

Hampshire Foster Carers Handbook

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Why the children became 'looked after'

The Children's Services Department must offer help to children and young persons in need and to their families, to enable the child to live happily and safely with their own family.

Children sometimes cannot live with their families for a number of reasons. They may require temporary care because their parents or other members of their families are physically or mentally ill. They may have been left alone or neglected or have been abused - physically, emotionally or sexually. Sometimes, parents reach the point where they feel unable to cope with their child or young person.

It is very unusual for a child to be looked after by foster carers without the child's Social Worker first offering support to enable the child to remain at home. If a child cannot live with his or her own parent(s), the Social Worker has a duty, under the Children Act, to explore the possibility of placing the child within the extended family. Sometimes an extended family member or friend will become an approved foster carer in order for them to care for the child. If this is not possible the child will then be placed with foster carers who are approved for general, rather than specific children.

There are two main routes for children coming into public care; children are 'Accommodated' under Section 20 of the Children Act 1989 and are Looked After on the basis of a voluntary agreement between the Local Authority and the person/s with parental responsibility for the child. or are subject to a Court Order such as a Care Order (The Children Act Section 31), an Interim Care order (Section 38), or an Emergency Protection Order (Section 44).

Accommodated

Accommodated children and young people are looked after with the agreement of the parents. This is an arrangement made available for parents in difficulty, seeking the help of the local authority to temporarily accommodate their child and then work together towards a speedy return home.

Accommodated children can be removed from the foster home by their parents and there is no legal restriction of parental rights or responsibilities. If however the removal of the child by his/her parent/s is regarded as being detrimental to the child's welfare, it is possible to apply for a Care Order as described below.

Children Subject to an Order

This applies to children for whom the Local Authority has applied to the Courts and been granted an 'order' to remove the child for their own welfare. Parental rights and responsibilities for this child are shared to varying degrees, depending on the agreement, facilitated by the court, between the Local Authority (and therefore foster carers acting on their behalf) and the parents. Parents or other family members are not able to remove a child from the care of the Local Authority without the Local Authority's consent.

An application can be made to the court to discharge a Care Order, but until this happens, it remains in force until the child becomes an adult, i.e. on his/her 18th birthday.

Family Link Scheme

The Family Link Scheme is a short breaks and respite service for disabled children and young people who are generally living with their own families. It provides care for children up to the age of eighteen, who have a complex physical or learning disability. The theme 'Children First, Disability Second' underpins the Family Link service which has benefits for both the child and their family and is something that they both want to do. It enables the child to have wider social experiences which their disability may make it difficult for them to do without the support of others. It also gives their families a break and allows them to spend time with other children or just have some time to themselves safe in the knowledge that their child's needs are being met. The care is given in the link carer's home and will generally include overnight stays.

Family Link Carers are approved by the Fostering Panel in the same way as Foster Carers, and their approval is reviewed annually.

The Family Link Carer is supported by the Family Link Co-ordinator who works within the Family Placement Team. The Family Link Carer will receive support, supervision and annual reviews from the Family Link Co-ordinator.

Detailed List of all Involved, their Roles and Responsibilities

There can be a lot of different people/groups who become involved when a child is placed in care. Of these the Child Social Worker, the Family Placement Social Worker, the Foster Carer/s, and the child's family (usually the birth parent/s) have a prime responsibility for the welfare of the child. These four groups form a core team who must work together closely.

Social Worker (SW)

Every child in foster care must have a Social Worker who has prime responsibility for the welfare and supervision of the child. The main tasks are:-

- To maintain links for the child with his/her birth family, by arranging visits etc. in the foster home, own home or a family centre as appropriate.
- To help and support birth parents.
- In some cases to trace birth parents.
- To obtain information for the carers and to make sure all appropriate written forms are completed.
- To undertake or co-ordinate the direct work with the child, including life-story work.
- To co-ordinate and participate in planning for the child, including the preparation of young people for when they leave care.
- To work with the foster carer to help the child to prepare to move on and adjust to moves.
- To be responsible for promoting the educational, health and developmental needs of the child. This will usually be done in close liaison with the foster carer(s).

Social Workers may belong to one of a number of different teams such as the Children in Care Team, Children in Need Team, Referral and Assessment Team (R&A), the Leaving Care team. The basic duties are the same. The Children's Services Department is currently in a process of restructuring, Social Worker's roles and team names may change and updates will be sent in the Foster Carers Comms.

Family Placement Social Worker (FPSW), including the Family Link Coordinator (FLC)

The FPSW/ FLC has prime responsibility within the Children's Services Department for the foster carer/link carer and their family. The main tasks are:

- To recruit carers.
- To prepare and assess prospective carers with a recommendation to the Family Placement Panel.
- To train or help to arrange training for prospective carers.
- To advise Social Workers on which foster homes/links are available for which kind of child, depending on age, background, numbers of children in family etc.
- To support carers on matters relating to their fostering.
- To arrange and hold regular supervision meetings with carers. To look at how their expectations or needs have changed and to update any change in their family situation and how this might alter their roles as carers and to present these reviews to the Family Placement Panel for registration.
- To help careers develop professionally.
- To participate in planning for the child.
- To help carers when they are preparing a child for a move and to help the carer adjust after the child leaves.
- To ensure that all necessary equipment (prams, beds etc.) are supplied to the carer.

Family Placement Team Manager

The team manager is responsible for the work of the FPSW's, FLC's, Children's Services Assistants (CSA's) and the Foster Care Support Workers (FCSW's) in their team. You can approach the Team Manager if there are any issues you cannot resolve with your FPSW/FLC. You will have contact details of this person.

Foster Carer Support Worker (FCSW)

There are FCSW's in each Family Placement Team. They are foster carers themselves and so offer peer support which can be particularly useful as they will have had experience of at least some of the situations other foster carers are dealing with. They work flexibly and can offer support at weekends and in the evening. They also run regular support groups for carers, organise social activities/events and assist with supporting carers to attend training. You can be linked to a specific FCSW for additional support alongside the support you receive from your FPSW.

Foster Carer/Family Link Carer

The foster carer or family link carer is responsible for the day to day care of the child. As part of the team, the carer will ensure that the child's physical and emotional needs are met, that they attend the appropriate school, college or playgroup, and that their health needs are met. The degree of responsibility will vary according to the length of time the child is placed with the carer and the age of the child, as well as the amount of experience of the carer and the degree to which the parent is involved in the child's life.

Fostering/Family Link is regulated by the Children Act 1989, and by the Fostering Service Regulations/a National Minimum Standard (Fostering Service) 2002, which make requirements on both the Local Authority and individual foster carers (for more information see appendix 4.1). These requirements are covered in the agreements that have to be signed at the time of approval (the Foster Care Agreement) and at the beginning of each placement of the child with you (the Placement Agreement 1&2).

Listed below are some of the many roles and responsibilities of a carer. Some of these can be found in the Placement Plan for the child, and others in the Foster Care Agreement.

- To care for the child as a member of the one's own family and promote his/her welfare
- To keep to all the terms of the Foster Care Agreement
- To work with all those involved in the child's life and to carry out the child's care plan
- To attend all meetings concerning the child, as appropriate
- To comply with all Hampshire Children's Services policies and procedures concerning care of the child, for example, the 'No Smacking' Policy
- To keep records about the child, as appropriate and as requested by the child's Social Worker
and to ensure all records and information about the child are stored in a safe, secure place
- To observe all standards of confidentiality concerning any information given or held about the child and his/her family
- To promote and support contact with birth family for the child, as agreed in the child's care plan
- At all times care for the child with knowledge of, and respect for, that child's racial, cultural, religious and family origins, sexual orientation and disability and ensure that the child's needs are met in connection with all of these
- To work with the Family Placement Team; to meet for regular supervision meetings and Annual Household Review and to undertake training, when appropriate, in order to develop skills and knowledge

- To contribute to the child's 'Life Story' work, when appropriate
- To act if necessary as an Appropriate Adult when a child or young person under 17yrs is being questioned by the Police

The agreement made between the foster carer/link carer, the birth parents and the Children's Services department at the start of each placement (the Placement Agreement Parts 1 & 2) sets out the specific requirements that relate to each child. It is expected that the carer, the parents, the child's Social Worker and the Family Placement Social Worker/Family Link Coordinator will keep to this agreement.

It is expected that the child will remain in placement for the period agreed at the start of the placement. If plans regarding the future of the foster child change, it is expected that the carer will agree to keep the child until another suitable foster placement has been found.

If there are difficulties with the placement that cannot be resolved and it is felt by all concerned that it is in the interests of the child to move, it is expected that the foster carer will give the Department reasonable notice to find an alternative placement. If the Department decides that the continuation of the placement would be detrimental to the child, the carer is required to allow the Department to remove the child. (see also Section 2 - Disruption)

To ensure that everyone is involved in the planning and decision-making relating to a child, various meetings such as case conferences and planning meetings are held as well as the regular statutory review meetings. The carer is usually invited to attend these meetings.

Information and training events, together with carer support groups, are organised to ensure that carers are equipped to undertake the fostering task. The Department will reimburse any out-of-pocket expenses incurred, such as child-care expenses and travel. See Appendix 4

Carers will frequently have access to confidential information about a child and his/her family. This must be kept confidential and any written material should be kept secure. Any information should be returned to the child's Social Worker when the child leaves the placement. All such records are the property of the Children's Services department and are subject to the Data Protection Act 1998.

It is an expectation that carers will keep written records about the placement. These are useful for case conferences, planning meetings and/or court cases. They are also useful should allegations be made against the carer. It is essential to record any significant incident, the date, time, and what action was taken. Separate notes need to be made for each child so they can be placed on a

child's file. A specific form will be provided to record any medication given. As above if written records are kept they must be stored securely and given to the child's Social Worker when the child leaves the placement. If unsure about what to record please consult your Family Placement Social Worker/Family Link Coordinator. Training is also available on this subject.

Very occasionally carers are asked to attend court. They may be asked to make a statement about the condition of the child when first placed with them or the reactions to the parents at/or following contact or because of disclosures made by the child. If a carer is required to make a statement at Court they will be fully supported in the process by their Family Placement Social Worker and will receive support and advice from the local authority's legal department. By law the Local Authority has a duty to maintain contact between a child in foster care and his/her family and other significant people in his/her life, except where to do so is detrimental to the well-being of the child. A carer must do everything they can to ensure this contact is maintained, in accordance with the child's care plan.

It is a requirement that the carer and their family will respect the child's class, race, cultural origins, religion, sexual orientation, disability and any additional needs the child might have. All carers are expected to actively promote respect for different classes, races, cultures and religions.

It is required that carers will keep regular and appropriate contact with the child's school, and co-operate fully with any other agencies, such as hospitals or psychological services, with whom the foster child is involved, including registration with a GP and dentist where applicable.

No carer should smack or administer any corporal punishment to a foster child. This is a difficult issue, which is discussed further later on.

The Children's Services department must be notified of any changes in the circumstances of the fostering household, or any other change or event which may affect the placement of the child. For example, lodgers, adult children or other relatives moving in or out of the home, proposed house moves and any breakdown in relationships.

The carer must notify the Department of any serious illness or other serious occurrence affecting the child.

Carers should contribute to a child's life-story by recording any information they have about the child, his family contacts and his/her development and significant events in his/her life whilst in the foster home. Children In Care can lack information about their roots and their lives. Life Story work seeks to make sure a child has what he/she needs in order to develop a positive sense of self and identity (see also Section 2.3.9). This work is especially important when a child is not likely to return home.

Carers who have concerns regarding any aspect of the Care Plan for an individual child should seek to resolve this by discussion with the child's Social Worker, the Family Placement Social Worker or Team Manager's if necessary. If unresolved, carers may contact a senior manager within the Children's Services Department, including the Director of Children's Services.

Carers have a right to express such concerns and for them to be heard and responded to. It is not, however, permissible for carers to express concerns and provide details of an individual child's circumstances to any individual or agency, including the media, outside of the Authority, its Officers and Members.

All carers are subject to an annual Household Review which allows the carers, their family and the Children's Services department to review the year's experience of fostering, identify training and development needs and discuss any changes in circumstances. This review ultimately determines whether registration should continue and whether there should be any changes in skills level and/or the terms of approval.

Child's Birth Parents and Family

Parents and those with parental responsibility as well as extended family members will have a part to play in ensuring the child's day to day needs are met as well as contributing to plans for the child's future care. This may be by providing information, or by keeping in contact, by phone, letter, or in person. A child's care plan will be made with the agreement of all parties who are significant in the care of the child and the care plan will set out the duties and responsibilities of all concerned, including the contact arrangements for the child and his/her family.

Support Workers

Support workers may be a worker from one of the child care teams, or a seasonal worker employed by Children's Services. Their tasks may involve individual work with the child or young person or to support them in doing Life Story work, or supervising contact between a child and their birth family.

Permanence Team

If at the 4-monthly statutory review it is clear that a child will not be able to return to his/her birth parents and therefore needs to be looked after permanently away from home, then the case is transferred from the Family Support Team to the Permanence team.

The Permanence Team Social Worker works alongside the child's (Family Support) Social Worker initially, to get to know the child. Their task is to take the child's permanence plan

forward and to make sure there are no unavoidable delays in moving the child on to permanent carers.

There are a number of routes to secure a child's placement within their family or friends network. This can be a Kinship Care arrangement, Friends and Family foster placement or a legal order such as a Residence or Special Guardianship Order. See Appendix 4.1 for more information.

If a child is to be adopted the child's permanence worker will seek to link the child with potential adopters and take the child's plan and linking to Adoption Panel. It is for the Panel to decide on the appropriateness of the plan and linking and if approved it will ultimately lead to the adopters seeking a placement order from the court.

Other options particularly for a child over 10 years of age include long term fostering or an application by their Foster Carers for a Residence or Special Guardianship Order if appropriate. See Appendix 4.1.

Adoption Team

The Social Workers in the Adoption Team recruit, train, assess and support potential adopters.

They take the applicants assessment to Adoption Panel who recommend/do not recommend their approval as adopters. The recommendation includes age range, gender and number of children for whom the adopters will be approved. Once approved, all the information about the adopters is retained on a register.

When seeking to link a child with potential adopters, Social Workers then consult the register, to endeavour to find adopters for the child who will best meet his/her needs. Once adopters have adopted a child, there is a post-adoption service in the County to offer them support.

Children's Guardians

A Children's Guardian is a worker who has independence from Children's Services and who is appointed by the Court when Children's Services is seeking an order in respect of a child, to make sure that the interests and needs of the child are always put first. The Guardian makes reports to the Court about what s/he considers is the best plan for the child.

Schools and Education Staff

There are a number of different professionals involved the education of Children In Care. Every school must appoint a 'designated teacher' whose responsibility it is to support the well being and progress of any child in the school who is a 'Looked After' child.

The Children's Services Department also employs 'Education Support Service' workers, who are teachers, to liaise with schools, Children In Care and their carers and Social Workers to make sure, for example, a child can access the education s/he needs. The team can be contacted on 01962 845232.

The education support service workers also work with staff in the 'Behaviour Support teams'. These are multi-agency teams, comprising teachers, Social Workers, and educational psychologists. Part of their role is to make sure a child achieves their potential and is settled in school and they often work with children who are at risk of exclusion.

Education Welfare Officers are employed by the Education Department: their primary job is to assist children and their families where there are attendance problems.

A school can also refer a child to an Educational Psychologist for assessment if there is concern that a child is experiencing severe and complex obstacles to learning.

Child Health

There are many health professionals who may be involved in the life of a child in care. These might include GPs, health visitors, school nurses, occupational therapists, child psychologists and other therapists.

A psychiatrist is a qualified doctor who has specialised in mental health and the diagnosis and treatment of mental illnesses. A psychologist is not a qualified doctor but s/he has had training in how the mind works and human behaviour and development. A psychologist can treat people using a range of therapies.

Community therapists may be Social Workers, or nurses by training, but they also have special expertise in working with children and young people and they have a specific role within Children's Services to work therapeutically with Children In Care. If you consider a child you are caring for needs this therapeutic service, discuss referral with your Family Placement Social Worker.

Nurses for Children In Care (CIC Nurses) are qualified nurses with additional training and experience in child health and backgrounds in School Nursing or Health Visiting. They are based in areas across Hants and whilst working in slightly different ways their common objective is to promote the health and wellbeing of Children In Care and care leavers and to support carers and young people to access health services where required. They facilitate and carry out Review Health Assessments and prepare individual health care recommendations for the children they

see. They are available to young people, carers and other professionals for health advice and support.

The child's care plan will include what actions need to be taken to meet the child's health needs: these may include referral to a specialist service for example, occupational therapy or Child and Adolescent Mental Health Services (CAMHS). The child's Social Worker will give foster carers information about any specialist services needed for the child.

Solicitors

The Children's Services Department have their own solicitors, who are based in the County Council's Chief Executive's Department. These solicitors give advice and guidance in all legal matters pertaining to child care and represent the Children's Services Department in court proceedings concerning children

In care proceedings a child will also have the representation of their own solicitor, who works with the child's Guardian. The role of both is to represent the views of the child and to ensure that the child's best interests are at all times treated as paramount.

Carers who require legal advice on fostering related matters can contact Hampshire Fostering Network (HFN) in the first instance.

The Police

The Child Protection procedures within Children's Services and the Police ensure both services consult with each other and plan together in situations where a child may be at risk and action may need to be taken to protect the child.

There is a representative from the Police who attends Child Protection Conferences in order to contribute to the decision as to whether the child's name is put on the Child Protection Register.

The Out Of Hours Service

The Out Of Hours service deals with all emergency Children's Services referrals out of working hours. These Social Workers will not know all the details relating to your foster child, but nevertheless have authority to deal with an emergency.

County Fostering Team

The role of the County Team is to recruit, prepare, assess and train prospective carers and also to provide an on-going training programme for carers once they are approved. The assessing Family Placement Social Worker from the County Team will take the prospective carers

through to Family Placement Panel for approval. Once approved, the carers will be supervised and supported by a Family Placement Social Worker from their District Team.

The team comprises a Team Manager, a Senior Practitioner, Social Workers, Social Services Assistants, a Marketing and Communications Officer and Foster Care Support Workers.

The team also participates in various media events, to promote and inform the general public about fostering in Hampshire and to aid recruitment. They work closely with all social work teams to identify the needs of the children the Department is working with, and who need to live away from home. This enables them to recruit carers who can meet those children's needs.

The team would also look to involve experienced carers in the recruitment drive as their input can be invaluable, please let your FPSW know if you would like to become involved.

The Care Action Team (CAT)

The Children's Services Department supports a group of young people who are recruited to represent the views and interests of children and young people in care. These young people are (or were) Children in care and know how it feels to have to live away from home. They work on projects to do with children and young people in care and also provide a consultation and advisory service to the Department. They can also offer a support service to any young person in care.

Any Children In Care (CIC) can become members and there is now a Care Council for all young people who want to become more active by being part of a democratic/lobby group who will regularly meet with County Councillors and Senior Managers to be able to put forward the views of Cal's and inform decision makers. Carers are welcome to come along to these meetings to assist the child/ren they are looking after and can also be involved in the proposed mini CAT groups to be set up around the county.

For more information please contact Morag Currie on 01962 845310 or e-mail morag.currie@hants.gov.uk.

Types of Placement

When the carer's assessment is taken to Family Placement Panel for approval, it will state the type of placements the carers are able to offer - i.e. emergency placement, respite/link placement, short-term or long-term placement. This will also include the number, ages and gender of prospective children the carers can care for. The terms of the carers' approval will detail the type of care, numbers, ages and gender of the children for whom approval has been given. The terms of this approval will be reviewed with the foster carers annually by means of the Household Review. A request can be made to Family Placement Panel for approval for any changes to be made either following the Review or throughout the year in consultation with your FPSW.

Carers need to be aware that they may be approached to consider placements outside of their current approval range. In these cases an exemption will be requested by their FPSW. A child's care plan may also change in time and so what was asked from a carer at the outset may change over time.

Emergency Placements

Response to a crisis - a parent may be ill or a child injured or left alone and a placement is needed immediately until further enquiries are made and a more definite plan is formulated. There may be very little information available when a child/young person is placed in an emergency, but carers should be kept informed as details become available.

Emergencies can happen at any time but if they occur outside of normal office hours then this is managed through the departments Out of Hours Service who have a list of carers who have agreed to be available during these times and are remunerated separately for this. However for this service to work effectively, these placements are strictly time limited. For more information about this service please discuss with you FPSW.

Short Term Placements

Often follow on from an initial emergency situation. They are usually needed to allow the child's Social Worker to more fully assess the family situation and make plans about the future. This is often the case where there is concern regarding abuse, neglect or parenting ability which may lead to Care Proceedings. Sometimes, a child/young person needs foster care for a very short time to help a family through a particular crisis, which can be clearly planned. Please note that short term placements can be anything from a few weeks to 2 years.

Shared Care/Respite Care Placements

Sometimes it is in a child's best interests to have shared care, that is, for example if he or she can be placed with a foster carer during the week and with birth family at the weekends, or vice versa.

Such an arrangement can be helpful as a child is in the process of returning home, or to give families a 'break' where full-time foster care is not justified.

Foster carers can also offer respite to other carers who may need a break.

Family Link Placements

Children are referred to the Family Link Team through their Social Worker for the Disabled Children's Team. Once a referral has been received the Family Link Coordinators will identify a carer. Suitable families are not always available immediately, however, once a child has been matched with a link carer it is expected that the link will be ongoing, often for several years.

Long Term Foster Placements

For some children, working with their birth parent/s to enable their child to return home may not prove successful. In these circumstances, the child's Social Worker and all concerned with the child's care will make a 'permanence plan' for the child, agreeing that the child needs to be cared for away from home until adulthood. The permanence plan may decide adoption, other legal orders or long term fostering. In all cases the Social Worker must consider whether a child can be placed with friends or extended family.

If the child's plan is for long-term foster care, preparations will then take place to move him/her on to a carers who can offer that long-term care. Foster carers whose approval from Family Placement Panel is as long-term foster carers, will be identified as potential long-term carers for the child and an assessment will be carried out to ensure the carers can meet the needs of that specific child. The Family Placement Panel will then agree the linking of the child to the long-term carers.

It is possible that, when a child's care plan changes from being short-term to long-term foster care, that child's existing short-term carers may request to become that child's permanent, long-term carers. In these circumstances, the same linking assessments will be carried out and taken to Family Placement Panel, to ensure that this is the best way of meeting that child's needs.

THE PROCESS

When a child is placed and during placement a number of meetings and documents have to be completed which are as follows:

Core Assessment

The Department has a duty to ensure that every child has a Core Assessment within 28 days of being referred. The Core Assessment is completed by the child's Social Worker. It describes the child's needs and will guide planning to meet those needs which may identify a need for a foster placement.

