness and trust, enabling them to be aware and alert to any signs or symptoms that might indicate a child is at risk.

Where an allegation by a foster carer is made in good faith but is not confirmed by investigation, no action is to be taken against the foster carer. If allegations are found to be malicious or vexatious, action may be taken that could result in the foster carer's approval being reviewed. Supervising Social Workers are to advise any foster carer who is considering making a disclosure of confidential information that they consider being in the public interest, to consider seeking specialist advice.

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

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

If possible, foster carers are, in the first instance, to express concerns to their Supervising Social Worker or the Fostering Team Manager. All foster carers must retain the right to consult, seek guidance and support from other foster carers, independent organisations such as the Fostering Network and from statutory bodies such as the Ofsted. Supervising Social Workers are to encourage foster carers to consult with representative bodies particularly if an issue seems likely to remain.

Concerns that fall within the scope of another procedure, e.g. complaints, or child protection or allegation against a foster carer are to be referred for consideration under those procedures (see below). The employee who receives the concern from the foster carer is to:

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

The Fostering Team Manager is to consider consulting with:

- Child's Team Manager
- Fostering Operations Manager
- Human Resources, if the matter involves a staff member;

- The police, if the matter is of a criminal nature.

Compliments, Comments and Complaints

Please refer to our foster carers Complaints Policy here:

www.fosteringindevon.org.uk/guide/resources/foster-carers-making-complaints

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

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

When we receive your complaint, we will write to you within two working days informing you if this will be investigated further. You can contact Customer Service Team free on 0800 212 783, or you can find the complaints procedure:

<https://new.devon.gov.uk/haveyoursay/feedback-and-complaints/>

Allegations Against Foster Carers

National and legal context

This guidance is written within the context of the “Working Together to Safeguard Children” documentation, particularly Appendix 5 – Procedures for Managing Allegations against People who work with Children.

It is guided by the Fostering Network publication “Managing Allegations and Serious Concerns about Foster Carers’ Practice or Standards of Care” 2006.

This guidance forms part of the Local Safeguarding (Child Protection) Procedures. The National Minimum Standards for Fostering (Fostering Services Regulations, Care Standards Act 2000) apply, particularly Standards 4 and 22. The National Minimum Standards for Adoption apply, as well as The Adoption Agencies Regulations 2005 and the Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003 (particularly Regulation 10).

Devon Context

Definition

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

An allegation is defined as an accusation of physical, sexual or emotional abuse or neglect: for example that a carer has injured a child or that the carer or someone in the family has behaved in a sexually inappropriate way towards the child in question.

A Fostering Service or Adoption Agency may have serious concerns about a carer, which may not warrant investigation under Safeguarding Procedures, for example involving the

disciplining of children, or non-cooperation with contact arrangements with the child's family.

A complaint may involve a view about a carer's approach to the care of a child or the way in which they respond to a child's behaviour. For example when a child complains that they are not being fed properly or a parent complains that a child's culture or religion is being ignored. Staff must be clear about whether the issue that they are dealing with falls under Safeguarding Procedures or whether it constitutes a Standard of Care issue. Allegations would usually be dealt with under Safeguarding Procedures. Consideration should always be given to whether serious concerns or complaints require implementation of Safeguarding Procedures. Designated Independent Safeguarding Reviewing Officers, implementing the functions of the Local Authority Designated Officer (LADO), will offer consultation to staff to assist in decision making regarding the category of referral.

Staff should be aware that any Complaint, Concern or Allegation has the capacity to be redefined after initial referral or part way through a procedure, depending on forthcoming information, and may therefore require to be dealt with under a different process. Staff need to notify Customer Relations direct at the beginning of any concern or complaint.

Scope of this guidance

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

Complaints and concerns raised in respect of Fostering Devon carers and prospective adopters would also be dealt with through the relevant DCC Concerns and Complaints Procedures.

