



  
F O S T E R  
*a future*

# Foster a Future

## Fostering Service Foster carers Handbook



Last Revised 10.9.2021

## Introduction

Welcome to our revised Foster Care Handbook. This latest 2021 version should help you find the information and advice you need as quickly as possible. We have also put a version on our Fostering website, with links to more detailed information which we hope you will find useful.

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

Thank you for all your hard work and commitment.

### What is the handbook for?

- The purpose of this Foster Care Handbook is to provide information and guidance to all foster carers, which include mainstream, family and friends, and staff on fostering issues.
- The handbook will 'signpost' carers and staff to additional sources of information.
- Newcastle City Council is working towards a service which exceeds all the National Minimum Standards and Regulations for Foster Care 2011.

An online version of the handbook is available to view on our website:

[www.newcastle.gov.uk/fostering](http://www.newcastle.gov.uk/fostering)

### Feedback

We welcome your comments on this handbook. Please let us know what you think of it and feel free to make any suggestions about improving it.

Please send your feedback to [CorporateParentingAdmin@newcastle.gov.uk](mailto:CorporateParentingAdmin@newcastle.gov.uk)

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## Fostering Services – the legal context

The National Minimum Standards and the Fostering Services Regulations 2011 form the basis of the regulatory framework under the Care Standards Act 2000 for the conduct of fostering services. Ofsted regularly inspects all fostering agencies to ensure that these standards are being met. Ofsted requires all Foster Carers to cooperate reasonably and to allow themselves to be interviewed and visited.

Every Fostering Service is required to have a clear Statement of Purpose which spells out its aims and objectives and lists the services facilities that are provided. This includes any provision for family and friends foster carers and for Parent and Child Arrangements.

The Fostering Service Statement of Purpose can be accessed on our website at: <https://www.newcastle.gov.uk/fosteringadoption/fostering-process>

### What are the National Minimum Standards?

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

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

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

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

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

#### 3. Promoting positive behaviour and relationships

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

#### 4. Safeguarding children

- Children feel safe and are safe.

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

#### **5. Children missing from care**

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

#### **6. Promoting good health and wellbeing**

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

#### **7. Leisure activities**

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

#### **8. Promoting educational attainment**

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

#### **9. Promoting and Supporting - Family Time**

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

#### **10. Providing a suitable physical environment for the child in care**

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

#### **11. Preparation for a placement**

- Children will be provided with a profile in respect of their prospective carer wherever appropriate prior to the placement commencing. Children are welcomed into the foster home and leave the foster home in a planned and sensitive manner which makes them feel loved and valued.

- Children feel part of the family. They are not treated differently to the foster carer's own children living in the household. The child's needs are met and they benefit from a stable placement.

## **12. Promoting independence and moves to adulthood and leaving care**

- Children are prepared for and supported into adulthood so that they can reach their potential and achieve economic wellbeing. Foster Carers who offer placements to young people aged 13+ are provided with guidance and support in order to prepare young people in their transitions to adulthood.

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

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

## **14. Foster Care Panels and the Fostering Service's Agency Decision Maker**

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

## **15. Matching the child with a placement that meets their assessed needs**

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

## **16. Statement of purpose and children's guide**

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

## **17. Fitness to provide or manage the administration of a fostering service**

- The Fostering Service is provided and managed by those who are suitable to work with children and have the Newcastle City Council Foster Carer Handbook and the appropriate skills, experience and qualifications to deliver an efficient and effective service.



## **18. Financial viability and changes affecting business continuity**

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

## **19. Suitability to work with children**

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

## **20. Learning and development of foster carers**

- Foster carers receive the training and development they need to carry out their role effectively.
- A clear framework of training and development is in place. Following approval, each carer will complete a Personal Professional Development Plan (PPDP) with their Supervising Social Worker. The PPDP will need to be completed on each carer in the household. The PPDP will be used as the basis for assessing the carers' performance and identifying their training and development needs based on the needs of the children they are caring for. The PPDP will then be reviewed at each foster carer annual review.