Care Plan

Every Child In Care must have a Care Plan. This should be completed at a Care Planning meeting which should be held either before the placement or within 72 hours of placement. The planning meeting should discuss the needs of the child and the aims of the placement.

A Care is important in helping identifying the right placement and ensures that there are clearly stated objectives for each child/young person looked after and a strategy for achieving these objectives. A Care plan can only be changed within a care planning meeting when significant changes are agreed and the care plan document itself must be amended.

Essential Information Record, Part 1

To be completed before any child/young person can be left in a placement.

Essential Information Record, Part 2

Where ever possible to be completed before a young child/young person is left in a placement, but in the case of an emergency placement it must be completed as soon as possible.

The essential information record holds all the important personal information about a child. It is a rolling computerised record that is amended and added to as a child's circumstances change and will gradually build up as summary of key information about a child's/young person's experience of being in care.

Part 1, contains information needed immediately by carers looking after the a child/young person. Part 2, asks for more comprehensive information about a child's legal status, placement history etc. Both forms can be found at the back of this file.

Placement Plan, Part 1

To be completed before any child/young person is placed.

Placement Plan, Part 2

Where ever possible to be completed before a young child/young person is placed, but in the case of an emergency placement it must be completed within 14 days of the placement.

Review of Arrangements

A Statutory Review must be completed within 4 weeks of being looked after, then within 3 months of the first review, and subsequently at intervals of no more than 6 months.

Reviews will be chaired by an independent reviewing officer from the Independent Reviewing Officers' Team. The people at the review usually will be the child or young person, the foster carer/s, the birth parent/s, the child's Social Worker and any other person who may be particularly significant to the child and who all agree should attend.

Before each review the carer/s, the birth parent/s, and the child are each asked to complete a Consultation Document. Children, depending on age, are invited and encouraged to attend reviews which are normally held in the foster home unless there are good reasons not to or if the child wishes it.

Children should be prepared for their reviews so that they understand the nature and purpose and are not intimidated by the process. Usually the carer and Social Worker can do this between them.

Assessment and Action Record

To be completed in cases where a child is likely to be looked after long term. Assessment and Action records are triggered by the second review (4 months) for children under 5, and the third review (7 months) for over 5's. For children under the age of 5 years, an Action and Assessment record should be completed every 6 months, for those over 5 years it should be completed annually. Often carers are asked to complete the appropriate sections with the child/young person.

Beginning a Placement

Initial Information

The carer's first knowledge of a potential new placement will usually be a telephone call from the Family Placement Duty Officer or their Family Link Co-ordinator. At this stage the carer will be given as much information about the child as possible. This will enable the carer to make an informed decision about agreeing to take the placement. In the case of emergency placements, the information available may be minimal at the time of placement and will be added to later.

The information you will need to know is the child/ren's full name, date of birth, contact arrangements with family, the child/ren's routines, any known likes or dislikes, particular behaviour problems and relationships with other children and any special needs including diet and medication. A risk assessment should also be available on all children needing a placement. You should be advised which school s/he attends as you will be requested to transport to and from school if you are able to. All children are encouraged to maintain their schooling where possible. If you are unable to transport the child to school, please discuss this.

If any of the above points are not covered, ask.

2.1.2 Initial Preparations

You should ensure - in consultation with the child/ren's Social Worker and your Family Placement Social Worker/Family Link Co-ordinator - that you have the appropriate equipment, such as car seats, baby milk, cots, nappies or similar. One of these Social Workers will normally arrange for equipment needed, either from existing resources, or by authorising purchase of a new item. Only buy something yourself if you have the Family Placement Team Manager's authorisation to do so, otherwise reimbursement cannot be guaranteed.

Most children who are looked after, arrive in their placement with a selection of clothing and other personal items which they have brought from home. Depending on how long a child is staying, a carer will gradually replace or add to the child or young person's clothing supply, using the weekly allowance. Where the child has been placed in an emergency, the social worker should endeavour to collect items from the child's home within the next working day, so that the child has their own familiar belongings with them.

For guidance it is suggested that within the first 24 hours of placement a child should have the following basic clothing and consideration needs to be given to school uniform:

5 sets of underwear

Nightwear

2 T-shirts or equivalent

- I warm top
- I coat/jacket (as required by the season)
- I pair shoes/trainers
- I pair trousers/jeans/skirt
- Toothbrush/flannel/other toiletries as appropriate

In general it is expected that the normal weekly allowance is used to buy consumables (baby milk, nappies etc.) however, if the initial outlay for any item is likely to be significant then please discuss with your FPSW.

Remember to always keep the receipts of any purchase should you wish to seek reimbursement. The child's accommodation should be appropriate for the age and needs of the child. Wherever possible this should all be sorted before the child arrives – a welcoming bedroom is a much better introduction than a makeshift bed jammed in the corner of a room. This may not be possible with emergency placements, but then the necessary improvements should be made as soon as possible after the child's arrival.

The older child will no doubt want to 'personalise' his/her bedroom, so in this case it may be better to provide a welcoming room with scope for modification.

Initial Meeting (Planned Placements)

If the child/ren does not come to you as an emergency and the move to your care has been planned then it is likely that the child/ren will have one or more introductory visits to you, your home and family. S/he may even stay overnight. This should enable all of you to get to know each other a little bit and the experience of coming to stay with you should be less overwhelming. This is a time when a carer can ask about likes/dislikes, routine etc. and consult with the current carer.

For Family Link Carers introductions to the carers home will especially take place gradually to accommodate the needs of the child, the parents and the carer. A gradual build up will ensure the smooth transition between home and family link care and lead on to overnight stays where appropriate. There will be a series of planned meetings during the introductory process usually involving meeting at the carers home.

The Child's Arrival

Apart from with Family Link when it is more likely to be the parents of the child that accompany he/she, a child would usually be brought to a carers home by the child/ren's Social Worker but this could well be another member of their team, especially in an emergency.

We all feel nervous when meeting strangers, and children in the happiest circumstances are wary of adults they do not know, so for the child/young person who is under stress, meeting new carers may be overwhelming. The material conditions of a new home may be very different from their own routines.

Way of life and 'house rules' will also be different.

Remember that there is a lot for everyone to take in and that takes time. You and your family have to get to know the child/young person and his/her family and they have to get to know you too.

Making a family book about your family, that can be shown to the child and shared with him/her, can be very useful during an introductory period.

As a guideline, make sure that their eating and sleeping routines are not immediately and dramatically changed, and make sure that they are given some personal space from the outset - somewhere they can call their own. Note that, although their own bedroom may on the face of it provide this personal space, some children will feel too isolated here, and will seek somewhere a little closer to the rest of the family.

Reasonable storage should be provided for space for the child's possessions. You may find it useful to make a discreet note of all the significant personal belongings so that the child/ren do/es not lose any precious belongings and can take them when moving on.

For Family Link Carers it is hoped that the introductory period will help the child and his/her parents get to know the carer and their family and any anxiety hopefully reduced.

Most of the information needed to help settle a child should be provided by the parents and it is also usual for parents and link carers to swap contact details so that if the child becomes distressed in any way the parents can be easily contacted.

Carers are also advised to follow similar eating and sleeping routines to those at home from the outset so that the transition to and from is easier for all concerned.

What should the child call you?

Most children you care for will have parents. It is very rare for a child not to have known a mum or a dad or both. It is important to encourage a child to call you by your first name and discourage the use of mummy and daddy.

The Child's Birth Family

Every child needs to be able to keep in contact with his/her birth family if appropriate; it is their right and our duty to ensure that this is accomplished. It is part of the fostering task to promote this. Please refer to the contact guidance.

You will be advised of the initial contact arrangements by the child's Social Worker however, these may change subsequently as circumstances dictate.

Education

Where possible the child should remain at their current school where this is some distance from the placement the Department will meet the travel costs. This should be agreed when the child is placed by the SW/Team Manager. If it is not in the child/ren's interest, to remain in their school then you will be asked to work with the child's Social Worker in arranging for the child to move to a more local school.

Where a change of school is involved, then usually the child/ren's Social Worker will approach the head teacher about the child/ren's admission, having also discussed this with the foster carers. There is usually no difficulty about a foster child starting school immediately. Formal notification of care status and change of address is given by the Children's Services Department to the Education Department.

Health

You should receive basic essential information prior to and at the point of placement, identifying any health issues and the name of the child's current doctor, dentist and optician if they have one. You should also be given a medical consent card for emergency treatment.

An initial health assessment with a GP (usually the child's) should take place within 14 days of the placement. You may be asked by the child/ren's SW to make the necessary appointment.

Smoking Policy and Procedure

Introduction

This guidance is an abbreviated version of the Smoking policy and procedure 45/09 and relates to ALL looked after children placed with Hampshire county foster (stranger) carers, family link carers, family and friends foster carers or independent agency foster carers. It also applies to prospective foster carers.

The purpose is to provide clear guidance to foster carers about the department's policy to reduce children's exposure to passive smoking within our foster homes and to discourage young people from taking up smoking as well as providing information about the detrimental impact on a child's health.

Policy

The local authority has a **duty to safeguard and promote the welfare** of all children looked after by the local authority and needs to be proactive in this. This includes emotional as well as physical health. The department must balance risks from smoking with the best possible match for a child looking at all relevant factors.

Research clearly demonstrates that passive smoking can be harmful to children's health; particularly the risk of developing respiratory problems and that by living in smoking households children are more likely to become smokers themselves.

HCC believes that whilst acknowledging the proven skills and abilities of many carers who smoke children's health must be the primary considerations and therefore a smoking environment should be avoided. **The long term aim therefore is to work towards a position where no child in foster care will live in a smoking household.** The carer's rights to smoke in their home must be balanced against the rights of children placed to remain healthy.

Hampshire County Council has adopted the position of the British Association for Adoption and Fostering (BAAF) in stating that it will not approve applicants who smoke to foster children under the age of 5 (i.e. children aged 0-4 years), or place children under the age of 5 (i.e. children aged 0-4 years) with foster carers who smoke, unless those children are known to them. This policy applies regardless of whether it is the foster carer or any other member of their household who smoke.

In addition **no child of any age regarded as high risk** in respect of the effects of exposure to second hand smoke will be placed in a smoking household, unless those children are known to the carers.

Children regarded as high risk are those with:

- **Chronic respiratory problems**
- **Heart disease**
- **Glue Ear**
- **Physical or learning disability which limits mobility or requiring high level of supervision**

This will mean that in most cases it will be inappropriate to place a disabled child in a smoking household.

All foster carer's are required to give details of members of their household who smoke, complete a risk assessment and enter into an agreement with Hampshire County Council not to expose the children in their care to smoke, including the smoke of visitors to their household.

Where children are considered for placement in a smoking household a risk assessment will be completed and the reasons for viewing that the placement will meet the needs of the child recorded in the placement agreement with actions to reduce the health risk. A placement of this nature will generally be where the emotional care and stability offered outweigh the risks of a smoking household.

Children from non smoking households should not, wherever possible, be placed with carers who smoke. The views of birth parents and children/young people should be taken into consideration when placing a child in a smoking household.

No child will be removed from a placement where a carer or member of their household smokes before a full assessment of risk has been carried out and it is evidenced that this action is in the child's best interests.

Formal Supervision sessions between carers and their supervising Family Placement worker will cover the issue of smoking, as will Household Reviews of foster carers.

Hampshire County Council will actively promote smoking cessation with all of its foster carers and children who smoke.

Definitions

A smoking household is one where any member of that household is a smoker, or has been a **smoker in the last 12 months**. This does not include visitors to the household.

A smoker is anyone who smokes regardless of how many, or how often, either within or outside the home.

A non smoker is a person who has not smoked for a continuous period of 12 months.

A child in care placed with foster carers is not regarded as a member of the household unless it is defined as a long term placement.

Roles

It is the responsibility of the family placement worker to address the issues of smoking, including completing paperwork with you through supervision and reviews and they will actively promote smoking cessation. For all prospective foster carers this will include in the recruitment and assessment process.

It is the responsibility of the Fostering Panel and Fostering Agency Decision Maker to ensure all fostering approvals comply with this smoking policy. Therefore if you attend panel you will no doubt be questioned on this issue.

Foster carers are responsible for ensuring they take action to protect children in their care from the effects of passive smoking.

Background

Local authorities have a specific duty (Children Act 1989 and the Regulations and Standards 2002) to safeguard, promote and improve the wellbeing of children looked after by them which includes taking into account the effects of smoking.

Responsibilities of foster carers include encouraging and supporting each child to achieve optimum health and in exercising the corporate parents' responsibility to provide a home environment which actively encourages and supports a healthy lifestyle.

Other reports highlighted the health neglect, unhealthy life-style and mental health needs that characterise children and young people living in care. Neglect of routine immunisations and screening, lack of appropriate care for known acute/chronic health conditions, and failure to diagnose health and mental health problems are features of child's lives often before and during care in comparison to their peers. There are strong connections to poverty and poor health and these inequalities will have already impacted on many of our children. It is believed that children in care are four times more likely than their peers to smoke, use alcohol and misuse drugs.

Scientific evidence is now clear regarding the negative effects on health of exposure to passive or second-hand smoke. Unlike adults, children have little choice about being in a smoky environment. Outside school, children spend most of their time at home, indoors with their

parents or carers. The younger the child, the more time the child will spend in the same room as their smoking carers. A child breathes both “sidestream” smoke from the burning tip of the cigarette and also the “mainstream” smoke that has been inhaled and exhaled by the smoker. Many potentially toxic gases are present in higher concentration in sidestream smoke which has been estimated at nearly 85 per cent of the smoke in a room. The particles in tobacco smoke include tar, nicotine, benzene and benzopyrene. The gases include carbon monoxide, ammonia, dimethylnitrosamine, formaldehyde and hydrogen cyanide. Some of these have marked irritant properties and many are known to cause cancer. The World Health Organisation (2001) states that second-hand smoke is a real and substantial threat to child health, causing a variety of adverse health effects.

Young children are particularly susceptible to the effects of second-hand smoke because their lungs and airways are small and their immune systems are immature. Children also have higher respiratory rates than adults and consequently breathe in more harmful chemicals, per pound of body weight, than an adult would in the same period. There is consistent scientific evidence to support the association of an increased risk of the following conditions in children brought up in smoking households: sudden unexpected death in infancy; pneumonia and bronchitis in pre-school children; asthma and respiratory infections in school age children; middle ear disease associated with hearing loss. The long-term effects of growing up in a smoking household are not yet fully known but are likely to be significant given the recognised risks to adults exposed to passive smoking. The Department of Health’s Scientific Committee on Tobacco and Health (2004) issued a report that concluded that exposure to second-hand smoke can cause both lung cancer and heart disease in adult non-smokers.

Research concluded that just banning smoking completely inside the house is unlikely to fully protect children from the adverse effects of tobacco smoke. The effects of passive smoking are cumulative and low levels of exposure might still be harmful. Leaving a young or disabled child unsupervised while a carer smokes outside is not a safe solution. Research has also shown that harm reduction measures, such as smoking only in one room or with the windows open, have little or no effect in protecting children from passive smoking.

The World Health Organisation (1999) reported that children living with carers who smoke are nearly three times more likely to be smokers than those whose carers don’t.

The present and future health implications for young smokers are serious. The earlier in life that children start smoking, the greater the risk of developing heart disease and lung cancer in later life as well as other serious illnesses. Children who smoke are more susceptible to coughs, wheeziness and shortness of breath and are less physically fit.

Based on this evidence the British Association for Adoption and Fostering (2007) made their recommendations as above. In June 2007 The Fostering Network issued a policy paper expressing the opinion that all fostering services should be moving towards a position where children and young people in care are only placed in smoke-free homes.

It is clear therefore that the main bodies involved in fostering support this policy and that Hampshire is acting in line with health, government and voluntary agency advice.

Recruitment and assessment of new carers

The Fostering Service will robustly and openly address all issues about smoking in the recruitment and assessment process. Information provided to prospective county foster carers and family link carers must reflect, and clearly state, Hampshire County Council's smoking policy on the assessment and approval of carers, and the placement and linking of children in smoking households.

For applicants who wish to foster 0-4 yrs old or those children in high risk groups then they will need to demonstrate that they have not smoked for a year before they can be approved. Smoking cessation advice will also be given.

As stated the questionnaire, action plan and agreement will need to be completed.

Assessment of Family and Friends Foster Carers (including placement of children made under Regulation 38)

There may be circumstances where the emotional and psychological benefits to a child of being placed with relatives, or friends, with whom the child has pre-existing bonds or attachments, will out-weigh the risks to the child from passive smoking and so may still be assessed to care for a specific child or children of any age, or within one of the high risk groups. This will only be if it is seen as in the best interests of an individual child to be by living with family and friends carers, even where that is a smoking household. The assessing family placement worker and the child's social worker must analyse the risks/benefits to the child of being placed with the carers and must clearly discuss and record in the fostering assessment/risk assessment and the reasons for considering that the placement will meet the needs of the child and harm reduction strategies.

Management of carers

All foster carers, including family and friends and family link carers, must have information on their files regarding:-

- Household's smoking/non smoking status.

- Actions to protect children placed with them from the effects of passive smoking including from visitors
- Signed agreement re: protecting the child from effects of passive smoking.
- Review of questionnaire at supervision
- Any changes to the smoking status of the household.
- Any advice & support given on smoking or cessation.

Information given by carers on the smoking status of their household, including when they became a non smoking household, will be based on trust.

Carer's are responsible for ensuring that they take action to protect children in their care from the effects of passive smoking in relation to other members of the household and visitors to their home who smoke.

- Carers need to advise their social worker if a member of their household, including their children starts to smoke.
- Carer's must not use day carers or babysitters who smoke for children aged 0-4 years, or within the high risk groups identified within this policy. For children outside these high risk groups carers must ensure that babysitters or day carers who do smoke take appropriate action to protect children from the effects of passive smoking.
- Carers who smoke should restrict to well ventilated areas of their home but preferably outside, to ensure that children play, eat and sleep in smoke free rooms. This applies to visitors.
- Carers should not smoke in the confined space of a car or take children anywhere they will be exposed to excessive smoking.
- Carers should not advocate or model smoking and keep cigarettes and lighters secure. Explicitly this includes not buying or giving cigarettes to children.
- Smoking in the bedroom should not be allowed.

Action if someone starts to smoke / ceases to smoke

Where a non smoking household becomes a smoking household your approval may need to be varied. Approvals for children aged 0-4 years will need an updated form F and returned to panel if the carers, or member of their household, are unable to give up smoking. No children aged 0-4 years, or from any of the high risk groups, will be placed with the carers once it is identified that this is a smoking household. De-registration will be inevitable if an older approval range isn't considered but this would be after support to cease smoking.

If there are children already in placement then the family placement social worker must be advised and they will complete a risk assessment. Where the child is aged 0-4 years, or in one of the high risk groups, the risk assessment must be completed by the family placement worker

and child's social worker and must balance the risks between moving the child as weighed against the child's attachments to the carer and record all conclusions and analysis.

Where a smoking household becomes non smoking household carers their approval may be varied to include children aged 0-4 year once the household has been non smoking for 12 months, or immediately if the smoker has left the household.

Placement of children who smoke

Placing young smokers in a fostering household will have implications for any other children in placement including the carer's own children and must be taken into account in the matching process. Young people who smoke should ideally not be placed in fostering households where there are children aged 04 years, or children within the high risk groups, in the household.

There may however be circumstances where the emotional and psychological benefits to the child being placed, and to other children in the carer's household, will out-weigh the risks from passive smoking e.g. sibling placements, mother and baby placements and family and friend placements. This will be decided **Training for carers & smoking cessation**

The preparation to foster and core training programme for all prospective foster carers/foster carers will include advice and information about the health risks of smoking and of passive smoking, especially to children, and advice about stopping smoking for both themselves and the children in their care. Advice on smoking cessation is also available. Information such as www.nhs.uk/gosmokefree and www.quit4life.nhs.uk is also available as well as the looked after children's nurses for the young people.

You should also have knowledge of the law relating to smoking and purchasing cigarettes for the young person in your care.

Alcohol Consumption

Hampshire County Council's policy in relation to the consumption of alcohol by children and young people in foster care

Government guidance on the consumption of alcohol by children and young people, based on scientific and medical evidence, makes it clear that the consumption of alcohol by children and young people is unquestionably detrimental to their health and development, both in the short and long term, and that **an alcohol-free childhood is the healthiest and best option.**

There is also clear evidence that parents and carers can influence young people's alcohol use. Children are less likely to drink, or drink less, when parents and carers have strict rules on young people's drinking, show their disapproval of under age drinking rather than adopt a tolerant attitude, and supervise and manage young people's behaviour.

The health, safety and wellbeing of children and young people are at the heart of policies and practice related to children in care. This includes taking into consideration the effects of alcohol consumption on children who are in foster care, and the important role that carers and social workers have in protecting all aspects of a young person's health.

Children in care are particularly vulnerable to the health risks associated with alcohol consumption. Evidence from studies suggested that the physical and mental health of children in care is often poor in comparison to that of their peers. Evidence also suggests that children in care are four times more likely than their peers to smoke, use alcohol and misuse drugs. In addition children coming into care may have experienced strict discipline, family conflict and a family history of alcoholism which have been associated with an increased risk of higher levels of alcohol consumption by children and young people.

Hampshire County Council's policy is therefore that the consumption of alcohol by children and young people must be actively discouraged, and that **foster carers must not buy or give any alcohol products to children or young people in care. This policy relates to all children and young people in care under 18 years of age.**

Addressing drinking by young people is a shared responsibility led by Government through the National Alcohol Strategy and Youth Alcohol Action Plan. The Hampshire Drug and Alcohol Action Team is a multi-agency partnership responsible locally for addressing the needs of young people and their families where alcohol is an issue. Information, guidance, support and treatment programmes are available for young people and their parents and carers.

For children in care addressing drinking issues is the shared responsibility of everyone involved in the child's life, including the child's family, carer and social worker, health and education professionals, and specialist drug and alcohol services. The young person's Health Assessment should address their health needs, including any needs in relation to drinking and alcohol misuse. Services should be identified that will meet the young person's assessed needs.

Carers should work closely with the child's social worker, children in care nurse and any specialist services working with the young person to address their drinking issues.