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

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

Objective

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

Roles and responsibilities

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

Safeguarding Board

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

Designated Officer

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

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

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

Independent Safeguarding and Reviewing Officers

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

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

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

Carers

Foster carers or prospective adopters who are subject to allegation are likely to require additional support. Support is available through their Supervising Social Worker, the Fostering Independent Support Service and through Peer Guides. Carers facing allegation will be required to co-operate with the plans which emerge from the Strategy Meeting(s)

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

Fostering Service

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

- Assisting in undertaking a Risk Assessment and (if required) Risk Management Plan regarding the feasibility of the child/ren remaining in the household
- Providing a report for the Strategy Meeting including background information on the carers (caring history, any previous allegations and their outcomes, current placement information)
- Arranging additional support for the foster carers (and their children if relevant) throughout the process of the investigation
- Facilitating the updating of the carers involved with information about the progress of the investigation in line with joint agency agreements made at the Strategy Meetings, or by the chair person and police
- Ensuring that all carers are aware of sources of support and advice (e.g. legal assistance, FISS and Peer Guides) when facing an allegation
- Pursuing any actions agreed in relation to the fostering service by the Strategy Meeting in relation to any internal management of the issues
- Participating in a Section 47 enquiry should this be required
- The fostering Supervising Social Worker will normally retain the role of link between the foster carer and the fostering service – where this is not possible, the Fostering Manager will arrange an alternative temporary worker to fulfil this role
- A report of the conclusions and outcome of any investigation must be provided to the Fostering Panel; within one month, by the Supervising Social Worker, so they can make a recommendation about whether the foster carer/s is still considered suitable to foster

Adoption Team

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

- Assisting in undertaking a Risk Assessment and (if required) Risk Management Plan regarding the feasibility of the child/ren remaining in the household
- Providing a report for the Strategy Meeting including background information on the prospective adopters (caring history, any previous allegations and their outcomes, information regarding the child/ren placed)
- Arranging additional support for the prospective adopters through the process of the investigation
- Facilitating the updating of the prospective adopters involved with information about the progress of the investigation in line with joint agency agreements made at the Strategy Meetings, or by the chair person and police
- Ensuring that all prospective adopters are aware of sources of support and advice (e.g. legal assistance) when facing an allegation
- Pursuing the actions agreed by the Strategy Meeting in relation to any internal management of the issues
- Participating in a Section 47 enquiry should this be required

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

Social Work Teams

The child's Social Worker is responsible for:

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

The Child's Team Manager is responsible for:

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

Police

The Police are responsible for:

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

Emergency Duty Team

The Emergency Duty Team is responsible for:

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

Fostering Panel

The Fostering Panel are responsible for:

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

Adoption Panel

The Adoption Panel are responsible for:

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

Independent support workers for carers

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

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

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

Independent Support is provided through the Fostering Intensive Support Service.

Peer Guides

Peer Guide foster carers are expected to:

- Model good foster care practice, incorporating anti-discriminatory values and actions and acting in a professional manner consistent with the National Standards and Directorate procedures.
- To meet all new carers in the local area; to attend local Support Groups and training and to actively encourage new carers to do likewise.
- To offer support and general advice to other carers primarily by telephone. At times particularly in complex and on-going situations personal visits may be required. These commitments should not normally take place after 9pm.
- To offer signposting within one's areas of expertise and to refer carers to other carers and Directorate staff in the first instance in seeking specific advice.
- To encourage carers to work with Fostering Devon staff to resolve difficulties with a view to restoring good working relationships.
- To bring to the attention of the Fostering Service issues of concern about carers' needs, standards of care, placement issues and service standards, usually via the Foster Carer Strategy Group representative. To feedback information regarding strong, positive practice with a view to disseminating this to other carers and staff.
- To support carers against whom allegations or complaints have been made with awareness of one's own feelings and the risks in not maintaining neutrality.
- To maintain a log of the demands made for the purposes of informing the future development of this support. All calls will be recorded, even where carers have simply called to 'offload' (no specific details required). The log will be routinely copied to the Operations Manager to contribute to the full-service monitoring.