## **21. Supervision and support of foster carers**

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

## **22. Handling allegations and suspicions of harm**

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

## **23. Learning, development and qualifications of staff**

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

## **24. Staff support and supervision**

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

## **25. Managing effectively and efficiently and monitoring the service**

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

## **26. Records**

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

## **27. Fitness of premises for use as Fostering Service**

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

## **28. Payment to carers**

- Payments to foster carers are fair and paid in a timely way.
- Foster carers are clear about the Fostering Service's payment structures and the payments due to them.

## **29. Notification of significant events**

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

## **30. Family and Friends/Connected Person Foster Carer**

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

## **31. Placement Plan and Review**

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

# Newcastle City Council / Corporate Parenting

## Statement of Purpose

A Statement of Purpose is the means of providing information about Newcastle City Council's Fostering Service and Newcastle Shared Care Service as required by Regulation 3 and 4 of Fostering Regulations (England) 2011 and Standard 16 of the National Minimum Standards for Fostering Services 2011.

The Statement of Purpose is a source of information for the families, foster carers, and shared care carers of children and young people cared for in foster placements, for people thinking of becoming foster carers, and for professionals and colleagues within the Children's Services Directorate, the City Council, and from other agencies.

The Fostering Service's **Children and Young Persons Guide to Being in Care** is available to children and young people being cared for in foster placements. This guide was designed jointly by the Service and the Children and Young People Participation Group 'Voices for choices' and in partnership with marketing professionals. The guide can be accessed from our website at:

<https://www.newcastle.gov.uk/fosteringadoption/fostering-process>.

## Newcastle Mission Statement

The Newcastle Fostering aims to provide a good quality, highly regarded service that inspires confidence in children/young people, carers, staff, managers and partner agencies. The service will provide and maintain foster placements that enable children in care to most fully achieve their personal, social, developmental, education and employment potential.

The Fostering Service supports and contributes to this mission by providing an effective, efficiently managed, high quality foster care service within available resources, to meet the needs of children as identified through the stages of assessment planning and review, and with the aim of ensuring the best possible outcomes for children in foster care.

### **Newcastle City Council's Fostering Service aims to:**

- Meet the needs of all Newcastle children who have been assessed as requiring a foster placement.
- Provide a range of good quality family-based care for children who are unable to stay with their own families.
- Provide children in care with a safe, stable, nurturing family experience, which will promote their health, educational achievement and wellbeing, and which will assist them in coming to terms with their life experiences and reaching their full potential.

- Value diversity by recruiting and training carers who respect, promote and reflect the ethnicity, race, culture and religious identity of the children and young people they care for.
- Respect the gender and sexuality of children and young people.
- Listen to children and young people about their needs, wishes and experiences.
- Work together with the Placements Service to ensure that children and young people are placed with carers who have the range of skills and experiences to meet their needs.
- Work in partnership with Fostering Under Newcastle (FUN) the foster carer group in its support of carers.
- Extend the range of support services and work together with the Corporate Parenting Group in consultation with Fostering Under Newcastle to include the views of carers in the planning and running of the Fostering Service.
- Promote the partnership between the Fostering Service and the children and young people in foster placements through a range of activities and groups. This includes regular consultation with the Children in Care Council focus group who through the Corporate Parenting specialist ensure the views of children and young people are consulted and views shared within the service improvement plans.
- Work closely with the Children and NYAS Service and foster carers to include the views of children and young people in all aspects of their care and the service provided by the Fostering Service

The Fostering Service has a key role in supporting Newcastle City Council as the Corporate Parent for children who cannot live with their own families.

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

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

### **Training for foster carers**

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

#### **Training is provided to:**

- help foster carers develop and improve their skills, improve knowledge, develop and refine skills

- establish an explicit, positive, framework of values which promotes equality of opportunity
- encourage foster carers to be aware of the effects of discrimination in all parts of the community, recognising that they care for children, many of whom face discrimination as a part of everyday life
- ensure that all foster carers are competent and confident in safe caring and in protecting children from harm
- help foster carers to promote the health and education of children and young people.