Practice Guidance for foster carers in relation to young people and alcohol

- Carers should actively promote, encourage, and emphasise the advantages of, an alcohol free childhood
- Carers should not adopt a permissive/tolerant approach to the consumption of alcohol by children and young people placed in their care
- Carers should talk openly with young people about alcohol and give guidance, or help young people access information and guidance, about the specific harms linked to drinking at a young age, including how risks change with age and the frequency and quantity of alcohol they consume. Carers should help young people make sensible drinking decisions and understand that delaying drinking alcohol until they are aged 18, or at least until they are 15, will reduce health risks
- Carers are responsible for ensuring children and young people are not at risk from any alcohol kept in their home. Alcohol in a foster home should be kept out of children's reach or be locked away. Carers should monitor the alcohol in their home to ensure they are aware if any has been taken by a young person in their care without their permission
- Carers' behaviour management strategies should include incentives for young people not to consume alcohol
- Carers should prepare young people for an adult environment dominated by alcohol by discussing responsible drinking and the dangers associated with drinking and alcohol misuse, including drink driving
- Carers should set boundaries for drinking by discussing responsible drinking and ensuring that young people are aware of the types and strengths of different alcohol and recommended adult daily alcohol limits
- Carers have a critical role to play in showing children and young people how to drink responsibly. Children and young people should not witness drunkenness or binge drinking within their foster placement
- Carers must ensure that while caring for a foster child their parenting capacity is not impaired by alcohol

- Carers should be aware that many children and young people in care have had negative experiences of alcohol, including violence and abuse. Carers therefore need to be sensitive to the young person's perceptions of adults drinking
- Carers should talk to other parents, when children and young people are visiting or staying with friends, to ensure the rules they have in place regarding alcohol are followed
- Carers should monitor young people's access to alcohol for example being aware how much money children have at their disposal and what they are spending it on
- Carers should seek advice from the child's social worker/children in care nurse/family placement worker/specialist services if they are aware, or are concerned, that the young person in their care is drinking. Clear strategies for managing the young person's alcohol consumption should be agreed and recorded in the child's Placement Plan/Health Care Plan
- Carers can access national and local alcohol and drug awareness services for information and guidance in order to increase their knowledge and understanding of alcohol issues. Specific training is available to foster carers about drug and alcohol related matters. Specialist local drug and alcohol services provide support to parents and carers of young people with alcohol problems
- Carers should encourage young people in their care to get involved in sports and hobbies that can provide an alternatives to underage drinking. Research has shown that being a member of a youth club, group or team can be protective against frequent and problem alcohol use

Current legislation in relation to young people and alcohol consumption

- It is illegal for anyone under the age of 18 to purchase alcohol in licensed premises (Licensing Act (Young Persons) Act 2000)
- It is illegal for anyone else to purchase alcohol in licensed premises on behalf of someone under the age of 18 (Licensing Act (Young Persons) Act 2000) unless the young person is aged 16 or 17 and is eating a meal on the premises with an adult present
- It is illegal under the age of 14 to be alone in a place licensed purely for the sale of alcohol. It is legal over the age of 14 with the permission of the licensee
- 16 and 17 year olds can consume alcohol purchased by an adult (beer, cider and wine) on a licensed premises while eating a meal if an adult is present
- It is illegal to give alcohol, unless under medical supervision, to anyone under the age of 5
- While it is not illegal for parents to give their children over 5 alcohol in a private place it is a criminal and civil offence to cause a young person to suffer or likely to suffer harm through supplying / consuming alcohol (Children Act 1989)
- If a young person under 18 year old is found in a public place consuming or intending to consume alcohol the police have the right to confiscate it

Information re impact of alcohol on children and young people

- Alcohol consumption during any stage of childhood can have a detrimental effect on development and alcohol use during teenage years is related to a wide range of health and social problems
- Children who start drinking at an early age are more likely to develop alcohol problems in adolescence and adulthood
- Beginning to drink before age 14 is associated with significant increased health risks, involvement in violence, suicidal thought and attempts, having more sexual partners, pregnancy, using drugs, employment problems and risky driving behaviour
- Heavy drinking in young people (drinking more than one day a week/exceeding recommended daily adult limit) can have adverse effects on liver, bone, growth and endocrine development and can affect brain functions related to motivation, reasoning and interpersonal interactions
- Binge drinking and heavy alcohol use in young people is associated with health risk behaviours, including injury, sexual activity, fighting and drug use
- Young people who binge drink at an early age are more likely to develop alcohol and drug dependence, be involved in crime, and achieve lower educational attainment as adults

Reference:

Department of Health: Guidance on the Consumption of Alcohol by Children and Young People Sir Liam Donaldson Chief Medical Officer for England (December 2009)

Personal Relationships and Sexual Health

Research tells us that children and young people in public care can be vulnerable to poor sexual and emotional health. Without trusting and stable relationships with adults - whether a teacher, or parent, for example, it can be difficult for any young person to access sexual information, education and support. Without proper support a young person may receive inadequate or incorrect sexual information and negative messages about sex and sexuality.

Sex and relationships education is a lifelong learning process of acquiring information, developing skills and forming attitudes and beliefs about sex, sexuality, relationships and feelings.

Talking about sex and relationships is important because it enables young people to:

- build self esteem.
- explore their values and attitudes.
- make informed decisions about their behaviour, personal relationships and sexual health.
- develop social skills, including assertiveness and negotiation, which can also be used in other areas of their lives.
- neither exploit not be exploited
- protect themselves against sexually transmitted infections and unwanted pregnancy.

As carers we need to be able to talk about these issues in easy to understand, simple language. We also need to be prepared to answer questions honestly and be non-judgemental in our approach.

Many carers and parents find it difficult to discuss sexual issues with their own children, or children in their care. If we don't talk to young people about personal relationships, we leave them in a position where they have to rely on information from friends and the media. Such information is often inaccurate and misleading and may generate prejudice and fear.

Pregnancy

Some teenage pregnancies are unplanned and can leave young women feeling confused, worried and unsure what to do next. It is important that young women and young men have access to accurate information about contraception and protection and are supported to access young people friendly services. This is the best way to prevent unintended pregnancies. Pregnant young women should be supported to access services as early as possible in pregnancy to ensure that all choices are made available to them.

Sexuality

For most young people, their understanding of their sexuality and the development of their sexual orientation is a gradual process.

The Children Act makes specific reference to lesbian and gay sexuality: 'the needs and concerns of young gay men and women must be recognised and approached sympathetically'.

Homophobia, the fear and prejudice against homosexuality, is common and is the cause of many children and young people being bullied verbally, emotionally and physically. A general climate which values different sexual orientations needs to be developed, and appropriate behaviour needs to be modelled by carers and Children's Services staff.

Sexual Health

Sexually transmitted infections (STI's) can be passed from one person's body to another during sexual contact. Most STI's can be cured when treated early by a doctor, if you are concerned that a child or young person is at risk then you should ensure they visit the local sexual health or young person's clinic. Anyone who 'has sex' without using a condom is putting themselves at risk of STI's and HIV.

More detailed information can be found in leaflets such as '4 Girls', '4 Boys', 'Condoms, Pills and Other useful things', available from HPSA (see Appendix).

HIV and Hepatitis

HIV = Human Immuno-deficiency Virus. The HIV virus damages the body's immune (defence) system so that it cannot fight off certain infections and cancers. If a person is HIV-positive it means that HIV-antibodies have been found in their blood. It is possible to be HIV-positive for 10-12 years before becoming symptomatic and even longer before possibly developing an AIDS-related illness.

AIDS stands for Acquired Immune Deficiency Syndrome. When a person has AIDS it means that s/he is HIV-positive and has developed one or more specific infections or cancers.

A person who knows s/he is HIV-positive may choose to take prescribed drugs to try to prevent these specific illnesses developing as well as a combination of anti-HIV drugs. Treatments are available for many of the illnesses while new therapies are also being developed as a result HIV is now considered a long term chronic illness. There is still no vaccine or cure for HIV.

How is HIV transmitted? - The virus can be passed on when HIV in the semen, vaginal fluids, blood or breast milk gets into the blood stream of someone else.

HIV can therefore be passed on in three main ways:

- Unprotected penetrative vaginal or anal sex – (without a condom)
- Sharing injecting equipment.
- From mother to baby – Transmission can take place during pregnancy, during delivery and through breast feeding. Mothers are now routinely screened for HIV during pregnancy. All HIV positive mothers are well supported, they will receive treatment, during the pregnancy and delivery, in addition they will be encouraged not to breast feed. Today in the UK the risk of mother to baby transmission is now below 1.5%.

In a few cases, HIV has reportedly been passed on during oral sex.

There is NO risk of HIV transmission from other bodily fluids, so HIV is NOT spread by everyday contact such as touching, kissing, sharing crockery or changing nappies etc.

In the UK all donated blood is tested for HIV antibodies. Donating blood is not a risk as a new needle is used for each person.

Confidentiality

There is a particular stigma associated with HIV infection leading on occasion to discrimination against those affected by HIV. The consequences of a breach in confidentiality can be exceptionally distressing for those concerned, leading to social isolation or even harassment. Because of this, some individuals with HIV may be particularly unwilling to give their consent to information being passed on. Disclosure of information about HIV without the consent of the person involved should take place only in exceptional circumstances and after consultation with senior management and with legal advisors. See the County HIV procedure for additional information.

Existing procedures for protecting the client's confidentiality, if based on previous guidance, may not need to be extended but local authorities will need to ensure that they are being rigorously applied in all cases, and additionally that all staff are aware of the particular sensitivities surrounding HIV and children.

Hepatitis

Hepatitis is the medical term for inflammation of the liver. It may be caused by many things, including chemicals, excessive alcohol use and a virus known as Hepatitis. There are several different kinds of Hepatitis, in the UK there are 3 main Hepatitis viruses that we should be aware of. Hepatitis A,B & C.

These viruses occur all over the world and can have lasting effects on your health. Hepatitis is very infectious, much more than HIV.

Hepatitis can be found in blood as well as semen and vaginal fluids, breast milk and any other body fluid that becomes contaminated with blood including saliva.

Hepatitis A

Usually transmitted by poor hygiene, food, unwashed hands often contracted abroad.

- There is a vaccination

Hepatitis B Virus spread?

Hepatitis B Virus (HBV) can be passed from one person to another when infected blood, semen or vaginal fluids come into contact with the bloodstream of someone else.

Hepatitis B can be transmitted in the following ways:-

- Sharing needles, syringes and other injecting equipment such as spoons or water.
- Having unprotected anal, vaginal or oral sex .
- After a needle prick with a contaminated needle such as, tattoos or piercing.
- Sharing a toothbrush with someone who has Hep B.
- By being bitten.
- A mother can also pass the virus on to her baby during pregnancy, delivery or through breast feeding.
- Hepatitis can be found in blood and can survive in dried blood outside the body for many days perhaps up to 3 weeks.
- You cannot catch Hepatitis by shaking hands, hugging someone, or from a toilet seat.

There is a vaccination - Hep B vaccinations are available through local GP surgeries or contact departmental managers for information

Hepatitis C

Is Hepatitis C different from Hepatitis B?

Yes. Hepatitis C and Hepatitis B are different conditions caused by different viruses.

Is there a vaccine against Hepatitis C Virus?

Not yet, although research is being carried out to develop one.

How can Hepatitis C Virus be acquired?

Hep C can be passed from person to person when infected blood comes into contact with the bloodstream of another person. The amount of infected blood required can be so small that it

may not be visible. Also, if someone already has one strain of Hep C they can still become infected with one or more of the others.

It is known that Hep C can be very easily acquired by sharing needles, syringes, spoons or water when injecting drugs.

If you inject drugs you can protect yourself from becoming infected with Hepatitis by not sharing needles, syringes, spoons, water or any other equipment used for your fix. This will also help protect you from contracting HIV.

NOTE: Cleaning with bleach does not kill HCV but it will kill HIV.

Safe Care

All foster carers should have received basic training on HIV and Hepatitis infection and their management. In addition, carers who choose to care for children known to be infected before placement, or who are looking after children whose status becomes known during the course of the placement, may need support and further training.

Good Practice

All foster carers should be aware of basic hygiene precautions. The use of these safe procedures should be standard practice in all situations, not only in caring for someone who is known to be HIV or Hepatitis positive.

Toothbrushes and razors should not be shared; Bloodstained tissues, tampons etc. can be disposed of in the usual manner; Wounds should be covered with waterproof plasters to prevent any infection; Waterproof gloves should be worn when coming into contact with anyone's blood or body fluid.

For further information go to www.hants.gov.uk/hiv

Safety Issues within the Foster Home

Children's Services pays particular attention to Health & Safety in the home. A Health and safety checklist will have been completed at the point of approval and should be reviewed annually. A copy of the Health & Safety Checklist is in appendix 3. Please note that it includes other areas such as pets, possession or use of firearms and that fact that all carers are required to have smoke alarms fitted in their homes as a specified minimum standard of fire precaution. Carers are advised to contact their local Fire Service regarding an individual assessment of their home.

For Family Link Carers an additional check is also carried out in conjunction with the child's parents to assess any particular safety issues in the carers home. A risk assessment should also have been completed by the child's SW.

Car Seat Belts and Child Restraint

The law relating to this plus a set of guidelines are contained within the document 'Law...from the 18 September 2006 you must use the correct car seat for your child' published by the Department of Transport in 2006. All carers should have received a copy. If you do not have a copy, contact your FPSW/FLC or go to www.think.dft.gov.uk

There are several key points (but please still read the complete booklet):-

- Children under 3 years **MUST** use the child restraint (baby, child or booster seat) appropriate for their weight in any vehicle (including vans and other goods vehicles) There is only one exception. A child under 3 may travel unrestrained in the rear of a taxi if the right child restraint is not available.
- Rear facing baby seats **MUST NOT** be used in a seat protected by a frontal air-bag unless the airbag has been deactivated manually or automatically.
- In vehicles where seat belts are fitted, children 3 years to 135cms in height (approx. 4ft 5ins) **MUST** use the appropriate child restraint. Three exceptions allow these children to travel in the rear and use an adult belt if the right restraint is not available i.e. in a taxi, for a short distance in an unexpected necessity and where two occupied child seats in the rear prevent the fitment of a third child seat.

You are required to provide car seat belts or child seats/restraints as appropriate for all children in your care. The department will bear the cost of this.

- Ensure that all child seats/restraints are in good condition, and are fitted properly. If unsure, have them fitted by an expert. Carers should beware of second-hand seats as you need to know they are up to date, have correct fitting instructions and haven't been in a crash.
- Never put the same seat belt round more than one child or an adult and child and never allow anyone to carry a baby or child in their lap.

Recreational Activities and Clubs/Social Events

Children and young people should be encouraged to try out and take part in as wide range of activities as possible, but there are several things to bear in mind:

- Consider the appropriateness of the activity, if a child takes up horse-riding or sailing, for example, will they be able to continue this when they go home?
- Try to encourage activities which provide positive role models and those that will develop confidence and self esteem.
- Give consideration to the child's cultural background and the parents' cultural or religious beliefs, for example many people disapprove of boxing.
- Written consent is necessary if a child is to join the Navy or Army Cadet Force or Air Training Corps or to participate in any dangerous sport such as hang-gliding, rock climbing or caving.
- Always discuss any proposed activity with the Social Worker and parents. Carers are expected to take reasonable steps to ensure the Child In Care is safe in the activity provided. This may involve carers asking if CRB checks are completed on staff and enquiring about staff/children ratio etc.
- Most hobbies are expected to be financed through the fostering allowance. However, where the cost is exceptional assistance may be available and should be raised with the child's Social Worker.

Hampshire County Council will support Children In Care and their carers by giving each Foster Carer/Family Link Carer an identity card. Amongst other uses these ID cards can give reduced cost access to local leisure facilities in Hampshire. If you have not yet been issued with an ID card please speak to your FPSW/FLC.

Overnight Stays and Organised Trips

Introduction

This guidance is an abbreviated version of the Overnight stays and organised trips procedure (28/09). It covers all children who are subject to voluntary or court agreements and placed with Hampshire county foster (stranger) carers, family and friends foster carers or independent agency foster carers.

The purpose of the procedure is to provide clear guidance to foster carers to enable young people to stay overnight with friends and family or take part in organised trips in a way which allows them to be 'normal' children but makes sure that their welfare and safety is covered.

Policy

It is important that looked after children maintain and develop friendships and interests and go on school trips etc. without unnecessary hurdles, bureaucracy and stress for carers. The aim is for children to be granted the same permissions by taking part in age appropriate activities as would be reasonably granted by the parents of their peers.

Decisions on overnight stays should generally be taken in conjunction with parents, children and carers but in most circumstances permission should be delegated to the foster carer. The decision about this delegated responsibility should be written into all placement agreements. Only where there are exceptional issues which impact on safeguarding and welfare should there be restrictions which require permission to be sought from the local authority.

Criminal Records Bureau (CRB) checks shouldn't normally be sought before children are allowed to stay overnight with friends or family unless there are concerns or the contact is regular or prolonged but see below for advice.

The child's social worker is responsible for ensuring that the child's care plan and placement agreement records that there is clear delegated responsibility but your family placement social worker can assist if this hasn't be completed.

Pre-placement planning

The care plan and placement agreement should clearly state the arrangements for allowing a child to stay away overnight. Children and their parents should have a view on this, especially if there are any concerns about friends or family etc. and they should voice information about any risks if the child were to stay there overnight. Ordinarily though the presumption is that carers will be delegated the responsibility to make these decisions. This should be regularly reviewed in the normal course of events.

If there are circumstances where the foster carers should check with the social worker, parent or person with parental responsibility this should be clearly recorded and the reasons for decisions made very clear.

Foster carers will often identify their own family members or friends who can support them to offer care and overnight stays but this will be covered by the 'baby sitting procedure 29/09)

Decision making process

Foster carers should act as a 'reasonable parent' when considering a request for a child to stay overnight with friends or on a trip etc. This will involve a reasonable assessment of risk; for example:

- Are there any relevant restrictions in operation already
- Is there anything about the child's past experience or behaviour to give concern
- Age and level of understanding
- Any grounds for concern about the household or activity
- Will there be similar aged children there rather than older children or just adults
- What is the purpose of the stay and the length of the stay
- For prolonged stay check in advance with the SW if a CRB is needed

Carers will make all reasonable enquiries to satisfy themselves that the child will be safe and get good care.

- Have contact details and know who will be responsible for the child and speak to them prior to the trip etc.
- Have a good idea what the child will be doing
- Check out the sleeping arrangements
- Provide contact details
- Ensure any health needs will be met
- Be clear about the return details

As children grow older and more mature they will need to be more independent and the above will need to be modified. Once the child is 16 yrs then they will not need parental consent for any decisions but carers will still need to be actively involved in looking at risk issues and helping them make sensible decisions.

Any concerns should be discussed with the child's social worker.

Recording of overnight stays

Details of any overnight stays should be recorded in line with recording and reporting policy including any request, decisions made or reasons for denying it. This information should be shared with the child's social worker. Any incidents or concerns should also be recorded and passed on to the social worker.

CRB checks

CRB checks aren't normally needed unless a child is staying somewhere 'frequently, regularly or for a prolonged period' or if there is any reason to be concerned about a possible risk. A 'prolonged period' would generally exceed seven nights but needs to be considered in individual circumstances; for example a two week holiday with a friend wouldn't automatically trigger a CRB.

If you think that your situation meets this criteria then please discuss it with the child's social worker at the earliest opportunity. Unless there are any risks or concerns applying for a CRB check should not stop or delay the overnight stay or trip.

If a CRB check is completed and is positive a risk assessment will be completed by the social worker and the county manager will make the final decision about the relevance to the child and their safety and well being.

Overnight stays with other young people

A child under the age of 16 yrs may only stay overnight with another young person if there is an adult aged over 18 yrs present.

Young people aged 16 or 17 yrs may in exceptional circumstances stay with other young people of the same age without an adult but this should be discussed with the child's social worker who will write a report and their team manager will make the final decision. The governing principle will be that young people should have the same privileges in an age appropriate way as would reasonably be granted by the parents of their peers.

In deciding what are exceptional circumstances the following will be taken into account:

- The nature of the relationships and any risks (physical, sexual, emotional)
- Social and emotional development of the young person
- Reason for the stay
- Views of the young person, carer and parent
-

If there is a history of alcohol, drug misuse or offending then consent will not normally be given.

Children placed with external providers

This policy applies in the same way and the social worker must bring this policy to their attention.

Organised trips

It is important that permission to agree organised school trips and other activities (i.e. sports, scouts etc.) is made clear at the outset of a placement in the care plan and placement agreement. This will also be specified in the PEP.

The aim is that children do not miss out on the same educational and social opportunities as their peers by seeking permissions.

For trips that do not involve an overnight stay in most cases this will be delegated to the carers. If the trip is an organised one with a recognised body i.e. school or scouts etc. and the local authority is satisfied that there are sound health and safety and recruitment policies in place then the social worker can give permission. Generally schools and scouts or sporting organisations use venues that have very clear health and safety procedures.

If there is a concern that there aren't safeguards in place the social worker will usually consult with the outdoor education youth service.

As is usual all decisions must be recorded.

If the trip is abroad then for children on interim or full care orders then permission is needed from the child's social work team managers in consultation with the district service manager and where appropriate those with parental responsibility.

Children should not miss out on opportunities because of delays in obtaining permission. For passport applications the district service manager is the applicant signatory and the social worker the counter signatory.

Baby Sitting

Introduction

This guidance is an abbreviated version of the Children in Care – Babysitting 29/09 procedure and relates to ALL looked after children placed with Hampshire county foster (stranger) carers, family and friends foster carers or independent agency foster carers as well as children on care orders placed at home with parents.

The purpose of the procedure is to provide clear guidance to foster carers to enable them to make safe babysitting arrangements whilst enabling and balancing ‘normal’ family life and safeguarding.

Policy

Regular or frequently provided babysitting by individuals who are not foster carers should be formalised and agreed with the local authority but this will be dependent on a number of factors including the regularity, the extent to which the individual will be alone with the child, the knowledge of the person etc.

Occasional or one off babysitting arrangements organised by the foster carers, based on the carer’s assessment of the suitability of the babysitter are unlikely to require a CRB check. Where there are concerns or risks which require a CRB check then this must be made clear to parents and carers and recorded in the placement agreement.

Roles

The family placement social worker is responsible for carrying out CRB checks on adults identified by foster carers as potential babysitters.

The child’s social worker will be responsible for those where the child in care is placed at home.

Pre-placement planning

Foster carers at the point of approval or subsequently may identify family members or friends who can offer a babysitting arrangement for the children in care. If this arrangement is to be regular or frequent then a CRB enhanced check should be completed by the FPSW.

If the outcome is positive and an offence recorded then the FPSW will complete a risk assessment which will be signed off by the county manager.

The child’s social worker should be told of any babysitting arrangements prior to being made or as soon as is practical afterwards. This is to ensure accurate records are kept.

The social worker will ensure that those with parental responsibility are made aware of regular arrangements which should be built into the placement agreement. It may be possible for the child's birth family or friends network to provide babysitting support.

The foster carer will ensure that the child is familiar with the babysitter where possible.

Making arrangements

Babysitting arrangements, whether for the day or evening, should be recorded and notified before, or as soon as possible afterwards, to the child's social worker or family placement social worker.