Procedural Guidance

Receipt of information regarding an allegation, serious concern or complaint against a carer or prospective adopter (with a child placed for adoption but not yet adopted). The action to be taken when an allegation is reported is outlined in the process flow chart.

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

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

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

The Designated Independent Safeguarding Reviewing Officers (with delegated LADO responsibility) should be contacted without delay with details of any allegation against a carer which appears to satisfy the criteria. The Designated ISRO is then responsible for arranging contact with the police and setting up a Strategy Meeting. The strategy discussion between the ISRO and reporting officer should be recorded on the “Record of Strategy Discussion decisions following receipt of an allegation against a carer” form.

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

- A police investigation of a possible criminal offence
- Enquiries and assessment by children’s social care about whether a child needs protection or in need of services
- The operation of the fostering service’s procedure concerning a review of a foster carer’s suitability to foster, and the decisions of the fostering service’s Agency Panel and Decision-Maker, in accordance with the Fostering Services Regulations 2011

The Fostering Network stress the importance of not subjecting foster carers and their families to unnecessary delay whilst maintaining thorough and fair investigations.

We aim to promote a fair and honest system of investigating allegations against carers, but recognise the constraints placed upon the police in relation to evidence gathering. It is therefore important to make clear decisions and be realistic and timely in communications with carers. Carers should have access to immediate information and advice from an independent source following an allegation or issue of serious concern being raised against them.

If a child is removed from the foster carer’s care following an allegation, the foster carer will continue to receive the agreed fostering allowance for up to eight weeks. Refer to the Foster Care [Fees and Allowances](#) on the website for full information. Written notice must be given if the fostering service provider intends to terminate the carer’s approval, together with the reasons (and inviting any representations within 28 days) – this should include confirmation that any payments will cease.

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

Risk Assessments

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

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

- The nature of the allegation – for example, an allegation of serious sexual abuse is likely to require a different response to an allegation of rough handling or inappropriate chastisement

- The background of the carers – what is known about their fostering or parenting history?
- The background of the child making the allegation
- Consideration of the situations of any other children in the household including carers' own children if applicable
- Risks to any children previously placed should also be considered, as should children in the community
- The carers themselves may also be at risk
- Any protective factors should be considered –for example, in a couple household, if the allegation is against one carer, could the other carer be called upon to offer supervision of the children? Are any teenage children in the household able to protect themselves?
- The risks/potential damage to a child of a sudden, unexplained move, especially if that move is proposed to happen at night or where the child would not know the staff or substitute carers
- Any action already taken by the fostering or adoption services, care management team or others

Practice Guidance

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

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

Where the Concern/Allegation/Complaint against a foster carer or prospective adopter is observed or reported to a child's Social Worker (or that Social Workers team) that worker (or Duty Officer) should make an immediate report to their Team Manager (or covering Team Manager in their line manager's absence). The child's Team Manager will liaise firstly with the Fostering Team Manager to discuss the issues and gather relevant information re the carer, including any history of similar concerns and secondly with the LADO to determine under which process the matter will be dealt with.

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

If the issue is defined as an Allegation, the following procedures should be followed. If the issue is defined as a Concern, this will be taken forward by the Operations Manager for Fostering and the Team Manager Fostering and similarly for Adoption. If the matter is defined as a Complaint, the DCC complaints procedure should be followed. If the complainant is a CIC, a referral should be made to the Advocacy Services for an advocate to work with the child or young person in pursuing his or her complaint. Guidance can be found here: www.fosteringindevon.org.uk/guide/resources/children-and-young-people-making-complaints

Agenda Structure for Strategy Meetings

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

A Strategy Meeting should take place within 72 hours of the receipt of the allegation and can follow this proposed agenda:

- Reason for meeting
- Clarification of the status of the carers and all the children involved and which agencies or Local Authorities have responsibility for them and whether all relevant agencies have been alerted.
- Background information on carers; any previous allegations / outcomes etc
- Background information on child / young person
- Consideration of other children in the carers' home; other looked after children / foster carer's or prospective adopters own children (if appropriate). Will depend on nature of allegation etc
- Consideration of carer's environment if they work with children, this will depend on the nature of the allegation
- Decide most appropriate way forward; Section 47 investigation / to be dealt with internally by the Fostering Team / Children's Team
- Agree what the parent(s) of the child / young person should be told, by whom, by when
- Agree whether the child (or any other children in the home) should be removed pending the outcome of the investigation (refer to Risk Assessment_carried out by fostering and Children's team staff)

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

If the outcome of the strategy meeting is a Section 47 investigation, the Chair of the Strategy Meeting will:

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

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

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

Reconvened Strategy Meeting

As a general principle, any planned reconvened Strategy Meeting should go ahead, even if all the action points of the original plan have not been completed. The meeting should

provide an update of how the investigation is progressing. It should again agree what information should be shared with the foster carer(s)/prospective adopters in terms of an update, and who will communicate this to them.

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

Final Strategy Meeting

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

Following an investigation there are four probable outcomes:

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

The first two of these outcomes are definite, and the feedback to the foster carers will be able to reflect a clear decision. In the case of an unsubstantiated allegation which does not warrant police action, but nevertheless identifies some practice issues for the carer, the final Strategy Meeting could:

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

The Chair of the meeting will also agree with Strategy Group members the wording to record the episode both on the carer(s) file and, if necessary, in conjunction with the investigating police officer agree the record which will be forwarded to the Criminal Records Bureau.

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

Outcomes Meeting

Following each allegation investigation, an Outcomes Meeting will be convened (within 15 days of the final strategy meeting). This meeting will include the foster carers or prospective adopters who were subject to the allegation and will advise all participants of the outcome of the investigation and any action arising from it. Carers/prospective

adopters will be made aware that a report of the investigation and its findings will be prepared for the respective Fostering or Adoption Panel, which they will be able to read in advance of the panel.

Foster or Adoption Panel report and function

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

- Background information on foster carers/prospective adopter; any previous allegations / outcomes etc (including the original Form F or Prospective Adopters Report)
- Background information on child / young person
- Report of consideration made in relation to other children in the foster carer/ prospective adopters home; other looked after children / foster carer /prospective adopters' own children (if appropriate). Will depend on nature of allegation etc
- Report of consideration of foster carer / prospective adopter's employment environment (if they work with children) - again this will depend on the nature of the allegation
- Record of decisions regarding the most appropriate way forward; e.g. Section 47
- Record of agreement made concerning what the parent(s) of the child / young person were told, by whom, by when
- Record of agreement as to whether the child (or any other children in the home) should be removed pending the outcome of the investigation
- Record of any additional action taken during or following the investigation
- Recommendations regarding future placements/registration for prospective adopter/foster carer
- Any other relevant information to assist the panel.

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

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

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

Any appeal made subsequently to a panel decision will follow the regular appeals processes laid out for the respective Fostering and Adoption Panels including the possibility of an application to the Independent Review Mechanism.

Support for Foster Carers and Prospective Adopters Facing Allegations

National Minimum Standard 22.12 requires fostering agencies to provide independent support to carers during an allegation. Fostering Devon carers can access support and information through several routes, which workers should actively promote and signpost, namely:

- Fostering Supervising Social Worker
- Independent Support Worker (via Foster Talk organisation, Fostering Independent Support Services FISS) www.fostertalk.org/face-face-support/face-face-support
- Foster Care Handbook
- Fosterline 0800 040 7675 Confidential advice line commissioned by the DfES and operated by the Fostering Network, Mondays to Fridays 9am – 5pm (except Bank Holidays), text phone 0800 0407675 and email fosterline@fostering.net
- Fostering Network Advice Service 0800 040 7675
- Peer Guide Foster Carers

Independent Support Workers are employed on a sessional basis by the Local Authority to offer impartial support and guidance to carers facing allegation investigations. The Independent Support Workers are not part of the fostering service. To access an Independent Support Worker, contact the Fostering Team Manager.