Foster carers are encouraged and supported to take responsibility for their own professional development. This is practically supported through the creation and updates of Personal Professional Development Plans as part of Foster Carers Annual Reviews. Children and young people have the opportunity to feed back their views about their care to the foster carer's annual review. The training programme is reviewed constantly by the Supervising Social Worker during supervision with the carers and is also subject to annual review.

In addition to completing mandatory training courses, all foster carers must complete their induction programme set under The Standards for Foster Care Training, Support and Development (TSD).

#### **The seven TSD standards are:**

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

The service provides every carer with an up to date copy of the services training calendar, which includes a Personal Professional Development Plan (PPDP) on a yearly basis.

### **Changes in Approval or Registration**

If a carer expresses in writing the wish to change their category and their Supervising Social Worker agrees to this change, the decision to change the category can be made by the Agency Decision Maker.

However, if there are significant changes to a foster carer's situation or a significant change of approval is being proposed, for example in the case of a long-term match, or if significant concerns have been raised or a post allegation review has taken place,

such matters should be referred to the Foster Care Panel for recommendation regarding re-approval.

Where Newcastle City Council are minded to de-register carers or propose to change (or not change) their category against their wishes, the carers should be given full details as to why in the form of a report to the Fostering Panel. Carers can provide their own report to the Panel, and can attend the Panel to express their views and they can bring someone to support them if they wish.

If the Panel make a recommendation to deregister a carer or to change (or not change) their category without their agreement and the Agency Decision Maker agrees with this recommendation, they will issue a Qualifying Determination and the carers will receive a letter detailing the Agency Decision Maker's reasons.

If carers are not satisfied with this outcome, they have a right to appeal the Qualifying Determination within 28 days of the receipt of the letter. They can do this by writing to the Fostering Service or they can apply to have their case reviewed by the Secretary of State under the Independent Review Mechanism (IRM). The IRM will consider all documentation and reach their own recommendation which will then be forwarded to the Agency Decision Maker for a final decision to be made.

### **Independent Review Mechanism (IRM)**

IRM is a review process that prospective or existing foster carers can use if they do not agree with the Qualifying Determination given to them by their Fostering Service provider. The Qualifying Determination could include a proposal not to approve or reapprove a person as suitable to foster or a proposal to change the terms of approval of an existing carer contrary to the carer's wishes.

It would be hoped that most difficulties and disagreements would be resolved prior to reaching this stage.

Further information can be found at:

<https://www.gov.uk/government/organisations/independent-review-mechanism>

### **Resignation**

Where carers decide to resign as foster carers or withdraw from a fostering assessment due to changes in personal circumstances, this should be put in writing to the Fostering Team Manager. The letter will be presented to the Fostering Panel to be noted along with a brief report from the Supervising Social Worker. In the case of approved foster carers, a formal letter of deregistration will then be sent confirming that they are no longer foster carers.

## Issues affecting foster carers

### Foster carers and the smoking of tobacco

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

It follows the CoramBAAF Practice Guidance for 'Reducing the Risks of Environmental Tobacco Smoke for children in care and their Carers' (Practice Note 68) and National Institute for Health and Care Excellence (NICE) guidance, to make sure that priority is given to protecting the health of children and their carers. The recommendations include:

- Children under five should not be placed with carers who smoke because of the potential risk to health. This is because of the particularly high risks for very young children and toddlers who spend most of their day physically close to their carers.
- All children with a disability for e.g. with respiratory problems such as asthma and those with heart disease or glue ear should not be placed with smoking families.
- Local Authorities and other Fostering Service providers operate under good practice guidelines in relation to smoking. They are mindful of the importance of not disrupting stable placements.
- The Supervising Social Worker is to check and challenge the foster carers if any of the above appears to be occurring. Annual reviews will address the foster carer's management of smoking.
- Stopping smoking will protect not only the health of children but also the health of the carers. Agencies have a responsibility to ensure that where there is a relationship between a child and carer that this is maintained as long as the child needs it. All agencies should therefore encourage all their carers to stop smoking by providing advice and support.
- All Children in Care and care leavers should be encouraged not to smoke.