- As the foster carer you will need to inform the babysitter of any special needs, health needs, routine etc.
- The babysitter will also need to have a contact number for you as the foster carer as well as the social worker or out of hours service.
- No babysitter should be under the age of 16 years. Where they are under 18 yrs they should have access to a responsible adult for advice or assistance.
- Before using looked after children to babysit for other looked after children careful consideration needs to be given and a risk assessment completed. If children in care over the age of 16yrs wish to babysit then as their foster carer you should discuss their suitability for the task and the issues involved including safeguarding as well as practical advice about emergency contacts etc.
- A babysitting agency should not be used unless the social worker is satisfied that safe employment practices are used.

In selecting a suitable babysitter the foster carer must consider the following in relation to the child:

- The age of the child
- How long the child has been in placement
- Familiarity between the child and proposed babysitter
- Familiarity between the carer and the proposed babysitter
- The vulnerability of the child
- The risks the child may pose
- The child's wishes and feelings
- The views of the child's parents
- Health needs of the child
- The complexity of the child's needs

And in relation to the proposed babysitter:

- The age and emotional maturity of the babysitter
- Their child care experience
- Can a reciprocal arrangement be made with another foster carer
- Can the child's birth family or friends network provide a babysitter
- Does the babysitter meet the requirements of the department's smoking policy

A reminder that if the babysitter is doing so regularly or frequently then a CRB check must be undertaken.

Overnight stays

Where the babysitting arrangements include either the babysitter staying overnight at the carer's home or the child at the babysitters home then the overnight stays procedure (28/09) should be followed.

Payment

Foster carers will be expected to pay for babysitting which are for your own social or leisure purposes but you can claim reimbursement if you are attending training or other meetings at the request of the department. Hampshire Network is able to meet some babysitting costs to enable carers to represent their area at monthly committee meetings.

Visits by the Child/ren's Social Worker

The regulations require that visits take place within one week of the placement and then at 6 weekly intervals thereafter in the first year. After the first year visits should take place every 3 months. The child must be seen and seen alone.

For children subject to respite care arrangements, the requirements are that they must be visited within 7 days of the placement commencing and every 6 months thereafter.

The child's Social Worker will also wish to see their living arrangements, including bedroom.

Holidays

Most carers who are looking after a child over a holiday period will include that child in family holiday plans, particularly when the child is living with the carers on a long-term basis.

If no children are currently in placement the family placement team will bear carers holiday plans in mind and try not to place children with carers where holiday plans are imminent, this is far from ideal for carers, as well as unsettling for children.

Some carers, who look after children on a short term or emergency basis, will be unable to make plans to include children, as they may not know far enough ahead, which children they will be caring for. Where this is unavoidable, arrangements should be made for the child to be looked after elsewhere for the period of the foster carers holiday.

Respite

Preface

Placement stability is of paramount consideration in the management of any foster placement and the needs of the child/young person concerned. Any planned respite for children and young people and breaks for carers should be considered with the stability of the placement as paramount.

Respite care for children looked after in Foster Placement

Agreement should be reached at the time of placement as to the level of respite care required by a child or by the carers. The level of respite care and how this should be provided must be written into the child's care plan. Where respite is identified as a need after a placement has started it must be clearly documented as quickly as possible through formal review of the child's care plan.

Planned respite care should be documented as 'planned or programmed short term breaks'. The respite care may be arranged to enable a child or young person to experience social or leisure pursuits which they would not otherwise have an opportunity to experience.

It is recognised from time to time carers may require a respite period in order to sustain a placement. This should be needs led and planned as part of the placement agreement. In these circumstances the carers should not be providing respite for other children.

The provision of respite should be managed as it would within a normal family environment as a positive option with positive outcomes for the child. It is not acceptable for a child to feel that they are in receipt of respite because of their behaviour or that the carer does not want to be with them. Children need to feel that respite is a positive experience and one which also happens in ordinary families.

Respite arrangements should be carefully reviewed at each review of the child's care plan or statutory review, or more frequently if necessary. They must always be based on the needs of the child and to maximise placement stability.

Fostering allowances and skills fees should still be paid to the primary carer during respite periods, unless a single period of respite care exceeds two weeks.

Breaks for carers

Some carers, who look after children on a short term or emergency basis, will be unable to make plans to include children, as they may not know far enough ahead, which children they will be caring for.

The FPSW will endeavour, wherever possible, to bear foster carers holiday plans and other planned commitments in mind and not to place children with carers where it is known arrangements will need to be made for the child to be looked after elsewhere as it is far from ideal for children and unsettling for carers.

Other carers may plan to have a break without the child who they are fostering or may require a break due to an unforeseen emergency situation such as going into hospital, family bereavement or illness.

Where it has been agreed that respite care will be provided in these circumstances the fostering allowance and skills fees would continue to be paid for a period of up to two weeks (14 days) in the 12 month period from April to March, on condition that the child returns to that carer at the end of the break.

Where possible any request for a carer break should be requested 3 months prior to the break period through the carers supervising social worker. This allows time for the break to be agreed by the child's social worker and their line management, ability to plan the appropriate respite provision for the child or young person and prepare them for the respite.

Long term placements

Foster families where there has been a formally long term linking with a foster child any respite arrangement should be agreed at the point of the planning process for long term foster placement. In the main the agreement to provide long term fostering should imply an emphasis that the child is part of the fostering family and as such the need for respite should be minimal. Where it is anticipated that respite may be part of the child's plan attempts should be made to identify members of the extended family who may be able to provide this having completed all the relevant statutory checks. If possible arrangements for respite should be the same as those the family's own children experience.

The planning of holidays is a significant event for families and as such children placed should be able to have these experiences and not be excluded. If foster carers plan to have a holiday without their foster child they should also have plans for another holiday with their foster child as well. It is not acceptable in the majority of circumstances for a foster family with a long term placement to have a holiday with their own family and not offer this experience to their foster child.

If it has been agreed that the foster family will have a holiday without their long term foster child the holiday should not exceed more than 7 days. This is based on the consideration that it is unusual for children in ordinary families to be away from their primary carers for over 7 days.

The process

Any breaks requested by carers which are not within the placement plans for the child should be made 3 months prior to the break period. The Respite Carers Break Request Form should be completed by the carers Family Placement supervising social worker and agreed by the child's social worker. The form should then be forwarded to the Family Placement Team Manager and the District Manager for agreement.

When the respite/break request has been signed off then the arrangements for the child/young persons can be made.

A log of all respite and breaks taken will be made by each Family Placement Team and sent to finance. Any cumulative respite taken over 14 days within the 12 month period from April to March will not be paid.

Flexibility

As with everything in life not every eventuality can be covered within this procedure for the management of respite and carers breaks. With this in mind consideration will be given and a common sense approach adopted to manage those circumstances which arise outside of this policy, however the placement stability of the child or young person will take precedence over any other consideration.

Working With The Birth Family

Whatever the reason for a child being in foster care, his/her parents are a significant part of the child's life and it is therefore important that you work with them for the good of the child.

Whenever possible, rehabilitation to their birth family is the ultimate aim for children in foster care and foster carers play a crucial part in making this happen.

Birth parents have certain rights, and you should be aware of these in your dealings with them. A list of these rights is given in Appendices.

Rehabilitation and a return home will be easier if carers encourage a child to talk about his/her family and help maintain contact with them by visits, letters, telephone calls and exchange photographs. Sometimes children will be reluctant to talk about home, this should be respected.

Even in long term placements, if children know they can talk with their carers about their own family and can see them from time to time, they will be less likely to build up a fantasy picture.

For Family Link Carers contact with a child's family is an integral part of the Family Link Scheme. Good communication and working partnerships benefit all concerned.

Family Link carers are advised to plan episodes of link care in advance so that parents know when they are getting their much needed break and the child/ren become accustomed to the regular pattern of link care.

Sometimes a child/ren can find it frustrating if their parent(s) and carer(s) openly discuss them at the beginning and end of a period of link care. It is consequently worth considering an alternative method of communicating perhaps by a book or telephone call.

When a Child Moves on...

As with your own children, all Children In Care move on from you at some stage of their life. Unfortunately, children in foster care may experience a lot of moves and this may leave them feeling vulnerable and even insecure. Remember all moves and losses are painful; even positive moves can still involve mixed feelings.

Children In Care may return to their birth family; usually back to their parents, but sometimes to grandparents or other relatives. They may move to a new family as part of the long-term plan for permanency for the child. As they grow older, they may move to greater independence by living away from their carers on their own or with friends.

Some children move on because the placement is not working. Do not feel that when a child leaves you for another foster home, you have failed. Occasionally personalities will clash; this is only human and everyone can learn from each kind of situation. One foster home might work well for a particular child, but another may not for no obvious reasons.

Whatever the reason for the move, ideally all moves should be carefully planned. The move and the reasons for it should be understood by foster carers, parents and children, even if everyone may not agree with the plan.

Prior to any placement move, you should discuss the issues with your supervising social worker, who will liaise with the child's social worker and seek Service Manager approval for a placement move.

When a child moves, there is a lot that can be done by all involved to make the move as positive as possible. You will be particularly important, but remember that Family Placement Social Workers, Child's Social Workers and other foster carers have help and expertise to offer. There are also a number of useful books and other material which will help, available from the Family Placement Team.

The timing of moves is important and will vary considerably, but remember the same ideas of good practise apply whether it is an emergency move or a slow, planned move. The difference is in timing.

How the child reacts will depend on age, the number of previous moves and how adequately prepared everyone is. There can be difficulties, second thoughts and mixed feelings. These will need to be talked about and sometimes a change of pace or plan might be needed.

...to another placement

In this situation, you will need to work closely with the new carers. You will need to pass on information about your family, your lifestyle, the child's likes, dislikes, behaviour etc. Involve the child in this as much as possible and remember that even older children may be very reluctant to express themselves to new people.

Both sets of carers need to be sensitive to the impact the move will have on the child and be as positive about this as possible.

...back to child's own family

Again you will need to share information as above. You will need to talk to the child about going home and what will happen there. Contact with the family will increase as the move becomes closer. The time with you will be important to discuss worries and anxieties. These moves can be distressing to foster carers, as sometimes they are unsure that the care the child will receive will be as good as their own. Many children retain a strong loyalty towards their birth parents - this may be hard on you if you have cared for them for a long time. Remember the child's wishes and interests and do discuss your worries with the workers concerned.

A child may move to live within the extended family or with friends and carers need to prepare the child for this move in all the ways described as above.

Returning to birth parents or extended family may feel positive and provide a sense of familiarity, with both people and circumstances that a child knows. However it may also bring about anxiety as the child has to readjust into the household or perhaps return home after some time away and the dynamics have changed.

...to adoption

Some children may go to foster carers as a pre-adoption placement. For others, circumstances may dictate that the permanence plan for a child already with foster carers is changed to one for adoption.

Seeing a child through to adoption can be a very rewarding and happy experience. It can also be very emotional as you see a child or children, who you may have become very attached to, move on.

The majority of adoptions involve younger children, as experience shows that it is less easy to successfully place the older child. The following comments are therefore more appropriate to the younger child.

There will be a lot of contact meetings and events during the transition phase. Remember that as with all fostering, this is a team effort between you, and the Social Workers and this time, the new parents. You have an important part to play in this, for you will know the children well, and will be able to gauge better than others how well they are responding to the transition. You will also be heavily involved as you work with the new parents, firstly in your home and then in theirs to gradually move the child/ren across to their care. The transition could keep you very busy for several weeks!

The carer's role is to offer support and pass on knowledge and understanding of the child to prospective adopters.

The transition phase from when the child/ren first meet their adoptive family to when they leave you will normally last between 4 and 8 weeks, although for babies this could be shorter. Contact will usually start with a fairly short introductory meeting at your house, arranged by the child's Social Worker, who will also be present. This will soon be followed by a 'calendar meeting' (adoptive parents, foster carers, child Social Worker, FPSW, adoption Social Worker (for the parents)) to plan the first phase of the handover, and to set a date for a meeting to review progress. In most cases this diary meeting will plan the whole transition (not just up to the review meeting), though there will often be some changes agreed at the review meeting, in light of how the transition is going.

After the initial meeting, longer meetings between parents and child/ren will occur. These will usually happen in your home, with you present, though eventually the parents will start to take the children out on their own. You will also involve the parents in mealtimes, and at the right time, bath and bedtimes. New parents cannot wait to tuck their new children in bed, even if it is in your house initially!

The next phase starts with a visit to the parents' home. Ideally you will take the children and stay with them for this first meeting, and some subsequent meetings, though the plan will be that, as things progress, you will start to leave the children there on their own.

The emphasis therefore shifts from your home to the parents' home, and you will find that at this stage it becomes more natural for the parents to take the lead on activities and discipline.

After visits come sleepovers – initially for one night, then more. Little ones may need some reassurance and you may find you spend a few late evenings with the parents in their home, helping the children to settle. Note that current policy is to move the very young without sleepovers, as these have proved to distress and confuse the child.

As these sleepovers extend to several nights, you will probably reach a time when not only the parents but also the children don't really want to come back. This clearly marks the point at which the children are ready to leave you, and you have done your job well. If this does not coincide with the planned final handover, then discuss this with the Social Workers who will probably amend the handover timescale.

As part of the transition, you need to build in goodbyes to the circle of friends (including your own family) that the children have established while living with you. These are an important part of the move and should be recognised in the adoption plan. Some carers hold a party, including family, friends, the new parents (of course), teachers maybe, and Social Workers and others

who have been involved. Others may choose a low-key set of goodbyes – the choice is up to you and (where of appropriate age), the children.

In summary, adoption handovers can be very rewarding. They can also be hard work!

And what about contact after the handover? It generally helps if the child/ren know that you approve and support the move. It also helps if you can visit them after the move, so that they do not feel suddenly abandoned. This however has to be tempered with the need for the new family to settle down and establish itself, so visits should not be too long or frequent. Initial arrangements should be agreed within the calendar meeting.

Ultimately, it is the adoptive parents decision regarding any future long term contact and this depends largely on the relationship forged between carers and adopters during the transition phase.

As with all moves carer's should hand over all the child's clothes and possessions which they came with or which they have accumulated since staying with you. Many carers also give the child a present/memento of their stay – there are no rules about this, it just depends on how you feel.

...to independence at 16+

Many of the same issues apply in this situation and young people will need a lot of practical help and advice: managing money, benefits, work etc. They may also need to know that they can keep in contact with you and seek your help and support. This can be a disturbing time for a young person, as they may need to think about and understand why they have been in foster care and check out details about their past.

If a young person plans to go into further education, it may be possible for the Children's Services Department to offer financial support and sorting out finances well in advance is essential.

Many young people with disabilities need care for life and continue to live with their foster carers after they are eighteen. If you are in this situation, you need to think about it and discuss it with the Social Worker and Family Placement Social Worker at an early stage. You need to know what services and benefits are available and what help the Department can offer you.

A young person who is a Child In Care will have a Pathway Plan which will be set up before they reach their sixteenth birthday, and which will identify the support and services the young person needs to move towards independence. The people who set up the Pathway Plan with the young person are usually those who attend the young person's regular Child In Care Review meetings plus any others relevant to the meeting of the young person's needs as identified in the Plan.

Once the young person reaches 16, s/he will have a social worker from the Care Leaving team, who will make sure the Pathway Plan is carried out.

The Pathway Plan will be reviewed at least every 6 months or more often as required until the young person has reached the age of 21. Young people who go to University will continue to receive support from the Care Leavers Service until the age of 24.

From the ages of 16 to 18 each Child In Care will receive a weekly Personal Allowance instead of pocket money at a rate agreed each year. This should be paid direct to the young person generally through their bank account. It is to help young people learn to budget their money in preparation for living independently.

Keeping in touch

Another important part of moving, which will vary considerably from placement to placement. New carers need to feel they can contact previous carers to check out behaviour, information etc. It is usually very important for children to feel they can contact previous carers, although sometimes they do not choose to. It is important to allow contact to be 'natural'. This needs to be at the level that is right for the foster family and the individual child. This is sometimes difficult to work out and is another area to discuss with your family placement social worker.

Disruption

Sometimes the Care Plan for the child does not work out as envisaged and the child wishes to leave a placement, or their carers feel the child is not appropriately placed with them.

In these circumstances, the Family Placement Social Worker and the child's Social Worker need to work with the carers and the child to assess the situation and determine whether, with additional work, help and support, the situation can be stabilised for the child and the placement continue.

If, after this, it is the foster carers who feel that the placement cannot continue, they need to give the Department a period of time to make alternative arrangements for the child and to enable themselves and the child to end the placement and move on in a positive way.

It is important for all involved to understand and accept that sometimes relationships between child and carers cannot be effectively established, or break down, even with a great deal of goodwill and desire on both sides for the placement to succeed. There are a host of reasons why a placement can get into difficulty: for example, the carers' own children may experience difficulty in relating to the Child In Care, or the child may find it hard to settle through a sense of loyalty to birth family or because of a difficulty in accepting new rules and boundaries.

The unplanned ending of a placement often feels like a huge failure to foster carers and can cause feelings of guilt, rejection, anger and disappointment.

These feelings of failure and disappointment and loss are also likely to be experienced by the child and all concerned with his/r care and can make the period of ending of a placement a very stressful time for everyone. You will be supported throughout by the Family Placement Social Worker.

Disruption meetings

There will be a Planning meeting and/or a Child In Care review for the child if that child's care plan needs to be changed and the child needs to move to an alternative placement.

There will be a Disruption meeting, to be held if possible within the month after the child has left the placement, to review and understand all that has happened and to use learning from the experience to improve future care for the child and to support the foster carers to move on and develop. The Disruption meeting will be chaired by the Family Placement Team Manager. The decision about who attends will be made in consultation with the carers, the family placement social worker and the child's social worker.

A Disruption Meeting can be a difficult and painful meeting, but it is also an opportunity for views and feelings to be expressed and dealt with, so all involved can learn and move on and training or additional support can be set in place for carers, if needed.

Whatever the circumstances of the move, any move will also affect you and your children deeply and it may take some time to adjust. You will need to consider the effects on your family and future fostering. It is important to learn about what is appropriate for individual children, so we can make good plans for the future.

Emergency situations

Wherever possible, you should contact the Department during normal office hours, which are:

Mondays to Thursdays: 8.30am to 5.00pm

Fridays: 8.30am to 4.30pm

However, in the event of an emergency outside these hours, you should telephone the Emergency Out Of Hours Service on 0845 6004555.

When a child goes missing

Definition of a child going missing:

A child is deemed to be missing if they are not where they should be at the time they are expected to be, and are absent without permission from their placement, whether or not their whereabouts is known or suspected.

What to do depends a lot, of course, on the age, maturity and personality of the child. Any predetermined plan of action, and the level of concern should consider:

- Their physical and mental health;
- Their child protection status;
- Whether or not they pose a risk to themselves or others;
- Their legal status;
- Their knowledge of the area in which they have gone missing;
- The weather conditions and clothing worn by the child;
- The circumstances prior to the child going missing.

In all circumstance the carer must immediately inform the child's Social Worker (or team duty worker) and their FPSW.

If a child goes missing out of office hours, the carers must immediately inform the OOHS, and then inform the child's Social Worker and their FPSW when office hours resume.

Carers should then work through the following checklist:

- The last place the child should have been i.e. school friends/place of work/club;
- Check with friends when s/he was last seen;
- Check if s/he may have returned to their birth family, relatives or previous placement;
- Ask if the child has dropped any hints to anyone as to why s/he ran away;
- Check if money/clothes/other personal possessions have gone.

The Out of Hours Service may ask you to ring the Police so that you can give an accurate description, and to indicate the degree of the child's vulnerability.

The Police then have clear procedures to follow and based on the information you have given them, assess the level of risk. The police will visit and search your house and garden.

Sometimes periods of absence (which should always be reported and recorded) are part of a pattern of behaviour in which case you and the Social Worker may well have agreed a course of action and OOH will have been forewarned.

In instances where the absence is very unusual and/or the young person concerned is considered to be vulnerable and at risk, the Police should be contacted immediately with a view to implementing the missing person's procedure.

Never forget to tell the Police if a young person suddenly turns up after you have reported them missing.

If a child absconds persistently departmental policy dictates that this needs to be addressed within a planning meeting.

Birth parents demanding to remove a child from your care:

On rare occasions, a parent may unexpectedly demand to take their child away from your home when this is not part of the agreed plan. If the child is subject to a care order or interim care order, the parent may only remove the child with the prior agreement of Children's Services. Parents of accommodated children are entitled to remove their child. However, in all situations we would ask you to:

- Be tactful with parents and explain the upset the child may experience if suddenly moved;
- Remind the parent of the agreed plan and that the Children's Services department needs to be involved;
- Try to contact the Social Worker. If s/he is not available, ask to speak to the line manager or a duty Social Worker. If out of hours, ring the emergency duty team or contact the support plus team for advice.
- If calm negotiation fails and you believe that removal would place the child at risk, call the Police.

Failure of parents to return a child

Parents may sometimes take a child out of the foster home. If a parent fails to return a child after such contact, then again, contact the Social Worker, line manager or a duty Social Worker.

Child in trouble with the Police

If the Police arrest anyone, especially a juvenile under the age of 17, they have to follow clear procedures.

The Police must inform the appropriate adult as soon as possible of the grounds for detaining a young person, where s/he is being held, and ask for the appropriate adult to come to the Police station.

An appropriate adult is:

- Parent or Guardian or foster carer if the child is being Looked After;
- A Social Worker;
- Any responsible adult over 18 years who is not a Police Officer or employed by the Police.

As the appropriate adult, make a note of the reason for the arrest, place and time of the arrest and the name and rank of the Custody Officer.

The functions of the appropriate adult are:

- To advise the young person;
- To observe the interview to make sure it is done properly and fairly;
- To assist communication between the Police and young person.

It is the duty of the Custody Officer to keep you informed about what is happening and that correct procedures are being followed. Never be afraid to ask questions of the Custody Officer if you have any doubts.

Rights of the child/young person

The detained young person will be given a 'Notice to Detained Persons' and 'Notice of Entitlement' which will describe in detail their rights. You should ask to see them.

Rights of the Appropriate Adult

You have the right to free legal advice on behalf of the child/young person. If s/he or you do not have a solicitor, there is one available through the duty solicitor scheme. Ask the Custody Officer.

You have the right to speak to the child/young person in private at any time if they request it. You have the right to be with the child/young person during any of the Police procedures, such as being interviewed, giving or signing a statement, being cautioned or charged, intimately searched (which is very rare), taking part in an identification parade, or when the grounds for detention are periodically reviewed.

You and the young person's solicitor may make representations to the Custody Review Officer. Steps should be taken for a young person to be removed to the care of the local authority as soon as practicable.