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

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

Insurance for carers who require legal advice

The local authority provides legal advice and legal fees insurance as part of the FosterTalk membership. If carers wish to appoint their own solicitor, they can access a list of accredited members of The Law Society's Children Panel through the Yellow Pages.

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

Where carers are subject to an allegation and a child or children placed with them are removed as a result, the carer will continue to receive the agreed fostering allowance for a period of up to eight weeks. Should an investigation still be on-going after the eight-week period, the situation will be referred to the Head of Service for Child and Adult Protection for agreement to continue the payment. This is intended to ensure that carers do not suffer undue financial hardship because of an allegation having been made against them.

Process for Securing Independent Support for Foster Carers

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

Process Flowchart– Managing Allegations Against Foster Carers and prospective adopters. You can find this policy at:

www.fosteringindevon.org.uk/guide/resources/allegations/

Children Missing from Foster Placements

Fostering Devon and foster carers must take appropriate action to find children who are missing, including working alongside the police where appropriate. (standard 5.5)

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

<https://new.devon.gov.uk/educationandfamilies/young-people/children-in-care/looked-after-children-who-go-missing>

Foster carers should familiarise themselves with this policy so they know exactly what to do if a child or young person in their care goes missing. At the time of placement, where young people are known, Social Workers will make a decision about the likelihood of them going missing, and the level of risk this would create. Young people will be seen as being at high, medium or low risk - depending on their circumstances. Where young people are not known, carers should have enough information to make a quick judgement as to how serious the risk might be to know how to proceed.

Where a child in care lives within another Local Authority area, Fostering Devon and foster carers are to refer to the local runaway and missing from home and care protocols and procedure applicable to the area where the foster home is located.

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

During normal office hours, foster carers must inform the child's Social Worker and their Supervising Social Worker or, in their absence, the Duty Social Worker. The Social Worker will then inform the child's parents. Out of normal office hours, foster carers must inform the Emergency Duty Service on 0845 6000 388. They will give guidance on appropriate action and may contact the police. When the office reopens, the carer must inform the young person's Social Worker or, in their absence, the Duty Social Worker even if the young person has returned in the meantime.

At the time the young person is reported missing, the carer and the Emergency Duty Service should decide who should inform the parents or other family members. This depends on established relationships and agreed action in the child's Care Plan. When a child goes missing it can be a very worrying time for carers, and it is recognised that they may be involved in considerable disruption throughout the night.

Carers should re-contact whoever they informed to advise them of the young person's return - then record the episode on the child's record sheet and offer the young person the opportunity to discuss what has happened. Where a child goes missing and there is concern for their welfare, or at the request of a child who has been missing, the Child's Social Worker must arrange a meeting to consider the reasons for their going missing. The child's Social Worker must consider with the Children's Team Manager, and the foster carer where appropriate, any concerns arising about the foster carer or the placement and what action should be taken to prevent the child going missing in the future. For those young people who are remanded to the Local Authority, the child's Social Worker must report to the Youth Offending Service the breach of the order.

The foster carer must complete the PO3 incident form ensuring they tick the missing persons box with explanation of details in appropriate comment box.

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

CONCLUSION

We hope that the information contained within this handbook gives you a comprehensive overview of Fostering Devon. We have covered all the main policies and procedures which you will need to access for you to safely care for our children and young people and help them to achieve the best possible outcomes.

Devon County Council values your hard work in what is a challenging but rewarding task. We aim to support carers at all times and if carers have any ideas or contributions as to how we might improve or expand our Fostering Service these would be gratefully received.