Supervising Social Workers are to:

- inform existing foster carers who smoke to do so outside of the home and not smoke in front of or in the vicinity of children and young people in placement
- keep cigarettes, matches, and lighters safely out of the reach of children and young people
- not supply children or young people with cigarettes or tobacco
- not allow children or young people to smoke in the foster home.

## **Foster carers – Prescribed Medication, drugs and alcohol**

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

### **Prescribed Medication**

Where carers are prescribed medication for purposes of treatment, they must make sure that they are properly secured and present no risk to fostered children. All carers are required to attend mandatory Medication Administration training and have access to the Newcastle Fostering Service Medication Policy for Foster Carers via the online learning service, LMS.

### **Illegal Drugs**

The illegal use of drugs by foster carers is likely to result in deregistration and such matters will be referred to the Fostering Panel. Foster carers must not collude in any way with the taking of illegal drugs by young people in their care. Carers must advise a young person's Social Worker and their Supervising Social Worker of any concerns they have regarding their use of drugs.

### **Alcohol**

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

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

### **Foster carers who are also childminders**

It should be ascertained whether applicants who wish to foster are registered as a childminder or have had an application to become a childminder refused. Where applicants are currently childminding, they must be advised that:

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



Newcastle Fostering Service's experience is that complex childminding arrangements do not fit well with fostering, particularly where there are many children involved or children minded over long periods of time. Also risks to child minded children need to be considered during the assessment to ensure that children in care who may pose a risk to others are properly matched. This may, for example, determine the age group for which a carer is approved to foster.

### **Foster carers and firearms**

At the point of the assessment of prospective carers, applicants must be asked whether they hold or have access to firearms.

- Where applicants confirm that they hold firearms, a current firearm certificate must be seen by the assessor and a copy placed on file. The assessing Social Worker must see where all guns and ammunition are stored. They must be separately secured in such a way that they could not be accessed by children.
- As part of the foster carer annual review the security of arms and ammunition and the ownership of a current firearms certificate must be verified. Any concerns about the storage, use of firearms, or lack of a certificate must be immediately reported to the responsible Fostering Service Manager.
- Assessing/Supervising Social Workers must be confident that applicants/carers are fully aware of the risks of firearms and use them in a responsible manner. The holding of firearms must be recorded in the foster carer assessment report to Panel and the Foster Carer Annual Review report.
- No child or young person should be placed with applicants where guns are being held in an unsafe way, or where there is no current firearms licence.
- The Police should be notified where applicants are found to have firearms and no certificate by the Fostering Service.

### **Fostering tasks and services provided**

#### **Mainstream foster placements**

Newcastle's Fostering Service offers respite, short term, long term and emergency placements for children and young people 0-18. Emergency placements are monitored by the Supervising Social Worker to ensure that they do not progress beyond the limit of six days. The service also provides the following:

#### **Community Fostering Scheme (CFS)**

The scheme is provided by approved Newcastle City Council Foster Carers who work with families in their own homes undertaking focused work, working with the care team to deliver an individual care plan.

## Connected persons Foster Carer

Connected persons foster care is when close relatives or connected people of a child – grandparents, aunts, uncles, sisters, brothers, step parents, family friend, teaching assistant, etc – come forward to care for that child when he or she is no longer able to live with his or her birth parents.

The families and friends who offer this type of care want to ‘keep the family together’. Being a family and friends’ carer also helps children and young people keep in contact with their wider family and social networks. Family and friends’ carers make a major commitment when offering the child a home for as long as she/he needs it. Children tell us they prefer to be cared for within their own family when they cannot live with their parents. They feel more secure and feel they ‘belong’. If relatives/friends do not come forward, then the child would need to come in to the care of the Local Authority. They may then be cared for by foster carers, placed in residential care, or adopted.