Death or serious injury of Children In Care

A foster care must report any incident concerning their foster child when the child has been out at risk, or has been harmed, or has caused harm or risk to himself or others, or the foster carer is concerned about the child's well being and safety. In all these circumstances, the foster carer must contact the child's Social Worker (or their Team Manager) or duty worker if the Social Worker is not available and their family placement Social Worker (or Team Manager, or Duty Worker) at the earliest possible opportunity.

If an incident occurs out of hours, then the foster carer must report to the OOHS service and then to the child's SW and their FPSW once the offices open.

In the case of a serious incident such as a life threatening illness, or a serious accident, or the death of a child, the child's Service Manager and Family Placement Operational Service Manager must be informed immediately.

Generally speaking. It will be the child's Social Worker who will contact the child's parent/s to tell them about any incident and concerns.

Following a child's death an inquest will be held, the foster carer may be asked to attend. The department will provide support throughout such a distressing period, including the provision of counselling.

Prevention and Management of Violence

Carers must receive all the relevant information about a child placed in their care. They must be informed of any factors presenting a potential risk to themselves, their children, or any foster children in placement. This information is essential to enable them to care safely and effectively for the child.

If the child is experiencing problems in managing his/her behaviour and this is being manifested in aggressive or violent behaviour to others, the child's Social Worker must complete a risk assessment for the child, which must be fully discussed with the Family Placement Team and the child's prospective carers. All involved must agree on an action plan to minimise risk and to cope with any incidents that arise.

Each foster caring household should have their own 'Safer Caring' guidelines and appropriate training for Safe Caring must be provided.

The child should be offered services e.g. CAMHS, anger management group, to help him/her address the problem.

Carers should report all incidents of violence to their Family Placement Social Worker and the child's Social Worker.

Carers have the right to inform the Police of any assault suffered and may need support to do so.

Carers should be offered immediate support, including referral for counselling support (Employee Support Line) if requested.

Carers may be entitled to an award from the Criminal Injuries Compensation Board and should discuss with their FPSW on how to apply.

Caring for a child from a different background

As far as possible, children are placed in foster care with families sharing the same background as themselves. In any event, foster carers should show sensitivity and respect to cultural, religious and other ethnic factors important to the child and should keep alive these important issues for the child.

Where you share the child's background, you will have things in common with the child's birth family. However, if this is not the case, contact with their family will be particularly important to the child and you can learn from the child's birth family. This will help build a trust between yourselves and the birth parents, as well as helping a child be confident and proud of his/her ethnic background.

Hampshire Children's Services Department works within an Equal Opportunities Policy which states that people from any ethnic group should be given the same choice, consideration and services as everyone else and that, as far as possible, children and young people are placed with families sharing the same background, religion and culture as themselves. This is because children who have been looked after by carers from a different culture are seriously at risk of losing their identity as well as their family. When a child/young person is cared for away from his/her family, his/her racial heritage could be 'uncared for' too.

The issues for people from Black and Asian minorities are particularly evident because, unfortunately, racism is a reality in our society today and people are too often judged immediately on the basis of their colour, without regard to their own individual qualities. Members of a different culture run the risk not only of major forms of discrimination, but also of feeling their social identity is under assault in a number of ways. Foster carers need to be aware that having a different skin colour is likely to have a major impact on a child's experience and life chances. All children with non-white skin need to be regarded as Black. Black is defined as 'a description of any person whose skin colour alone renders them liable to the application of racism'.

Black families have cultures, which are distinctly different from white families. This is reflected in the language people use with each other, their style of life, music, literature, food and festivals etc. For example, Caribbean traditions have a West African base with a mixture of European, British, French, Spanish and Dutch influences. Muslim children do not eat pork, whilst Hindu children eat pork, but not beef. Therefore, when a child/young person is moved away from his/her culture, s/he loses the 'smells and sounds' of that culture.

If a child has no contact with their own community for a long time they may not fit in again without a great deal of pain and difficulties. Those who do learn to feel at ease run the risk of suffering isolation, lacking a secure sense of identity and of not belonging to the white or the black community.

Unfortunately it is sometimes not possible to match background for background in a foster home for a child/young person. The Children's Services Department aims to recruit the most appropriate foster carers for each child/young person and to prepare all foster carers with the relevant information and help so that they can meet the needs of the child they care for.

If an appropriate racial match is not available, we would select foster carers who are positive and welcoming to the child/young persons family: fully understand the cultural needs of black children and ideally have had experience of caring satisfactorily for children with a different racial background. Ideally, these foster carers should have had appropriate training. In order to make themselves aware of the cultural needs of the black child they care for, foster carers might meet other people from that culture, visit cultural exhibitions and functions and learn from the child's family whenever possible.

Fostering a child from a different cultural background

Hinduism

Overview

- Hinduism is a religious, philosophical and cultural system that originated in the Indian subcontinent and is believed to be the oldest living religion in the world.
- It is the third largest religion in the world with approximately 1 billion followers, of whom 890million live in India.
- Because there is such diversity of beliefs, practices and traditions within Hinduism, there is no definition of who a Hindu is.
- The supreme court of India stated that Hinduism involves the recognition that the means or ways to salvation are diverse and the realization that the number of gods to be worshipped is large.
- Unlike other religions, the framework, symbols, leaders and books of reference that make up Hinduism are not uniquely identified.
- It is most commonly seen as a way of life, which is closely linked to the culture and demographics of India.

Practicalities

Depending on how orthodox they are, Hindus will avoid either all or some of the ingredients given below in their food:

- Beef and cow products (it is forbidden to eat beef in Hinduism)
- Meat, fish, and eggs, including gelatine
- Onions, garlic and mushrooms
- Alcohol and alcohol products
- Asafoetida
- Red lentils

It is particularly important to check that ready food like bread, biscuits, cheese, jam and other products are checked to ensure that these ingredients are not present. Some ingredients that are numbered (e.g., E471, E472) contain egg or meat products and therefore strict Hindus will avoid them.

Heating and cooking facilities

- Orthodox Hindus may not eat food if it is:
 - Cooked in the same pots and pans used for cooking meat, fish or eggs, even if it is washed and cleaned after such cooking
 - Heated in the same oven or microwave where meat, fish or eggs are cooked or heated. In such instances, a separate set of pots and pans or heating arrangements will have to be made.

Links

All Hindu temples in the UK - www.hinduvoice.co.uk

The Hindu forum of Britain - <http://www.hfb.org.uk>

More info - http://www.bbc.co.uk/parenting/family_matters/celeb_multifaith.shtml

Islam

Overview

- Islam originated with the teachings of Muhammad, the 7th century Arab religious and political figure.
- Today it is the second largest religion in the world with an estimated 1.4 billion followers.
- Islam translates to mean 'submission' and refers to the total surrender of one's self to God. In the same way, Muslim translates as 'one who submits (to God)'.
- Muslims believe God revealed the Qur'an to Muhammad and he is God's final prophet.
- The Qur'an is the fundamental doctrine of Islam, along with the traditions of Muhammad. He is not however regarded as the founder of the faith but as the restorer of the monotheistic faith of the prophets. Muslims argue that part of the prophets' messages became distorted over time either in text, interpretation or both.
- It is the predominant religion of North Africa, West Africa, Horn of Africa, Middle East, Central Asia, Southeast Asia and parts of the Indian subcontinent.
- Only approximately 20% of Muslims originate from Arab countries.

Practicalities

- Ramadan is the holiest month in the Islamic calendar, and many Muslims fast for the entire month, abstaining from food, drink and sexual intercourse from dawn till dusk. It is intended for Muslims to seek nearness to Allah, to express their dependence and gratitude to him, and to remind them of those needy within the world.

- Muslims must eat Halal meat that adheres to Islamic law on the slaughter of animals
- Within Halal, any pig-based products are strictly prohibited, along with any 'fanged beasts of prey' or carnivorous animals. However scaled fish are permitted
- Dress is central to Islam, with modesty being paramount. Women over the age of 12 or who have reached puberty may choose to wear traditional full-length dress that is called Shalwar Khameez and are not expected to wear any clothing that may expose their body
- Muslim women from India and Bangladesh may be more inclined to wear a sari as it is their traditional dress
- The male traditional dress is trousers and a knee-length tunic which is called a Kurta Pyjama.

Links

About Islam - www.answering-islam.de/Main/L_islamic & www.lamp.ac.uk/cis/pathways/pathways
Hampshire Ethnic Minority Achievement (EMA) Service-
<http://www3.hants.gov.uk/fr/education/ema/ema-advice/ema-advice-lcr/ema-advice-lcr-islam.htm>

Buddhism

Overview

- Buddhism is a religious philosophy that was founded around the fifth century by Siddhartha Guatama, known after which as 'the Buddha'.
- It continues to attract followers around the world and is considered a major world religion with estimates of between 230 and 500million followers.
- Most western Buddhist groups are at least nominally affiliated with some eastern tradition.
- In Buddhism, any person who has awakened from the 'sleep of ignorance' by realising the true nature of reality without instruction, is called a Buddha. If a person achieves this with the teachings of Buddha, he is called an arahant. The teachings are oriented towards the attainment of this kind of awakening.
- There is a great variety of Buddhist texts and scriptures, with different schools placing varying levels of value on each.

Links

<http://www.bbc.co.uk/religion/religions/buddhism>

This handy guide gives tips on preparing yourself for children's curiosity about religions -

http://www.bbc.co.uk/parenting/family_matters/celeb_multifaith.shtml

The Buddhist Society - <http://www.thebuddhistsociety.org>

Family Dharma Connections is an online Sangha, devoted to Buddhist families with children and others interested in sharing Dharma and Buddhism with children -

<http://familydharma.pulelehuadesign.com/>

Judaism

Overview

- Judaism is the religion of the Jewish people and is based on the principles and ethics embodied within the Bible and the Talmud.
- According to Jewish tradition Judaism began with the Covenant between God and Abraham, the leader of the Jewish people.
- It is one of the oldest religions still in practice today and its doctrines have influenced other religions such as Christianity and Islam.
- There are an estimated 14million Jewish followers today and it is the worlds 11th largest religion.
- Judaism differs from many religions as its central authority is not vested in a person or group, but in sacred texts and traditions.
- The most important Jewish principle is the belief in a single, omniscient God who continues to be involved in the governance of the universe.
- Judaism teaches that God revealed his laws and commandments to Moses in the form of the Torah, and traditional Jewish practice revolves around the study and observance of these laws as written in the Torah and explained in the Talmud.

Practicalities

- The Shabbat is the weekly day of rest that lasts from shortly before sundown on Friday night to shortly after sundown on Saturday night, which commemorates God's day of rest after six days of creation. It plays a pivotal role in Jewish practice and is governed by religious law.
- A Kippah is the term for the rounded skullcap worn by most Jewish men while praying, eating, reciting blessings, and at all times by some Jewish men. A Tallit is the prayer shawl observant Jewish men wear throughout the day, sometimes beneath their shirts, and over their clothes during appropriate prayer services. A Kittel is a white knee-length over-garment that is worn on the high holidays.
- Tefillin are the 2 boxes containing biblical verses and leather straps attached to them that are worn during weekday morning services by men and some women.
- Jewish people are allowed to eat meat as long as it is 'kosher', which means it is meat from herbivorous animals with a cloven hoof. Fish with scales, backbones and fins are also permitted.
- The meat must be slaughtered in a manner that is acceptable to Jewish law.
- Jewish regulation states that meat and dairy products may not be eaten together, so butter cannot be used in meat sandwiches and tea/coffee with milk cannot be drunk following a meat-based meal.
- A minimum break of three hours between food groups is customary in Judaism.

Links - A guide for parents to prepare for children's curiosity about religious events -

http://www.bbc.co.uk/parenting/family_matters/celeb_multifaith.shtml &

<http://www.bbc.co.uk/religion/religions/judaism/>

The South Hampshire Reform Jewish Community - <http://www.shrjc.com/>

Sikhism

Overview

- Sikhism began in the 15th century in Northern India and is a system of religious philosophy and expression that follows the teachings of the gurus or Sikh Dharma.
- The root of the term Sikh is 'disciple' or 'learner'.
- Sikhism is the fifth largest religion in the world with over 23million followers, most of whom live in India.
- Sikhism advocates the pursuit of salvation through disciplined, personal meditation on the name and message of God.
- Sikhs believe God is a single, formless, and unobserved creator of the entire cosmos, and to achieve salvation a follower must develop an intimate faith in and relationship with God.

Practicalities

- The turban is a feature of traditional dress for adult male Sikhs, and is preceded in childhood with a ramal, which is a piece of fabric that covers boys' tied hair. Hair is kept long as uncut hair is considered a divine gift to Sikhs.
- Sikh women wear a tunic and trouser outfit called a Shalwar Khameez to maintain modesty and ensure that their body is not exposed. Head scarves can also be worn to cover the face.
- As Sikhism has developed in traditionally Hindu and Islamic countries, many will not eat certain meats such as pork, however many Sikhs choose simply to be vegetarian. They will also eat food with the right hand.
- Alcohol and tobacco are prohibited to Sikhs

Links

About Sikhs and Sikhism - www.sikhs.org.uk

More Info - <http://www.bbc.co.uk/schools/religion/sikhism/>

A webpage containing a list of all the Gurwaras in the UK, as well as support and advice groups - <http://www.geocities.com/Athens/1818/sikhdir.htm>

Christianity

Overview

- Christianity is centred around the life and teachings of Jesus of Nazareth as presented in the New Testament of the Bible.
- Christianity is the world's largest religion, with an estimated 2.1 billion followers. It is the predominant religion in Europe, The Americas, South Africa, the Philippine Islands and Oceania, also growing rapidly in Asian countries such as China and South Korea.
- Christianity can be broadly divided into four main groups or denominations; Roman Catholicism, Eastern Christianity, Anglicanism and Protestantism.
- Christianity is an offshoot of Judaism and follows the Old Testament, as Judaism does. Christians believe however that Jesus is the son of God and is the messiah prophesied in the Old Testament. They also believe in the holy Trinity, with God the creator of all things, his son Jesus Christ and the Holy Spirit.
- The Bible is regarded as authoritative to Christians, written by human authors (gospels) under the inspiration of the Holy Spirit.

Links

The Way Christian Resource Centre - <http://www.theway.co.uk>

The UK Christian website - <http://www.christianweb.org.uk>

The Catholic Church' England and Wales website - <http://www.catholic-ew.org.uk>

More info: <http://www.bbc.co.uk/religion/religions/christianity>

Romany Gypsy

Overview

- Romnichal is the name that groups of Romani people (often known as Gypsies) found in some parts of the United Kingdom, are called in their own language, Anglo-Romany. The name is not universally accepted by English Roma, who will often call themselves "Romany Folk".
- Romany gypsies are thought to have arrived in Britain in the 16th century.
- Romanies usually adopt the dominant religion of the host country while often preserving aspects of their particular belief systems and indigenous religion and worship.
- Most Eastern European Romany gypsies are Catholic, Orthodox Christian or Muslim.

Links

The Gypsy Council - www.thegypsycouncil.org

The Irish Traveller Movement - www.irishtraveller%20movement2006uk.org

The National Federation of Gypsy Travellers - www.nationalfederationgypsytraveller.org

Roma Support Group - www.romasupportgroup.org.uk

Gypsy Lore Society - <http://www.gypsyloresociety.org>

The Living Album: Hampshire's Gypsy and Traveller Heritage -

www.hants.gov.uk/rh/gypsy

Fostering a child with Disabilities

All children and young people in foster care have special needs, but those with a physical or learning disability have their own particular needs.

Although their special needs must be identified and met, it is important to treat all children and young people with a disability as children first and foremost. This means recognising their rights and needs for security, love, contact with parents, consultation about their future, individuality and all the other many things which are important to all children and young people in foster care.

You will have discussed with your Family Placement Social Worker whether you and your family feel able to care for such a child/young person. You will need to learn about their particular disability and to start preparing yourself, practically, to care for them.

There are special toys and equipment available and you can learn ways of handling and communicating. There are also special play schemes, clubs, activities and post approval training groups for carers.

Fostering the abused child

Possibly more than anything else, abuse of children arouses our strongest sympathies as well as stirring up less welcome feelings of disgust and anger.

Children who need your care may have been abused in several different ways. It is inadvisable for you to take a child known to have been severely abused, particularly sexual abuse, without first undertaking adequate preparation and training.

It needs to be remembered that it may not be known at the time of placement that the child/young person has been abused. Carers need to be aware that they may be the first to realise this through observing the child's behaviour, or by the child talking about this.

However, when you take a child known to have been abused, it is important to be aware of the likelihood of certain behaviours e.g. fear of men/ giggling inappropriately/using a lot of obscene language/ talking non-stop about sex. You will need to discuss with your FPSW how best to manage this. If you know that a child may have been abused but is reluctant to talk about it. You could say to the child that you know some unpleasant things have happened to him/her and that if he/she wants to talk, you will be glad to listen. As with all Children In Care, treat this information as confidential and on a need to know basis only.

If a child/young person is finding it hard to contain what has happened to them it might be useful to help them identify who are the appropriate people to share it with and who are not.

Dealing with a disclosure

If a child does disclose abuse to you, remain calm and allow the child to talk freely. You may be shocked by what you hear but it is important not to let this show and reassure the child that s/he is very brave to tell you. The child needs a strong adult at this time.

You need to explain that what they have told you needs to be shared with others as the behaviour they have experienced is wrong and the adult involved needs to take responsibility for it.

A child needs to know that they have been heard and taken seriously. There are clear child protection procedures to ensure disclosures of this nature of responded to appropriately, it is therefore important to seek advice as soon as possible and be honest with the child that this is what you will be doing. Contact the child's Social Worker or Team Manager at the earliest opportunity or the Out of Hours Service, if the office is closed.

Whilst you should listen if a child need to talk, it is important not to probe for information. It is also helpful to record any information that the child has given to you.

For more information, ask your Family Placement Social Worker. There are a number of useful books on the subject and relevant training courses you can access.

Dealing with Emotional Trauma – Loss, Grief and Bereavement

Children in foster care will have experienced loss in many different ways: death, loss of a parent either by adoption or divorce, mental illness or their unwillingness to care. Foster children removed from parents for whatever reason, or moved to another placement will experience loss which may bring despair, depression, withdrawal and feelings of insecurity and instability

What affects the child's reaction to loss?

The child's ability to understand any change or loss will depend on his/her age and degree of understanding. Here are some points to consider:

- The more changes a child experiences in the first 2 years of life, the greater the risk of emotional damage.
- Typical 'normal' adolescent problems may complicate the grief reactions in an older child.
- Some children may not be able to grieve or express grief effectively, a supportive, understanding relationship with a foster carer will encourage them to grieve 'healthily'.
- The outcome will be influenced by the particular child's unique personality and previous experiences, as well as how they are helped.

Other factors to consider;

- When, where and how the child was told and talked to about the loss;
- Whether the child had the opportunity to ask questions and receive honest answers;
- Where there is a stigma attached to the separation, e.g. drugs alcoholism, prison, etc;
- Whether the separation was sudden e.g. suicide;
- Whether there was illness or death involved;
- What family relationships were like before the loss;
- What relationship and contact the child has with parents, siblings, grandparents, aunts and uncles etc;
- Whether the child's position in the family changes, e.g. youngest to oldest;
- Whether a parent remarries.

It is important for carers to know as much as possible about the circumstances surrounding your foster child's loss, so that you can help him/her as much as possible.

How do children react to loss or grief?

The symptoms of grief or loss are many and their intensity will vary. You may notice some of these:-

1. Feelings:

Depression: Feelings of sadness and despair, sometimes triggered by external events. **Guilt:** Self-blame for the loss and feeling sad about their behaviour towards their parent. **Anger and hostility:** Directed towards the child or family, Social Worker or foster carers.

2. Behaviour:

Agitation: Restless, over active, lost.
Fatigue: Reduction in normal activities, crying.
Dependency: Clinging and introverted.

3. Attitude:

Low self-esteem and self reproach.
Helplessness and hopelessness: Pessimism about present situation and the future. Possible suicidal behaviour.
Suspiciousness: Doubting the motives of those who offer help, such as foster carers.
Inter-personal problems: Difficulty in maintaining and making relationships. Imitation of the behaviour of the lost person and/or idealism of them.

4. Physical Reaction:

Loss of appetite, or sometimes overeating.
Sleep Disturbances: Nightmares or sleep-walking.
Bodily Complaints: Headaches, sickness, tremors, hair loss.

Physical complaints, the lost one: Symptoms similar to those of the deceased parents may be felt in the child.

Toileting: In younger children this may regress.

Cognitive Impairment: Lack of concentration and ability in thinking, school work and creative skills may suffer.

How to help children cope with loss

- Talking, listening and sharing feelings with foster child.
- Give honest, clear explanations about what has happened.
- Allow the child the space to cry and explore their worries and feelings, which will range from sadness to anger.
- Play may be very important for young children in particular, who may need to act out their feelings through play.
- Help the child build up a full picture of what has happened to him/her, what lost parent was like etc. People and past events need to be kept alive and this is part of the grieving process. This is where
- Life story work can be so important.
- All children need to feel safe and cared for.
- Maintain a routine for children, so that they feel as secure as possible. A child may be clinging, need reassurance and need to regress.
- Liaison with schools is important and encouraging young people to help them express their feelings and act them out in a healthy manner, e.g. via sport, hobbies or music.

Professional help

A child you care for may be receiving, or will have been referred to receive, for example, therapy or counselling from a service such as the Child & Adolescent Mental Health Service (CAHMS) or a Youth counselling service, or may be receiving direct work from a Social Worker or play therapy from a Play Therapist. Should you feel a child you care for needs this kind of service, but has not been referred, discuss your thoughts with the child's Social Worker and with your Family Placement Social Worker.

The need of a child for specialist therapeutic help should also be noted at the Child In Care Review meeting and should be written into the child's Care Plan.

Alcohol, drug and solvent abuse

Many foster carers worry about young people becoming involved with drugs. They feel that they don't know enough about drugs to help prevent young people coming to harm.

A carer cannot prevent a young person from coming in to contact with drugs. But your influence can mean they make the right choice if they do – by making sure you know just as much about drugs and talking openly about the risks.

Most young people who do try drugs don't continue using them. Only a small minority of young people will end up problem drug users. In fact research shows that a child is far more likely to develop a problem with alcohol than with illegal drugs.

Young people may be attracted to drugs for similar reasons as they are to alcohol, perhaps because:

- they enjoy the short-term effects
- their friends use them
- they want the same kind of experience that they get from drinking a lot of alcohol
- they are curious about the effect
- the drugs are easily available
- as part of growing up, they might just want to 'break the rules'

Discussing Drugs with Young People

To work effectively with young people on issues of drug use, foster carers need to know about the effects and risks of different drugs. It is important to give young people accurate information which will encourage them to reduce the risks they take.