## Long Term Family Finding and Matching

The service aims to secure long term placements for children who need to remain in foster care and cannot be supported to re-join their family or live independently. Children being considered for a long-term placement will usually be subject to a Care Order and a referral should only be made after the plan has been considered and agreed at a Child in Care Review.

Long term fostering can offer security and help promote a child's physical, social and psychological wellbeing throughout childhood and into adulthood through consistent care, stable relationships and a secure family base. It improves placement stability and offers an alternative, permanent option to adoption, Special Guardianship or Child Arrangements Orders for some children.

The service’s long-term family finder is supported by a dedicated Team Manager. The role of the family finder is to:

- Ensure there are efficient and effective referral and matching mechanisms in place for all long-term referrals.
- Search for and identify appropriate long-term matches based on referral criteria
- Help reduce the risk of drift or delay in long term planning for children
- Involve Carers in making positive decisions about the children they care for.
- Encourage Carers to plan for placements.
- Work closely with the Recruitment and Engagement Officer, the Placements Team and the Assessing and Supervising Social Workers to identify prospective approved carers who may be suitable matches for children on referral.

## Newcastle Supported Lodgings Scheme (SLS)

The role of the supported lodgings carer is to provide vulnerable young people aged 16+ with a safe, healthy and nurturing environment and individual care. We recruit from a

variety of backgrounds and we assess, supervise and support our team of carers. They welcome young people as part of their family, give advice and guidance, help them access community activities and services, and assist them in preparing for independent living by actively promoting educational, training and employment opportunities.

### **Staying Put Arrangements**

'Staying Put' describes a situation where foster carers continue to care for a young adult after they turn 18 under a Staying Put arrangement. The service can support care leavers to stay with their former foster carers if this is part of their Pathway Plan and the carer and young adult agree with the plan. Staying Put arrangements can sometimes help young adults make the transition to independence and enter adult life with the same opportunities and life prospects as their peers.

Although local authorities can provide Staying Put Arrangements to any care leaver, a specific duty was placed on local authorities in section 23CZA of the Children Act 1989. This duty places a legal requirement on local authorities to advise, assist and support both the young person and their former foster carers when they wish to stay living together after the former relevant child reaches their 18<sup>th</sup> birthday. A staying Put Arrangement can also remain in place if the young person attends University either within or outside of the Newcastle area so will therefore be able to access placement during University leave and closedowns.

### **Respite and Short Break Care**

Newcastle City Council's Fostering Service offers a range of Respite and Short Break foster placements. These are offered to support children with disabilities to remain with their family or as a support to the main foster placement. You can find out more information about these services on our website at:

<https://www.newcastle.gov.uk/fosteringadoption/different-types-fostering>

### **Supervision and support**

Newcastle's Fostering Service values the work foster carers do and the significant contribution they make to the lives of children and young people in their care. Appropriate support for fostering families is important to a successful placement.

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

#### **Support arrangements include:**

- supervision, support and review from a qualified experienced Supervising Social Worker

- Frequent visits (normally every 4 – 6 weeks) including yearly unannounced visits, and regular telephone contact from the Supervising Social Worker. More visits are set up for newly approved carers or if placement requires additional support.
- Duty Worker System that is available from 8.45am – 5pm and an Emergency Duty Team who are available from 5pm – 8.30am
- Access to consultation, advice, training and direct work from our in-house psychotherapist
- independent mediation support
- health professionals from the Children and Young Peoples Service (CYPS) who provide expert guidance and support to foster carers of children and young people who are experiencing serious emotional difficulties
- access to the local Designated Nurse for Children in Care
- a comprehensive post approval training programme
- access to respite care as appropriate
- access to support groups, carer consultations and Foster Talk-In Sessions
- access to two Resource Workers, who are available to provide planned and flexible advice, guidance, support and crisis intervention
- Fostering Rates and Allowances which are reviewed annually
- mentor support out of hours service which provides support to carers from experienced colleagues. They can be phoned for advice and a chat. If you have anything you want to talk over, contact and confidentiality will be respected if this is consistent with the safety and welfare of the children in your care.