Choosing an appropriate time to talk about drugs with a young person, being willing to discuss the issue and setting up a dialogue, rather than over reacting or lecturing, will be the best way of getting the message across. It is also important to talk about specific drugs, rather than lump them all together. Making the necessary distinctions between how they can affect individuals and the levels of harm.

Foster carers of young drug users need accurate information about drugs and to know where they can get support.

The department offers a basic drug awareness course and there are a number of specialist support services which can be accessed by carers and young people such as www.talktofrank.com

The approach taken with young people should be specific to each individual. It will depend on their age, maturity and on their experience of drug use. (For example, safe injecting advice should not be given to somebody who does not inject and who is not considering injecting). Remember - get the information and facts before you start!

To talk effectively with young people about drugs the following guidelines are helpful:

- Show that your main concern is for their health, safety and well-being;
- Listen carefully to their views and feelings;
- Try to explain your feelings (this will help them understand your point of view);
- Talk with them, rather than to, or at them;
- Don't panic;
- Don't confront a young person whilst they are intoxicated;
- Don't assume if someone says they have taken drugs, that they have a drug problem;
- Talk with them about their feelings or about drugs;
- Get them to think about how they might refuse to try drugs;
- Listen to take young people seriously. Take time to find out about their views and feelings without arguing with them;
- Be firm without being aggressive;
- Don't 'bully' young people;
- Don't preach - being 'holier than thou' does not help a child;
- Don't try to scare children with shock horror stories. It doesn't work - and to someone who uses drugs and has experienced their effects, it will be unbelievable;

There may be occasions when a young person uses an illegal drug in the presence of their foster carers. It needs to be made clear that this is not acceptable. Such drug use may be designed to challenge, confront or shock, and therefore will need careful management. Such incidents need to be recorded and the child's Social Worker informed.

Possible Signs and Symptoms of Drug Use

It is often very difficult to tell when a young person is using drugs and it starts to become a problem. Individual drugs will affect people in different ways. The list of signs and symptoms below may raise suspicions of drug use, although many are indicative of normal adolescence, so great care needs to be taken when applying them to individuals.

Paraphernalia

- Cigarette papers, matches or lighters
- Small pieces of foil or cling film
- Plastic tubing or straws
- Cardboard torn into small pieces
- Spoons discoloured by heat

- Syringes or needles
- Small plastic bottles
- Drinks cans with holes in
- Empty aerosol cans

Physical Symptoms

- Lack of appetite/weight loss
- Soreness or rashes
- Tiredness
- Frequent headaches
- Lack of co-ordination

Behaviour

- Changes of mood
- Restlessness/secretive
- Loss of interest in school work
- Lying and furtive behaviour
- Lack of interest

Dealing with young people under the influence of drugs Intoxicated and fully conscious

- Stay calm and speak quietly
- Decide if medical help or the assistance of a first aider is required
- Find a quiet space
- Ask someone to contact parents/carers

Maintain continuous supervision until accompanied home

Unconscious

- Send someone to phone 999
- Decide whether you feel competent to help. If not, contact a first aider.

The following advice is for a competent person:

- Put casualty in recovery position
- Assist breathing by loosening anything around the neck
- Check breathing - commence artificial respiration if breathing stops
- Check pulse, commence heart massage if no pulse is found
- Keep casualty warm by using coats or blankets
- Try to find out what substance might have been taken
- Maintain continuous supervision

Problematic Drug Use

If a foster carer has a concern about a young person's misuse of substances they should contact the child's Social Worker. The most common type of drugs:

Amphetamines	(speed, whiz, uppers, etc.) Usually pill form or a grey/white powder. It can be swallowed/smoked/injected or dissolved in a drink.
Cannabis	(hash, grass, weed, skunk). Comes in black or brown lumps of resin or dried leaves like grass.
LSD	(acid, trips, tabs, dots) Comes as small pills. '1/4" square of paper, often with a picture on one side. Can be liquid or sometimes injected.
Cocaine	(coke, charlie, snow, C) White powdery appearance. Can be sniffed or injected.
Crack	(crack, rock, wash, stone) Refined cocaine, using other chemicals such as baking powder. Can be in the form of small crystals and is smoked or injected.
Opiates, e.g. heroin	(smack, brown, gear, junk, scag) White or brown powder that can be injected, smoked or sniffed.
Ecstasy	(pills, brownies, 'rolex's, 'dolphins') Usually in tablets or powder form, swallowed.
Solvents and Gases	(gases, glues, aerosols) Can be sniffed or breathed into the lungs from a cloth, sleeve, plastic bag. Some gas products can be are squirted directly into the back of the throat.

Support for Foster Carers

Research shows that what is most important to foster carers is support they receive from both their FPSW and the child's Social Worker.

Foster carers say they need job-satisfaction - feeling they have made a difference to a child's life. They want recognition of their skill, knowledge and commitment. They want the resources for the child, which will also support them in their care of the child and they want to be treated with respect and as part of the team that delivers services to the child and his/her family.

Research also shows that when foster carers are properly supported placements for the child are more stable and the number of unplanned endings are fewer.

The FPSW offers support to Foster carers primarily through regular supervision meetings. Foster Carer Support Workers and SSAs also provide additional support and visiting if needed. This is especially valuable for carers when they are starting their fostering career and is also welcomed by those carers who may have a particularly challenging placement.

Procedures for Newly-Approved Foster Carers

As newly approved carers you will already have had a joint hand-over visit from the assessing FPSW and your allocated district FPSW. It is at this point you will have been given the Fostering Manual and the Welcome pack.

Paperwork and information contained in the information pack is as follows:

- Foster Care Agreement (CA4) to be signed by foster carer and FPSW and a copy given to carer's for their records.
- Foster Carer's 'Safer Caring' Agreement to be signed.
- Supervision Contract - a date for the first supervision meeting needs to be set for the carer with his/her FPSW.
- Information to be given to the carer about how his/her training needs will be identified. Invitation to any support groups, social events etc – arrangements made for carer to attend.
- Letter from the District Family Placement Team Manager - welcoming carer/s to the District Family Placement Service.
- Copy of Departmental Policy and Procedures re: current Fostering Allowances.
- Forms for claiming of travel expenses for foster carers.
- Information re: Hampshire Fostering Network e.g. current newsletter, contact details. Information and contact details re: National Fostering Network.
- All necessary contact details and tel. nos. and email addresses for:- carers' FPSW, Foster Carer Support Worker; District Family Placement Team Manager; OOHS; Hampshire Employee Support Line.
- Information re: obtaining an ID card.
- Hampshire County Council's Complaints leaflet.

- Hampshire's Complaints & Allegations Against Foster Carers' leaflet.
- Copy of Foster Carers' Training Diary.
- Portfolio containing the Children's Workforce Development Councils Training Support and Development Workbook.

If you do not have any of the above please discuss this with your FPSW.

Supervision of Carers

The FPSW should ensure carer's have received the Hampshire Information Leaflet FC3, which gives the carer information on supervision, annual reviews, and the competencies for the Skills Levels.

The carer and FPSW should sign the supervision contract, which details the roles and responsibilities of each part and how often the FPSW will visit. The carer will receive a copy of the contract.

Foster carers will receive a minimum of 1.5 hours supervision every 6 weeks from their Family Placement Social Worker. It is possible that more frequent visits from their FPSW might be needed - when a foster carer has his/her first placement, or when there are specific issues with a placement, for example. It is also possible to reduce the visiting time, should for example the placement be long term and very stable. Both parties, however, need to be in agreement with this.

The foster carers' own children should be seen separately by the Family Placement Social Worker at least 3 times a year.

Where there are 2 carers jointly approved, both should be seen at every supervision meeting wherever possible.

A foster carer should receive at least one unannounced visit a year from their Family Placement Social Worker.

All supervision visits must be recorded by the family Placement Social Worker on the supervision record form (FC2) which both parties must sign. A copy is given to the foster carers and whilst the original is placed on the foster carers' file.

Supervision notes and discussions are used to identify a foster carer's training and development needs and to identify when a carer may be ready to be appraised to move skills levels.

Annual Household Review

Every foster carer has a annual Household review which is chaired by someone who is not responsible for your day to day supervision. The purpose of the Review is to reflect on the foster carers' work during the year, to identify any training and development needs and to ascertain that the foster carers' approval is still relevant to their current work in fostering.

The review process will also invite foster carer's children to comment upon their experience of being part of a fostering family. The Social Workers of all children who have been placed with the foster carers during the year will also be invited to comment the quality of care the foster children have received.

Household Reviews may also take place following an allegation or complaint against carer. This is normally chaired by a manager and again will identify any training or support needs of the carer.

The Fostering Network

The Fostering Network is the only national charity whose sole interest is working with Children In Care, foster carers and Social Workers. It is a very useful organization which you are now eligible to join. It was formed in 1974 by foster carers and Social Workers, to give all those involved in day to day fostering a greater say in what was happening in foster care.

Membership is open to everyone with an interest in foster care. Benefits include:

- a membership pack containing six free Signposts in Fostering, our series of information booklets for foster carers, covering the key topics for new carers;
- a free subscription to our magazine, Foster Care;
- regular membership mailings, keeping you up to date with our work and the latest developments in fostering;
- free round-the-clock legal, tax and medical advice, as well as a stress counselling service;
- access to the Fostering Network's members only website, where you can explore our Foster Care Resource Centre;
- access to our advice, support and information services;
- special members prices on all of our training courses and publication.

For membership information see the website <http://www.fostering.net/membership> or write to: 87 Blackfriars Road, London, SE1 8HA, TEL 02076206400

The Hampshire Fostering Network (HFN)

The Hampshire Fostering Network is a group of Hampshire Foster Carers who form a committee to work with the Children's Services department to help improve services for foster carers and for children who are in foster care. All HCC carers are automatically members of the HFN.

They receive a small grant which supports their monthly meetings as well as an annual general meeting, a conference for the children of foster carer's and a number of social events. Representatives also attend seminars and meetings on other areas to keep up to date with what other local authorities are doing.

Representatives from each of the local support groups are always welcome to attend committee meetings as well as to participate in all organized events. Information about HFN meetings is published in Foster Carer Communications, including details of how to obtain minutes of meetings.

Insurance for Foster carers

It is important to ensure you are properly covered by your household, buildings and car Insurance policies when you are fostering and to inform yourself fully of all the details of your policies.

During your assessment to become a foster carer, insurance will be discussed and, when you are approved as a foster carer, you should inform all your insurers in writing that you are fostering. Advise them the likely number of children you may be looking after and the fact that these children will be regarded as members of your family whilst they are with you.

You may need to talk to your family placement social worker about the need to pass on specific information about a particular child, for example, if that child has been convicted of arson or theft.

In situations where damage has been caused by a foster child, the carers should first apply to their own insurers regarding replacement (Note: Some policies do not provide cover for accidental/malicious damage or theft arising from one's own children - and therefore foster children - in the home). Some policies incorporate an excess whereby the householder pays the first part of the claim. The Department may be able to offer assistance with this in individual cases of particular difficulty.

If it is not possible to claim under the policy, the carer needs to talk to their Family Placement Social Worker, who may be able to complete a claim form which requests that the department helps towards the costs of replacement/repair. In these circumstances the carer needs to obtain 3 estimates for cost of replacement/repair. The decision as to whether the Department meets these costs rests with the Family Placement Operations Service Manager.

The Local Authority has public liability insurance in respect of the fostering of children in the Local Authority's care. This policy only operates to cover foster carers in so far as their own personal liability insurance is inadequate.

The Local Authority policy will indemnify foster carers against all damages, legal costs and expenses for which they become legally liable arising out of accidental death, bodily injury or illness of a foster child and accidental death, bodily injury, illness or damage to a third party caused or contributed to by a foster child. For a foster carer to be legally liable, the claimant has to prove that they were negligent in causing the injury, illness or damage.

Once approved, all Hampshire foster carers can join the Fostering Network: if you do so, you will be covered by Fostering Network's legal insurance scheme. This provides a free legal advice line and (if necessary) legal representation. There is a useful leaflet - 'Insurance and Foster Care' published by the Fostering Network which can give you fuller information. Your FPSW can obtain one for you.

Complaints Procedures

What you need to know if a concern, complaint or allegation is made against you.

Introduction

This information has been produced in conjunction with the updated 'Concerns, Complaints and Allegations' procedure (2009), to inform foster carers and their families about the new procedure and the support available to them in case a complaint or allegation is made which involves them. It will explain about the process and what happens at each stage. The full procedure is available on request from your FPSW.

The Fostering Service has a duty to investigate any concerns raised about the care provided to a 'looked after' child. This is governed by the Fostering Services Regulations 2002 and amendments 2009, as well as by the National Minimum Standards, Working Together 2006 and the Local Safeguarding Board (LSCB).

Equally, there is a responsibility to assist carers in a very broad way through training, development, supervision and support and to provide additional independent support specifically during any investigation.

As always, there is a balancing act to ensure that both of these requirements are met professionally, responsibly and fairly.

When the procedure will be used

According to Working Together, the framework for dealing with issues "should be used in respect of all cases in which it is alleged the person has:

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child or
- Behaved towards a child in a way that indicated that s/he is unsuitable to work with children"

It applies to a wider range of situations than those which are of a Child Protection nature.

The National Minimum Standards and Regulations for fostering also require concerns about carers' conduct to be properly looked into, and where appropriate, their approval reviewed.

The Principles of the Procedure

- The welfare of the child is paramount
- Any concern about the quality of care must be fully explored
- Investigations should be thorough, timely and consistent
- All parties should be treated with dignity and respect
- The investigation should be at the lowest level possible
- Fostering households will supported and treated fairly

- Carers will have an opportunity to respond to concerns
- Think the unthinkable – some carers do act inappropriately

Support for carers

Even low level criticism can be difficult to accept and can be hurtful. Hampshire Children's Services recognises that having issues raised about you, at any level, can be distressing or frightening and especially so if it is of a serious nature. A significant complaint or allegation, or indeed a relatively minor issue, may make you feel as if your professionalism is being questioned, and your family and reputation put at risk or affected emotionally.

As part of its commitment to supporting carers, the Hampshire Children's Services Fostering Service commissions the independent services of Debra Gibbs-Baker at Fostering Support Ltd. This support is for carers who are the subject of a complaint or allegation (level 2 and 3). These terms are explained later in this booklet.

Debra used to be a foster carer, has links with the National Fostering Network and has worked for many years providing support to carers across the UK. Debra can be contacted on 01730 231603 or at debra.gibbs@fosteringsupport.co.uk You can also visit the website for information www.fosteringsupport.co.uk.

The amount of support available from Fostering Support will depend on the circumstances and need identified. The feedback from carer's who have used Debra's services has been very positive.

"The worst bit for me was the isolation at the time...I need to say how much speaking to Debra helps" (Peter – foster carer)

Professional support may be able to assist with:

- Information and advice about the process of enquiries and the rights and responsibilities of all parties
- Emotional support for foster carers and their families
- Mediation – the process of an investigation can put a strain on the relationship between the foster carer and the fostering service
- Advocacy – some foster carers may wish their independent support to advocate on their behalf, for example in meetings.

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Foster care support workers and your FPSW will also maintain contact with you and may be a source of support. However, there may be restrictions about what may be said, which can be distressing for all parties and especially isolating for you as the foster carer. Your local support groups may also help reduce any sense of isolation.

The National Fostering Network has a general help line on 0800 040 7675 or e-mail contact at fosterline@fostering.net which may also be useful.

What, if anything, can I do to prevent a concern, complaint or allegation?

There may be some practices which may help you to prevent issues being raised with you:

- Adhere to a safer caring policy in your home and beyond
- Ensure that there is a completed risk assessment for every child not only at the beginning but also at regular intervals during their stay with you
- Ensure that your recording is accurate
- Be committed to training and development opportunities
- Use supervision regularly, openly and honestly to share pressures and challenges and seek advice
- Use the support of your foster care support worker and local networks
- Be a good communicator with the other professionals involved with you as well as with the child or young person in your care
- Keep copies of any correspondence to you relating to previous investigations.

What is a concern, complaint or allegation? Who can make them? What happens initially?

A concern, complaint or an allegation can come from many sources. A child may say something; or their school, their parent, friend, doctor, youth worker, their social worker or other professionals may express a worry about the child or their care. The issues raised may be of a formal or informal nature and may relate to current or historical issues.

The information, wherever it comes from, will be passed to the child's social worker and the family placement social worker. The social workers and their managers will discuss the information:

- Concerns (Level 1) will be discussed by the social worker and their manager(s).

- Complaint (Level 2) will be discussed with the social worker, their managers and a more senior manager. This is usually the district service manager or Local Authority Designated Officer (DSM/LADO).
- An allegation (Level 3) will be discussed by the social worker, managers and the Local Authority Designated Officer at Headquarters (HQ) (LADO).

The LADO HQ is independent of both the child and the carer.

Everyone recognises that the information may be malicious or inaccurate or it may have full or partial or no substance to it. Sometimes it is difficult to reach a full conclusion. It is in the interests of both carers and the child that it is looked into and conclusions determined wherever possible and in the shortest timescale.

- **Concern (Level 1)**

These issues are usually related to the day to day management of the child in your care. For example, they may be about food issues, routine care, getting a child's hair cut without permission or low level behaviour management issues. This level can also be used if there has been an accumulation of lower level issues which don't meet the criteria.

- **Complaint (Level 2)**

These issues are more serious and may relate to the parenting style or quality of care provided by the carer. For example relating to inappropriate sanctions i.e. stopping a child's pocket money or withholding food. It may relate to the quality of the working relationship with professionals, or perhaps working to the child's care plan. Other areas may be related to a breach of confidentiality or poor attitude to birth parents. Again it can also be used if there are is accumulation of concerns (Level 1) despite discussion, supervision or training etc.

- **Allegation (Level 3)**

At this level allegations may relate to potential harm caused to a child, for example physical, sexual, emotional abuse, grooming or neglect. A criminal offence may possibly have been committed but not necessarily. This can include an assault on a child. It also includes suggestions of behaviour that would imply the carer may be unsuitable to care for children. For example, looking at pornographic internet sites, exposing children to domestic abuse or misusing alcohol or substances in the presence of a child or the child is directly or indirectly exposed to the behaviour. All of these examples would generally lead to a child protection investigation. If the carer is the subject of a police investigation which is of a nature that would suggest they are unsuitable to continue as a carer, this would trigger this procedure.

Please remember – is important to hold on to the fact that the social workers, managers, and potentially the police, will not make any assumptions, conclusions or judgments about what is said at the outset of this process.

They have to follow a process (the procedures), which involves gathering information and working alongside other key people to reach a conclusion, balancing their responsibilities to both you and the child”.

What is the next stage? Suspension? My fees and allowances? Any child in placement?

The family placement manager and their manager will discuss whether or not suspension from fostering is appropriate. This should be a rarity and only happen if there is considered to be a high level of concern or risk but this will depend on the circumstances. The rationale for any decision should be explained to you fully.

Similarly, they will need to consider, along with the child’s social worker, their manager and the DSM whether or not the child should remain in your care. It should only be in extreme circumstances that the child would be placed elsewhere; indeed there is a presumption that they will remain with you unless there is a clear reason or risk for them not to, and this decision is made at a high level. You may wish to question whether or not a DSM has made this decision as this should be the case.

With regard to your fees and allowances; if all the children placed with you are removed from your care, as a result of an allegation, then you will continue to receive the skills fee and a proportion of the fostering allowance on a sliding scale for a period of three months. If you do not receive a skills fee you will receive your fostering allowance on a sliding scale for a period of three months. After three months a formal review will happen and consideration will be given to the progress and status of the investigation in to the allegation and whether payments will continue at a reduced rate. These monies will only be paid for the number of children that have been removed and not for the potential number of children that could be placed. There will be circumstances where payments will be cease at the discretion of HCC for example in rare cases where carers have been formally charged by the police.

What happens next with Concerns (Level 1)

Usually with this level your family placement social worker will come to visit you to discuss matters; if it is about the child in your care their social worker may visit too. This should happen as soon as possible or at least at your next supervision. You will all try to reach agreement about what has happened and if anything further needs to happen such as training, extra visits, support or any tasks for the social workers.

The social workers will give feedback to their managers and often the matter will have been resolved; perhaps with some actions. A record of this visit will be held on both your file and the child's file (if appropriate) and confirmed in writing to you by the family placement team manager. It is likely that it will be discussed at your next household review.

Occasionally, if the managers are not entirely happy that everything is resolved, then it may be necessary to increase the concern (level 1) to a complaint (level 2).

Complaint (Level 2)

A strategy meeting, with all of the key people, will be held within 48 hours of the complaint being made to consider the complaint itself, gather information and agree any actions and by whom within specified timescales.

Unless there are exceptional reasons you should be told within 48 hours about the complaint with as much detail as possible at that stage or an explanation about why this isn't possible.

The chair of this meeting, will usually be the DSM. They will write to you within 72 hours of the meeting explaining the substance of the complaint, who will be involved in the investigation, contact details, the process and the timescales and will confirm the support available, as well as any decisions about the child/ren in placement.

It is likely that you will be visited by your family placement social worker and the child's social worker but occasionally, for a variety of reasons, it may be other social workers. This can be useful to build in some extra independence.

Further strategy meetings may be necessary to complete the investigation and for the chair to reach a conclusion about the complaint. Your views will be fed into this meeting via the social workers so it is important you explain your views to them.

The chair will write to you within 10 days confirming the outcome of the investigation. This will be kept on your file (and the child's as appropriate).

A household review should follow the investigation, usually within 28 days of the conclusion of the matter.

The matter will also be referred to fostering panel. For more serious matters, or if there is a view that you should be de-registered, there is an expectation that you attend panel to conclude the matter. The panel have a responsibility to consider your approval as carers following such a matter. Generally speaking though, this is an opportunity for you, with your support worker, to discuss how the process has been for you and have your views formally recorded and considered. It is not usually something to be worried about if the outcome of the investigation

and the household review has been positive but the panel may pick up on different issues collectively or make other recommendations.

Allegation (Level 3)

A strategy meeting with all of the key people will be held within 48 hours of the complaint being made, although preferably within 24 hours, and if not, an interim decision will be made. The meeting will consider the complaint, gather information and agree any actions to be completed and by whom within specified timescales.

Unless there are exceptional reasons you should be told within 48 hours about the complaint with as much detail as possible at that stage, or be given an explanation about why this isn't possible.

The chair of this meeting will be the DSM or the LADO. They will write to you within 72 hours of the meeting explaining the substance of the allegation, who will be involved in the investigation, contact details, the process and the timescales and will confirm the support available, as well as any decisions about the child/ren in placement.

It is likely that you will be visited by your family placement social worker and the child's social worker but occasionally, for a variety of reasons, it may be other social workers. This can be useful to build in some extra independence.

There is a likelihood that the police will be involved with an allegation and the point at which they wish to speak to you will probably impact on when the social workers can speak to you. The police generally have issues about compromising an investigation but this is also for your protection. The police may visit jointly with the social workers and the questioning may be informal or very rarely, for serious matters, you may be interviewed under caution or arrested. Further strategy meetings may be necessary to complete the investigation and for the chair to reach a conclusion about the complaint. Your views will be fed into these meetings via the police or the social workers (dependent on any police investigation), so it is important that you are able to express your views if it is in your interests to do so. Your known history in fostering through supervision and reviews and training etc will be included, to enable a balanced discussion.

You will be kept informed of the timeframe and outcomes from the meetings, and ultimately the outcome of the investigation, as the chair will write to you within 10 days. This letter will be kept on your file (and the child's as appropriate).

Household Review and Fostering Panel

A household review, chaired by an independent manager, should follow the investigation, usually within 28 days of the conclusion of the matter but finding someone who is independent sometimes takes time.

Where a complaint or allegation has been made (level 2 & 3) whatever the outcome the matter will also be referred to fostering panel. There is an expectation that you attend panel to conclude the matter and certainly if you wish to continue to foster. It is an opportunity to discuss the impact of the investigation on you and any lessons learned or support needed for the future. Your family placement social worker (FPSW) will also be in attendance and your independent support worker is welcome too. If the police are involved and there is a criminal investigation it is not necessary to await the outcome of this to go to panel, senior management will decide on this if there is a delay.

The panel have a responsibility to consider your approval as carers following such a matter. This is not usually something to be worried about if the outcome of the investigation and the household review has been positive, but the panel may pick up on different issues collectively or make other recommendations, particularly with an allegation. There is the possibility that the panel may not recommend that you continue to foster, or that they may wish to vary the terms of your approval however you will have every opportunity to put your views forward.

Following panel any recommendation(s) will be passed to the agency decision maker (ADM) to make a 'determination' regarding your continued approval. This decision should be communicated to you within two weeks, although the panel will advise you of their recommendation at panel.

Appealing any decision to de-register

In the rare event that the fostering services proposes to de-register you as a foster carer (the determination) or wishes to vary your approval, you will be advised of this in writing. The reasons for the proposed decision (determination) will be provided to you.

If you do not agree with the proposal to terminate or vary your approval you have the opportunity to 'make representations' (appeal) against this within 28 days of receipt of the letter.

If you decide to 'appeal' you will need to write to the agency decision maker to confirm this together with your reasons and any other information that you wish to be considered.

You have the option to have your case heard at a different panel within Hampshire, or through the Secretary of State who organises (via BAAF) a review by an independent review panel. You will need to be clear in your letter to the ADM which option you prefer. These options will be explained in the 'determination' letter to you.

There are a couple of restrictions about when this right may not apply which are complicated, but in essence relate to where there are convictions or cautions relating to specified offences. Whichever panel reviews your case, their recommendations will be passed to the ADM for consideration and they then make a decision which is final.

If you do not challenge the determination within 28 days then the ADM will progress their decision and you will be de-registered or your approval varied as recommended by the panel and decided by the ADM.

Should I take legal advice?

It is important to acknowledge that being the subject of an allegation of potential abuse is serious. It would be wise to take legal advice from a solicitor at the earliest possible stage and certainly if you are under arrest and the police wish to question you. A solicitor can be provided via the police duty solicitor system if you do not have one.

If you attend the police station voluntarily in order to assist the police with their enquiries, but are not under arrest, you are free to leave the police station at any time. If the police do not wish you to leave, then you can only be detained if you are placed under arrest.

Hampshire County Council also has legal expenses insurance cover to protect you in certain circumstances. If any criminal or civil proceedings are instigated against you, your partner or your own children as a result of your fostering activities, you should ask your family placement social worker for further information.

It is also possible to have your own legal cover through membership of the Fostering Network.

Records

Some carers have expressed concern about records of unsubstantiated complaints being held on their files. This is not something about which there is compromise, as it is a regulatory requirement but you should be sent letters confirming the progress and outcomes of any investigation which you are able to keep for your own records. You can also access your own file via the “access to records” process.

Making a complaint

If you are unhappy about the way that you have been treated, or the way in which any investigation has been conducted then you may wish to make a complaint using the departmental complaints process. This is separate from the ‘appeal’ against any decisions made by the ADM. Essentially this only applies if you assert that the procedure or process was fundamentally flawed or if there was significant inaccuracy in the information relied upon by panel.

Advice about how to do this may be found in the foster carer's handbook or can be obtained from:

- The supervising social worker
- The local authority complaints officer

Following an investigation, what about me?

Some carers do feel as if they have completely gone through the proverbial mill and may be worn out and disillusioned by the fostering task or even angry about what has happened.

On many occasions it may be that the investigation has been unsubstantiated or your feelings about the process are unresolved. This may cause distress for you and your family.

Carers may sometimes worry about records of an investigation being kept on file if they are unsubstantiated. The department has to keep these records but you will get a letter detailing the outcome.

Some carers decide fostering is not for them or may wish to take some time out or request some additional support to continue caring. It may be a good idea to have some additional training to develop skills further.

It may be advisable to change your approval for any number of reasons and you may wish to consider this yourself.

Some carers emerge from this process all the more confident in their role as a foster carer and having learned from the experience.

It is true to say that some carers who have gone through the process go on to support other carers who may find themselves in the midst of an investigation.

Carers who have been in this situation often report that at the time they felt very isolated and alone and it is important that even after the event they get support.

What about my relationship with my foster child?

If your foster child has remained with you it is important to ensure that they remain safe and secure.

Concerns, complaints and allegations may be raised by the child or others for many reasons and the majority are not malicious. It is therefore important that children do not feel blamed for events surrounding these matters. It is important to discuss any feelings or issues with the social workers and then, if appropriate, the child. Maintaining a positive and nurturing environment for the child is paramount. Your ongoing positive relationship with the child is fundamental to any placement stability.

If during the process the child has moved on, especially in an unplanned way, it may be very important for you and for them, dependent on their age, to recognise any feelings of loss, guilt, anger or failure. You may wish to think about how this can be managed to achieve some kind of positive ending and perhaps allowing for any successes within the placement to be recognised. The social workers should be able to assist you with this.

Conclusion

No one can predict when things might go wrong with a placement but by keeping yourself safe and accessing all of the support, advice and information available you may reduce risks. If issues do arise it is possible to learn, develop and move forward in your fostering career and you would be encouraged to access all of the support possible.

Sources of further information

Fosterline Fostering Support Ltd - The independent service commissioned by Hampshire
Telephone: 01730 231603 E-mail: debra.gibbs@fosteringsupport.co.uk

The Fostering Network - Publishes a wide range of information for foster carers and fostering services

Telephone: 020 7620 6400 Website: www.fostering.net

Independent Police Complaints Commission

Telephone: 08453 00202 E-mail: enquiries@ipcc.gsi.gov.uk Website: www.ipcc.gov.uk

The British Association for Adoption and Fostering

Publishes a range of material for foster carers, fostering service providers and other social care professionals.

Telephone: 020 7421 2600 Website: www.baaf.org.uk

Complaints on behalf of the Children In Care

There is a procedure for children and young people to make a complaint. Ask the Social Worker for a leaflet if you wish to make a complaint on behalf of a child or young person, or to help him/her register a complaint. Foster carers should also assist children or young people wishing to complain about aspects of their foster placement, by ensuring s/he understands the complaints procedure and, if necessary, ensuring s/he is assisted in the pursuit of the complaint.

Complaints against the Foster Carer(s)

All foster carers will receive the Children's Services leaflet 'Complaints and Allegations Against Foster Carers' which gives useful information about Hampshire County Council's procedures when complaints against foster carers need to be investigated.

Fostering Network can provide independent support for a carer who is subject of an investigation. Your Family Placement Social Worker will also support and explain all the processes and procedures.

The department also currently employs Debra Gibbs-Baker as an Independent Complaints and Allegations Officer who can help and advise. Her details can be found in Appendix 4.2

Allegations of Abuse: General Principles

When allegations of abuse are made, the Social Service Department's primary responsibility is the protection of the child. It is essential that all statements by foster children alleging abuse are taken seriously, and that all allegations are dealt with fully and honestly.

Foster carers have a right to a service which acknowledges that they are undertaking a demanding task on behalf of the agency and would not be in this vulnerable position if they had not become foster carers. As above, it must be acknowledged that a significant number of foster children will have been abused prior to coming into care and some may make false allegations against their carers. However, it must also be borne in mind that some foster carers do abuse children and that the Departments responsibility remains with them.

Because of the complexity of the foster carer's situation, the overall management of any allegations of abuse will lie with the Service Manager of the Area in which the carer lives. For Hampshire Foster Carers this will be the Family Placement Operations Services Manager.

If the child is placed in a foster home in another county, the responsibility for the implementation of child protection procedures lies with the county where the carers live but responsibility for ensuring the welfare of the child remains with Hampshire.

All foster carers subject to allegations will usually be supported by the Family Placement Team Social Worker. However they will also be directed to other sources of support as the Family Placement Social Worker is an employee of the Local Authority and as such has primary responsibility towards the children involved. Their support, therefore, will be limited to ensuring that the foster carer is kept informed of the progress of the investigation and providing information to the investigating officer about the foster carers.

Consideration is given to the provision of independent professional support to the foster carers. Members of the Hampshire Foster Carers Association are willing to offer support, and carers also have access to the staff counselling service which is independent of the authority and entirely confidential. We will incur the costs.

The designated Family Placement Team Social Worker must make his or her responsibility to the agency clear to the family at the outset.

Foster carers have the right to know of allegations made with due regard to protecting evidence and disclosure of information.

It must be acknowledged that to remove children automatically from foster carers is bad practice. It must, however also be accepted that in exceptional cases where children are suffering immediate distress the needs of their welfare might necessitate a temporary removal while investigations are undertaken.

Care must be taken in the filing of any documentation on allegations against foster carers to ensure that the conclusions are readily accessible and that the existence of Child Protection paperwork does not lead to inaccurate supposition. Conclusions and outcome should therefore be attached to the front of the relevant Child Protection paperwork to ensure due emphasis is given to the outcome in future years.

Foster carers should be offered the opportunity to add their comments to the recording of an enquiry or investigation.

More detailed information about how Children's Services investigates any complaints or allegations made against foster cares can be found in the Children's Services' department's 'Complaints and Allegations Against Foster Carers' Policy and Procedures, a copy of which can be obtained from the Family Placement Social Worker team.

Child Protection Enquiry

It is important that any enquiry or investigation into allegations against foster carers is undertaken by a worker who has no involvement with the foster family or the child's family, a) for reasons of impartiality and, b) to ensure as smooth a return as possible to the pre-allegation relationship with the carers should the allegations prove unfounded.

All allegations of abuse of children by foster carers should be referred via the Team Manager of the child's Social Worker and to the relevant Children's Service Manager (Operations), who will advise on the investigation of the allegation, in liaison with the Family Placement Team Manager. The Children's Service Manager will then ensure an independent Social Worker Team co-ordinates enquiries.

The allocated Social Worker will consult with all relevant people. This must include the Family Placement Social Worker and the Child's Social Worker.

The Service manager will advise all of the result and enquiries and suggest a plan of action. This plan of action must take into consideration the following:

- The Safety of the children in the household and any necessary action to ensure this.
- The nature of the allegation, its source and reliability.

- The knowledge that the agency has of the foster carers, how long they have been fostering, how many children they have cared for, known strengths and weaknesses and any exceptional features about the child and/or placement.
- Determine at what stage the foster children's parents should be informed of the allegations.
- What support can be offered to the carers.
- If there is to be no further action, a recommendation on who should inform the foster carers of the enquiry and its outcome should be made. The outcome should be written up clearly and ultimately attached to the foster carers file.

• There must be a recommendation on if, how and when an investigation needs to take place.

Child Protection Investigation

If the Manager concludes that an investigation is necessary, the child's Social Worker conducting the enquiry will become the case co-ordinator.

The case co-ordinator should check that the foster carers are familiar with Hampshire Child Protection Procedure. The preparation course and/or post approval training will have covered this and there will be a section in this guide to which the foster carers can be directed.

The case co-ordinator should also ensure that foster carers are aware of the insurance arrangements provided by the Department and under what circumstances legal expenses are covered.

The investigation must include a review of the past history of the child, especially in relation to other allegations of abuse.

Whilst investigations are continuing, the responsibility for the decision to remove a child should lie with the Service Manager responsible for the investigation. Children should only be removed from their foster families where there is a significant risk of immediate harm to them or where the placement has irretrievably broken down. A hasty removal may cause more damage to the child/ren and family than the alleged incident may have done.

The decision to maintain a child in the foster placement becomes problematic if the child placed is from another local authority. Resolution at Assistant Director level may be required on such an occasion.

If the child's parents have not been approached in relation to the enquiries they should be informed that an investigation has taken place and of its outcome.

After the investigation the foster carers should be given a written statement of the allegations against them, the investigation and its outcome, by the Children's Assessment Team Manager. A copy of this letter should be attached to other documentation about the investigation on the foster carers' file.

A decision should be taken by the Children's Services Manager as to whether a case conference is needed.

Case Conferences

It must be made clear to the foster carers that the conference will consider the potential risk to all children in the household, including the foster carers' own family. The case co-ordinator should give the foster carers information about the purpose and structure of the case conference and should invite them to attend. The decision of the conference must be communicated in writing to the foster carers by the Conference Chair Person.

Departmental Policy and practice on parental attendance at case conferences should be adopted.

Post Conference

The decisions and recommendations of the CP conference should be forwarded as soon as possible to the Fostering Panel for consideration. The outcome of this review should be communicated to the foster carers in writing by the Chair of the Panel.

If allegations are considered to be substantiated and/or the names of children in the household are placed on the Child Protection Register, the Foster Carers names will be removed from the Department's fostering register and alternative placements will be sought immediately for any foster child currently placed with the family. There may be occasional exceptions to this, for example, an older child who has been placed in the foster home for a long time and who has made no allegations of abuse may express a strong preference to stay. Whether or not this can be agreed will depend upon the attitude of the foster family and the attitude of the child's parents and may require the alleged perpetrator to engage in a contract of work aimed at reducing the risk of abuse of any child remaining in the home. Responsibility for this decision will lie with the Assistant Director. In this case, the Panel may approve the family for specific registration to foster that child.

If the names of children in the family are placed on the child protection register, the case conference conclusions should be forwarded to the Fostering Panel as soon as possible. The Fostering Panel will then consider all issues which have arisen in the course of the investigation and consider whether continued registration of the foster carer is appropriate. The content and outcome of this review should be communicated to the foster carers in writing by the Panel Chair as soon as possible. A copy of this letter should be attached to the front of the case conference minutes to ensure clarity on the outcome in future years.

Carers – Access to Own Records

Carers agree and sign their Form F at the end of the assessment. The Form F is the property of the LA and must be kept, securely and confidentially, by the LA, in the carer's file.

All information is recorded and kept by the LA within the terms of the Data Protection Act 1998. There is a permanent, private, secure record for each carer appointed by the organisation. This can, in compliance with legal requirements for safeguards, be seen by the carers.

If carers wish to request access to their own records they must complete a Form CR11 (purple). Form - available through FPSW. The Department's Access to Records Procedures will then be followed.

The Carers Own Children

And finally... A Message to Carers own Children

Some local areas have support groups for carers children, fostering is not something that just your parent or parents do, it is a whole family commitment involving a good deal of 'give and take' from everybody.

As well as sharing your home, possibly your bedroom and toys and other belongings, you will have to share your parents and their time with a foster child and Social Workers.

It can be very frustrating to come home from school bursting to tell your parents something or wanting to talk to them because you are upset, only to be told you have to wait because your parents have to spend time with the foster child, or a Social Worker is visiting, or a review is going on. You do have to be very patient and understanding.

If a foster child bullies you, or takes some of your belongings or otherwise makes your life miserable tell your parent/s at once, who will discuss your worries with the Social Worker. Sometimes you may become very good friends with the foster child, which is good for everyone, but in this case, your friend may tell you things about what happened before they came to live with you. You may be told that it is a 'secret'.

It is very important to remember that fostering a child or young person means being part of a team which means no secrets as everyone is working together. There is a difference between 'secrets' and 'surprises'. A 'surprise' is something like not telling someone what they are going to get for their birthday, while a 'secret' is usually something negative. So in other words if a friend tells you a 'secret' that adults did unpleasant and unkind things to them, that is a 'bad secret' and you should tell your parent/s at once. They will tell the Social Worker who will make sure that the matter is looked into.

You are in quite a responsible position and your Family Placement Social Worker will be only too willing to talk to.

Above all, we hope you enjoy sharing your parents fostering and we hope that you will join in the activities, which we arrange for you from time to time, and the support group.

Laws and Policies

Introduction

This appendix details the various Acts and Standards and regulations that govern or influence the way that Children In Care are cared for.

Every Child Matters

In 2003, the Government published a green paper called Every Child Matters. This was published alongside the formal response to the report into the death of Victoria Climbié, who was horrifically abused, and eventually killed by her great aunt and the man with whom they lived. The green paper built on existing plans to strengthen preventative services by focusing on four key themes:

- Increasing the focus on supporting families and carers - the most critical influence on children's lives.
- Ensuring necessary intervention takes place before children reach crisis point and protecting children from falling through the net.
- Addressing the underlying problems identified in the report into the death of Victoria Climbié - weak accountability and poor integration.
- Ensuring that the people working with children are valued, rewarded and trained.

Following the consultation, the Government published Every Child Matters: the Next Steps, and passed the Children Act 2004, providing the legislative spine for developing more effective and accessible services focused around the needs of children, young people and families.

Every Child Matters: Change for Children was published in November 2004.

Aims and outcomes

Every Child Matters: Change for Children is a new approach to the well-being of children and young people from birth to age 19.

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 well-being

This means that the organisations involved with providing services to children - from hospitals and schools, to Police and voluntary groups - will be teaming up in new ways, sharing information and working together, to protect children and young people from harm

and help them achieve what they want in life. Children and young people will have far more say about issues that affect them as individuals and collectively.

In March 2005, the first Children's Commissioner for England was appointed, to give children and young people a voice in government and in public life. The Commissioner will pay particular attention to gathering and putting forward the views of the most vulnerable children and young people in society, and will promote their involvement in the work of organizations whose decisions and actions affect them.

Be Healthy

- Children and Young People's parents, carers and families promote healthy choices
- Children and Young People are physically healthy
- Children and Young People are mentally and emotionally healthy
- Children and Young People are sexually healthy
- Children and Young People live healthy lifestyles
- Children and Young People choose not to take illegal drugs

Stay Safe

- Children and Young People's parents, carers and families provide safe homes and stability
- Children and Young People are safe from maltreatment, neglect, violence and sexual exploitation
- Children and Young People are safe from accidental injury and death
- Children and Young People are safe from bullying and discrimination
- Children and Young People are safe from crime and anti-social behaviour in and out of school
- Children and Young People have security, stability and be cared for

Enjoy & Achieve

- Children and Young People's parents, carers and families support learning
- Children and Young People are ready for school
- Children and Young People attend and enjoy school
- Children and Young People achieve stretching national educational standards at primary school
- Children and Young People achieve personal and social development and enjoy recreation
- Children and Young People achieve stretching national educational standards at secondary school

Make A Positive Contribution

- Children and Young People's parents, carers and families promote positive behaviour
- Children and Young People engage in decision making and support the community and environment
- Children and Young People engage in law-abiding and positive behaviour in and out of school
- Children and Young People develop positive relationships and choose not to bully or discriminate
- Children and Young People develop self-confidence and successfully deal with significant life changes and challenges
- Children and Young People develop enterprising behaviour

Achieve Economic Well-Being

- Children and Young People engage in further education, employment or training on leaving school
- Children and young People are ready for employment
- Children and Young People live in decent homes and suitable communities
- Children and Young People have access to transport and material goods
- Children and Young People live in households free from low income

The 1989 Children Act

The 1989 Children Act defines the expectations of any organisation or agency in England, Wales and Northern Ireland involved in childcare practices. Central and Local Government has a duty to ensure that Local and Unitary Authority Children's Services Departments inspect, regulate and provide guidance to child care providers to make sure that these expectations are met by all, that includes foster carers.

Although this Act became law in 1989 it took a further 2 years to fully implement. This was the most comprehensive piece of legislation ever proposed in relation to services for children and young people, and replaced over 20 Acts of Parliament granted in as many years. It now forms the basis for guidance within which all Local Authorities work. Within the Act terminology was replaced to promote an emphasis of joint working with parents, 'parental rights' became 'parental responsibilities' and in recognition of the effect of labelling children by using everyday language which referred to children as being 'in care' this was replaced by Children In Care.

The 1989 Children Act was built around a series of principles:

- The best place for a child or young person to live is with their own family, however, it is the duty of the Local Authority to safeguard and promote the child or young person's welfare.

- The welfare of the child is paramount and adults have a responsibility to defend the rights of children and young people and to protect them from abuse and exploitation.
- That the Children's Services department and the parents of the child should work together as partners in the life of the child.
- This is reflected in the arrangements to involve parents in every day decisions for the welfare of their children and in particular by ensuring that parents feel able to contribute to the planning and review of care for their child/ren.
- There are two main routes into the looked after system providing two levels of legal status and defined by the Act as 'Accommodated' or 'In Care'. There are also other temporary measures, which may be granted by the Courts.

Accommodating a Child

The Children's Services Department aims to provide help to families to allow a child to remain in his/her home. Providing accommodation for a period, or on a regular basis, is part of the help which can enable families to work on difficulties they are experiencing, in order to keep them together or help them to handle the pressures of family life. Accommodating means arranging for a child to live and be cared for, e.g. in a foster home, residential home, lodgings or with relatives or friends.

The Act emphasises the need for families and the Children's Services to work together towards a child returning to his/her home as soon as possible. Agreements will be made between parents, foster carers and the Children's Services Department. These agreements will include details on how the child will keep in contact with his/her family.

When a child is provided with accommodation, the parental responsibility stays with the parents who have the right to remove the child at any time. If parents demand to take a child back without that being part of the plan for the child, foster carers can take reasonable steps to protect the child. This must be by engaging the Social Worker in the first place and, if necessary, the Police in an emergency (see Emergencies).

In circumstances where it becomes evident that it would be in the best interests of an accommodated child to become the subject of a Care Order, it is possible for the Children's Services Department to make an application for the court.

Children in Care

Children in care are those subject to a Care Order made by a court. When a Care Order is made, the Local Authority (and therefore the foster carer on their behalf) and parents share parental responsibility for that child, in order to safeguard the child's welfare.

As part of making a Care Order, the court is able to say who the child should have contact with, when, where and what sort of contact this should be etc. In rare situations, a court can decide to restrict or stop contact if it is harming the child, or is not in his/her best interests.

Courts can make interim Care Orders for up to eight weeks while care proceedings are going on.

Emergency Protection Order

An EPO lasts for 8 days and can be extended to 15 days if necessary. The Order can be challenged after 72 hours but allows for (a) removal of a child to a place of safety designated by the local authority to safeguard the welfare of the child (b) prevention of removal of a child from a hospital or place in which the child was accommodated immediately before the Order was made (c) it confers parental responsibility on the applicant.

Police Protection

Provides the Police with an Order which lasts 72 hours to take action to prevent the child from being removed from where they are living, or to remove a child to protect and safeguard her or his well-being.

Interim Care Order

An Interim Order can last 8 weeks with unrestricted further Orders obtainable lasting 4 weeks where an application for a Care Order is adjourned, or where the Court gives directions to investigate the child's circumstances.

Section 8 Orders

(Orders detailed in section 8 of the Children Act 1989) include:

Residence Order

Foster carers can apply for a Residence Order if (a) they are a relative of the child (b) the child has lived with them for at least 3 of the last 5 years (c) they have the consent of the Local Authority. This effectively ends a Care Order and directs where the child should live and with whom until the child becomes 16 years of age, or eighteen in special circumstances. Parental responsibility is shared with the child's parent, the surname of the child cannot be changed without the permission of those with parental responsibility and the child cannot be removed from the UK (unless for less than 1 month) without written consent of the Court or those with parental responsibility.

Special Guardianship Order (SGO)

This is similar to Residence Order (RO) in that it offers another solution to provide a firm foundation for a life long permanent relationship between the child and their carers. It is legally secure but also provides a basic link between the child and their birth family. The carer/s granted the order will hold Parental Responsibility (PR) for that child until they reach

18 years old. If that child was on a Care Order when the application was made for SGO the Care Order will end when SGO granted. The local authority will then no longer hold parental responsibility for the child. There is a range of help and support for SGO including financial support.

Who can apply?

- You are 18 and over
- You are the child's guardian
- You are a local authority foster carer and the child has lived with you for a year prior to application.
- You have a residence order (RO) relating to the child, or the consent of everyone the RO relates to.
- The child has lived with you for three out of the last five years.
- You have the local authority's consent if the child is in local authority care.
- You have the court's permission to apply.

A court can also make a Special Guardianship Order during family proceedings about a child's welfare if they consider that is the best solution - the child always comes first.

Parents and Special Guardians

- The special guardian has clear responsibility for all the day to day decisions about caring for the child and their upbringing.
- The parents are still legally the child's parents but their parental responsibility is limited.
- Parents still retain the right to consent or not to the child being adopted or being placed for adoption.
- While the SGO is in force written consent of every person with parental responsibility for that child or the court needs to give permission for the child to be
- Known by a different name.
- Removed from the UK for more than three months.

Support for Special Guardians

The local authority are required by law to provide support services in the local area to help Special Guardians in their role if need it. These include:

- Counselling, advice and information
- Financial support
- Help with contact between the child and the parents or relatives.
- Therapy services for the child.
- Training for the Special Guardian - to meet any special needs of the child.
- Respite care
- Mediation for matters relating to the Special Guardianship Order.

As with the Residence Order these things will be discussed in your supervision sessions with your Family Placement Worker and the child's social worker. It will also be discussed in the CLA review for the child if this is the right option for the future. If the agreement by all is yes then reports will be undertaken by the child's social worker and the family placement worker which will be agreed and put in the court process.

Contact Order

provides foster carers with an order which would enable them to keep in touch with a Child In Care by them for at least 3 years, once that child has moved on.

Specific Issues Order

can be applied for by a parent, guardian or anyone with a Residence Order to enable the Court to settle a dispute between persons with parental responsibility.

Prohibited Steps Order

can impose a specific restriction on the exercise of parental responsibility by anyone with a residence order, parents or guardians.

In the majority of cases, children are looked after through an agreement to Accommodate. Even when there is a Care Order in place, parents are encouraged to promote the welfare of their child or young person and have positive contact (previously called access) with their child unless this is deemed to be not in the best interests of the child or young person.

For the first time, under this legislation, children with disabilities are considered automatically eligible and therefore 'in need' of local authority childcare services. Disability along with race, religion, culture and language are identified specifically as needs to be respected and care must be taken to ensure that services are not precluded or minimised because of any specific requirements. Every Local Authority is, under the Act required to have a complaints and representations procedure for children and young people looked after.

The Children (Leaving Care) Act

The Children (Leaving Care) act 2000 states the Local Authority's Duties and responsibilities to young people aged 16+ who are, or have been until the age of 16, Looked After by the Local Authority. The aim of the legislation is to ensure that every young person receives the all the support and guidance s/he needs to achieve independent adulthood.

Every young person should have a Pathway Plan at the age of 16 and this will state what the young person needs in order to achieve the goals they have set themselves. The Pathway Plan looks particularly at financial support, appropriate accommodation, education, employment and training opportunities, health needs, leisure pursuits and social and family networks.

The objective is that each young person fulfil his/her potential as s/he progresses to adulthood.

The Local Authority has a duty under the Act to keep in touch with young people (who meet the criteria for support under the Children (Leaving Care) Act) until the age of 21.

United Nations Convention on the Rights of the Child

In 1989, United Nations (UN) adopted a 'Children's Rights Convention' which was ratified by the United Kingdom in December 1991. This was a document, which brought together all the recognised rights of children and young people, so that Governments could sign up and promote them. Much of the document reflects a 'world view' outlawing practice, which Britain already recognises such as enforced child labour. However, articles which are pertinent to children and young people looked after in Britain include;

Article 2	requires that no child is discriminated against on the grounds of disability, race, colour, sex, religion, language, national, ethnic or social origin, birth, property or other status.
Article 3	requires that the welfare of the child is a primary consideration when decisions concerning a child are being made.
Article 9	states that the child has a right to keep in regular touch with their parents Article 12 states that children must be consulted on all matters of concern to them, and their views must be given due weight in accordance with maturity.
Article 16	relates to the child's right to privacy.
Article 24	states that children have the right to be as healthy as possible and to live in a safe, healthy environment, whilst children with a disability must be helped to be as independent as possible
Article 28	suggests that different kinds of secondary school should be available for children and for those with the ability, higher education should be provided.

As foster carers and parents, we have the duty and the responsibility to defend the rights of all children in our care, this includes Children In Care and the sons and daughters of foster carers. This list of rights, compiled by the Canadian Foster Family Association was reproduced in the NFCA (1994) 'Choosing to Foster; The challenge to Care' training course. Children should be afforded;

General Rights

To the best possible quality care which promotes equality and rejects all forms of discrimination including that based on disability, race, colour, sex, religion, ethnic or social origin and sexuality. To develop their physical, emotional and intellectual potential. To family life, preferably with their own family, but if this is not possible with a substitute family. To be loved. To skilled care and treatment. To individual respect. To be treated with dignity and fairness. To be treated in a way which is appropriate for their age. To be free from all forms of abuse.

Specific Rights

- To maintain her/his own culture, language and religion by having a placement which can provide a suitable environment to do this.
- To be actively involved in all decisions made about their care and to be able to put forward their views and opinions.
- To an education.
- To have access to high quality medical care and to be able to refuse treatment depending on age and understanding.
- To know the contents of all reports which might affect the decisions made about them as long as this is age appropriate.
- To know the details of their personal and family circumstances and to have help to accept the implications of this information.
- To be helped to record events from their point of view as long as this is age appropriate so that records are not always someone else's account.
- To have help in putting forward their point of view to all those making decisions about their future.
- To space and privacy.
- To individual property.
- To an independent income and control over it.
- To be involved in the purchase of personal items such as clothes and food.
- To be able to make complaints without fear of retribution.
- To be given a copy of their rights with an explanation of grievance procedures.
- To be represented by and or participate in a group of young people in care.
- To independent time to discuss issues and concerns about the placement.
- To refuse additional responsibilities brought about by having (other) foster children in the home (e.g. baby sitting).

The key words to remember in terms of promoting the rights of all children and young people are; Provision, Protection and Participation.

The 'UK National Standards for Foster Care' were launched in June 1999 and now provide a framework of 25 standards, each with a list of detailed criteria to ensure consistency of care. The document is available from Fostering Network; 87 Blackfriars Road London SE1 8HA.

Section I

The specific needs and rights of each child or young person in foster care are met and respected

- Equal Opportunity and Valuing Diversity. Children and young people and young people and their families are provided with foster care services, which value diversity and promote equality.
- Assessment of the child or young persons needs. An assessment of the child or young persons needs is made prior to any placement, communicated to all parties concerned and updated regularly.
- Care Planning and Reviews. A written care plan is prepared for each child or young person placed in foster care; all aspects of the plan are implemented, it is reviewed regularly and any changes are made only as a result of a review meeting.
- Matching carers with children or young people. Each child or young person placed in foster care is carefully matched with a carer capable of meeting her or his assessed needs.
- The child or young persons Social Worker. Each child or young person placed in foster care has a designated Social Worker who ensures statutory requirements for her or his care and protection are met and promotes her or his welfare.
- A safe and positive environment. The foster home provides a safe, healthy and nurturing environment for the child or young person.
- Safe caring. Each child or young person in foster care is protected from all forms of abuse, neglect, exploitation and deprivation.
- Recording and access to information. An up to date comprehensive case record is maintained for each child or young person in foster care which details the nature and quality of care provided and contributes to an understanding of her or his life events; relevant information from the case record is made available to the child and to anyone involved in her or his care.
- Contact between children and their families and friends. Each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in her or his care plan and /or placement agreement.

- Health care and development. Each child or young person in foster care receives health care which meets her or his needs for physical, emotional and social growth, together with information and training appropriate to her or his age and understanding to enable informed participation in decisions about her or his health needs.
- Educational needs. The learning and educational needs of each child or young person in foster care are given a high priority and she or he is encouraged to attain her or his full potential.
- Preparation for adult life. Each child or young person in foster care is helped to develop the skills, competence and knowledge necessary for adult living; she or he receives appropriate support and guidance for as long as necessary after being in foster care.

Section 2

Effective and appropriate care is provided by each foster carer

- Assessment and approval of foster carers. Each foster carer is subject to and participates in a comprehensive assessment of her or his ability to carry out the fostering task and must be formally approved by the appropriate authority before a child or young person is placed in her or his care.
- Supervision, support, information and advice for foster carers. Each approved foster carer is supervised by a named, appropriately qualified Social Worker and had access to adequate social work and other professional support, information and advice to enable him or her to provide consistent, high quality care for each child placed in his or her care.
- Training of foster carers. Each foster carer is provided with the training necessary to equip her or him with the skills and knowledge to provide high quality care for each child or young person placed in her or his care.
- Annual reviews with carers. A joint review is conducted with each carer at least once a year in a manner that satisfies the authority of the continuing capacity of the carer to carry out the fostering task, provides the carer with an opportunity to give feedback, contributes to essential information on the quality and range of services provided by the authority, and informs recruitment, assessment and training strategies.
- Payment of allowances and expenses associated with caring for fostered children. Each foster carer receives an allowance and agreed expenses which cover the full cost of caring for each child or young person placed with her or him.

Section 3

Each Authority responsible for the provision of public care for children and young people offers a high quality foster care service for all who could benefit from it

- Effective policies. Each authority has effective policies in place to promote and plan the provision of high quality foster care for children and young people who could benefit from it.
- Management structures. Each authority has effective structures in place for the management and supervision of foster care services, staff and foster carers.
- Professional Qualifications and appropriate training for Social Workers. All social work staff responsible for the provision of fostering services are professionally qualified and appropriately trained to work with children and young people, their families and foster carers, and have a good understanding of foster care.
- Recruiting and retaining an appropriate range of carers. Each authority ensures access to a supply of foster carers which meets the range of needs of the children and young people within its area.
- Reward payments to carers. Each authority considers the implementation of a reward payment scheme for foster carers.
- The foster care panel. Each authority convenes a fostering panel as part of its assessment and approval process for foster carers, which also plays a role in monitoring and developing local fostering policy, procedures and practice.
- Placement of children through other authorities or agencies. Where an authority contracts out any aspect of the provision of foster care for a child or young person it is looking after with another authority or agency, the authority responsible for the care of the child ensures that legal requirements for her or his care are met and the care provided meets national quality standards and regulations for the foster care service.
- Representations and complaints procedures. Children and young people, their parents, foster carers and other people involved are able to make effective representations, including complaints, about any aspect of the fostering service, whether it is provided directly by an authority or by a contracted authority or agency.

The Corporate Parent: Elected Council Members

Fostering Services Regulations (2002) require all County Council Elected Members to take responsibility for the 'Corporate Parenting role', by whole heartedly supporting and providing for those carers and staff, working with and caring for young people and children. They should ensure that the care offered to children 'looked after' should be at least as good as we would expect for our own. Foster Carers and Children's Services Departments must embrace the philosophy of partnership and together, provide for children the best possible chances in life. Children's Services, Health and Education Authorities must work together to help children achieve their full potential.

Independent Fostering Agencies

Since 1987 when the first Independent Fostering Agency (IFA) was set up in Kent to look after difficult to place teenagers, there has been a massive growth in this provision and it now accounts for over 60 different organisations fostering children of all ages. The use of such agencies has become necessary due to the difficulty in recruiting and retaining foster carers for local authority use and led to sums of money being spent which could otherwise be used to improve support and allowances within local Family Placement Teams.

Some criticism of local authorities is not without foundation. The warning signals were sounded about the need to develop fee payment schemes and increase support systems, so as to retain foster carers and enable recruitment whilst this growth in IFA's occurred.

However, Local and Unitary Authorities moves towards paying professional fees and a better awareness to provide out of hours support and respite should also help to balance out the disparity between fostering for an IFA and fostering for a Statutory Authority and help maintain local places for local children.

Child Protection

The Children's Services Department has a duty to investigate all reports where it is alleged that a child has suffered or is at risk of suffering significant harm.

The sort of situations which might be investigated include neglect, unexplained accidents, frequent attendance at hospital accident and emergency departments, frequent absences from school, failure to thrive in babies and allegations of physical, emotional or sexual abuse.

We have outlined what is involved to help you understand what can lead to a child being looked after by foster carers and what their families have experienced. No matter how openly investigations, conferences etc are carried out, families can feel anxious, wary, powerless or angry with the department and these feelings may be directed at Social Workers and, less frequently, at foster carers.

The process of investigation is the same whatever the child's situation, i.e. whether s/he is living with parents, relatives, friends or even in foster or residential care.

When an allegation is made to the Children's Services Department, there is an initial investigation to ascertain the child's situation and what occurred. This is done by interviewing all concerned. A decision is then taken as to whether the allegation is substantiated. If it is not, then the investigation stops.

If the allegation is substantiated, a Child Protection Case Conference is called.

What happens at the Child Protection Case Conference

Workers from the Police, Probation, Health Department, NSPCC, Children's Services Department and any others who might know the family (child psychiatrist or teacher) and often a legal adviser meet together. Foster carers can be invited to attend and are seen as valuable participants. Parents are invited to a Child Protection Case Conference and are fully involved in discussions.

The Social Worker working with the family will present a report. The birth parents will have an opportunity to discuss with a Social Worker the reasons for calling the Child Protection Case Conference and the recommendations made at the end of the meeting. These are very stressful situations for parents and, therefore, they may not hear exactly what has been said, or get the wrong impression, so the Social Worker will attempt to help them understand what is happening.

Based on everything presented, the on decision a Child Protection Case Conference can make is whether or not a child is deemed to be at risk of significant harm and therefore is in need of a Multi-Agency Child Protection Plan.

Child Protection Plan

The purpose of formulating a Child Protection Plan is to formally recognise that the multi agency group believe the child has suffered, or is at risk of suffering, significant harm and to protect the child from further abuse. This plan would identify the separate tasks of all agencies involved with the family.

Children In Care - The Process

Planning/Paperwork for Children In Care

Social Workers have to complete certain standards forms and documents when a child becomes looked after. The forms set out a number of aims that a reasonable parent might be expected to hold for a child. In so doing, they require those responsible for the children's care to consider all aspects of their lives, not only those aspects that have led to a period of separation from home. They also require that plans are made for Children In Care, and that these plans are rigorously recorded and acted upon. They also form a comprehensive review and monitoring system. The information gathered can be used to produce a picture of the characteristics of Children In Care, the services provided for them and the outcomes of their experiences. This information can inform the development of the Children's Services Plan and so lead to improved services. The forms also emphasise that a number of people are responsible for a child's care (i.e. parents, foster carers, Social Workers, families and others).

The Essential Information Record (Parts 1 & 2), the Placement Plan (Parts 1 & 2), the Care Plan and the Review of Arrangements, hold the essential information about children and young people which is necessary to plan for their development. They also record the decisions and agreements made throughout their looked-after careers.

The Assessment and Action Records collect the details of a child/young person's developmental needs, the quality of the day to day care provided, and identifies the actions necessary to promote good outcomes. This information will inform the process of reviewing Care Plans and Placement Plans.

This is information which young people and adults who have formerly been in care may need, and will have access to long after they have left the care system.

Check list of time-scales for the use of the Children In Care materials is as follows:

Children In Care (CIC) forms	When these are completed
Essential Information Record, Part 1 (EIR1)	To be completed before any child/young person can be placed.
Essential Information Record, Part 2 (EIR2)	Where ever possible to be completed before a young child/young person is placed, but in the case of an emergency placement it must be completed as soon as possible.
Placement Plan, Part 1	To be completed before any child/young person can be placed.
Placement Plan, Part 2	Where ever possible to be completed before a young child/young person is placed, but in the case of an emergency placement it must be completed as soon as possible.
Care Plan	Wherever possible to be completed before a child/young person is placed. In the case of an emergency placement, to be completed as soon as possible.
Review of Arrangements	<p>To be completed within 4 weeks of a placement starting, and then within 3 months of the first review, and subsequently at intervals of no more than 6 months.</p> <p>All of the following forms are also to be updated at the review:- EIR parts 1 & 2, Placement Plans parts 1 & 2, Care Plan.</p>
Assessment and Action Record	<p>To be completed in cases where a child is likely to be looked after long term. Assessment and Action records are triggered by the second review (4 months) for children under 5, and the third review *(10 months) for over 5's. For children under the age of 5 years, an Action and Assessment record should be completed every 6 months, for those over 5 years it should be completed annually.</p> <p>*record should be started 8 weeks before, and completed 2 weeks before.</p>

The Essential Information Record

The Essential information record holds all the important personal information about a child that most parents have at their fingertips. As corporate parents we need this information if we are to make realistic plans for the child's future.

The Essential Information Record is a rolling computerised record. This means that as the child/young person changes placement, changes school, achieves notable successes etc. these events will be noted on the record and it will gradually build up a summary of key information about the child/young person's experience of being in care.

This is only possible because it is a computerised record that can be easily amended, and can expand to accommodate records of new events. An EIR should only be started once in the life of a child/young person who is looked after by a local authority. It will not be necessary to complete a new record for a child/young person who is to be looked after, if that person has been previously looked after by Hampshire, or any other authority that uses the Children In Care system (90% of Authorities in England).

However, the existing EIR will need to be updated at every new placement and before every review meeting.

An example of how this information will be of use

Research has shown that Social Workers generally underestimate the number of moves that children who are looked after experience. The EIR provides a history of a child's moves since being looked after for the first time, so making it easier to identify those children who may be finding stability hard to achieve.

The Essential Information Record comes in 2 parts. The Essential Information Record: Part One, provides information needed immediately by carers looking after a child in an unplanned placement. This form should be completed before the child/young person is placed. In the case of an out of hours placement made by EDT an Essential Information Record Part one is to be completed as fully as possible at the time that the child is placed. The form is self duplication so that information can be shared at once with carers, parents, and a copy placed on the child/young person's file.

Effective information gathering and recording is a fundamental starting point for identifying and meeting the needs of Children In Care.

Where the parent holds a Parent Held Child Health Record it may be helpful to draw on this when completing the section on the child's health. Where there are gaps in the information, contact should be made with the child's GP or Health Visitor. The information recorded on this form should be checked at the 72 hour placement meeting or the first review.

The Essential Information Record: Part 2 asks for more comprehensive information about the child/young person's background, including both legal and placement history. If at all possible it should also be completed before a child is placed, but in an emergency this may not be practicable, in which case it must be completed as soon as possible, and in any event within 5 working days of the placement.

Where there is any indication that the child/young person has special educational needs, or that any of the stages of assessment under the 1993 Education Act have been applied, completing the section on the child's educational will require additional liaison with the child's school, or Local Education Authority.

Sharing Information

A copy of the EIR Part 2 should be given to carers, and parents, and the original kept on the child/young person's file.

Essential Information requires regular review

Parts one and 2 of the Essential Information Record will be updated at each statutory review to ensure that the information that it holds remains up to date.

The Care Plan

The care plan ensures that we have clearly stated objectives set out for each child/young person that we look after, and a strategy for achieving those objectives. It should be noted that a specific format for a Care Plan is required for a final hearing in care proceedings.

The care plan is essential to all parties underwriting the purpose and objectives of the child living away from home

The care plan ensures that all parties understand the role that accommodation will play in meeting the child/young persons needs. A decision to change the overall direction of a Care Plan can only be made between the reviews, in the light of changing circumstances. When significant changes are agreed, the Care Plan document must be amended.

Whenever possible the Care Plan should be completed before a child/young person is looked after. If this is not possible, because of an emergency, it should be completed as soon as possible after the placement has been made. The Care Plan will be important in helping to identify the right placement.

Children In Care Service Standards

- All Children In Care will have an allocated Social Worker.
- All Children In Care will have fully completed documentation and case records in accordance with departmental procedures.
- All Children In Care will have a detailed care plan which will pay special regard to the health education and contact plan for the child.
- All Children In Care will be visited and seen in the minimum intervals specified.
- All Children In Care will have statutory reviews within the minimum intervals specified.
- The views and wishes of Children In Care will be sought, even from a young age, and taken into account.
- The need for a child to have an independent visitor will be considered at each review.
- It is the departments' intention to reduce the number of Children In Care and to maximise the opportunity for children to re-unify with their families. Care plans and care planning activity is expected to reflect things in terms of being purposeful and timely.
- Where children are not to return home or their future is uncertain, it is expected that a permanency plan is established to ensure a child is able to form a secure attachment to long term carers.
- All Children In Care from the age of 16 will commence preparation for leaving care and will have in place a Pathway Plan. Young people once they have left care will continue to receive advice and support up to the age of 21.
- All Children In Care will receive written information and will be made aware of their right to complain about the services provided for them.
- A partnership model with parents will be utilised wherever possible, including active consultation in respect of their Child/ren In Care.
- Services provided will endeavour to address assessed needs, wishes and preferences arising from race, culture, language, religion gender and disability