## Foster carer reviews

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

The review will normally take place in the carer home and will be chaired by an Independent Review Officer. The review will comprise of a report from the Supervising Social Worker, foster carer, written comments from Social Workers responsible for any child/children placed in the foster home since the last review, views of the young people/children and children who foster (in writing or by discussion) if applicable.

The review provides an opportunity to discuss which placements worked well and which worked not so well and why. It is also a chance to review and reflect upon the carer’s strengths and difficulties, skills, experience and training needs for the next 12 months. An in-depth discussion should take place about the support available to the carer and whether this is of the right type and level. The recommendations from the review should reflect these discussions.

Following the review, the documentation will be forwarded electronically to the Fostering Team Manager, who will review the recommendations and how these link to any

identified training needs, the TSD standards and the carers Personal Professional Development Plan (PPDP).

All Newcastle foster carers are required to evidence their learning through the completion of the TSD training and other identified training. Foster carers will need to continue their commitment to their continued development as specified in their PPDP to remain approved.

The first review of newly approved carers will be presented to the Fostering Panel within 12 months of approval. Any subsequent reviews which identify significant changes will also be presented to the Panel.

Where no, or only small variations to the approval category are agreed by all parties within the review and the overall recommendation is for the carer to be approved for a further year, the review will be forwarded to the appropriate Fostering Team Manager who will make the decision about whether the report needs to be presented to panel.

## **Council Roles and Responsibilities**

### **Lead Fostering Manager**

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

### **Team Managers**

The Team managers manage the Assessment and Supervising Social Workers and will oversee the recruitment, assessment, support and review of carers. They are mainly responsible for providing supervision support and guidance to the teams. Team Managers also have a key role in ensuring quality assurance, authorising service documents. They take an active part in service development and ensure good practice is promoted and maintained.

### **Supervising Social Worker**

Once approved at Panel foster carers are allocated a Supervising Social Worker from the Fostering Support Team who is responsible for supervising and supporting them. They will attend meetings with carers, help them to complete written reports, and undertake regular supervision and their annual review, which will also include training and development. They will work alongside the carer to ensure their Personal Professional Development Plan is completed and regularly reviewed.

### **Fostering Resource Workers**

These are two workers who work within the Fostering Service to provide support to carers and aid placement stability through the delivery of both individual and group activities with children and young people in placement.

They plan and lead on holiday activities/programmes, regular sporting and activity clubs such as arts and crafts, singing classes and to avoid any potential placement breakdowns.

### **Independent Reviewing Officer (IRO)**

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

### **Local Authority Designated Officer (LADO)**

The designated person who gives advice to Social Workers and Practice Managers in respect of any Child Protection concerns.

### **Role of the LADO**

Working Together 2015 says that Local authorities should have designated officer, or team of officers (either as part of multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people that work with children. Any new appointments to such a role, other than current or former designated officers moving between local authorities, should be qualified social workers.

- Newcastle City Council has identified a Designated Officer (referred to as the LADO) to be involved in the management and oversight of individual cases of allegations of abuse made against those who work with children as set out in the Allegations against People who Work with Children Procedure.
- Their role is to give advice and guidance to employers and voluntary organizations; liaise with the Police and other agencies and monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

In relation to Fostering Services, it is an expectation of the Fostering National Minimum Standards 2011 that:

- A manager within the Fostering Service is identified to be the Designated Person who liaises with the LADO in all cases to which this procedure applies and manages the allegations against foster carer process;
- All staff within the Fostering Service are aware of the requirements of this procedure, including the role of the Disclosure and Barring Service (DBS).

Any person who receives information or suspects that a child has suffered or is suffering Significant Harm in a foster placement must immediately inform the child's social worker or their manager.

On receipt of any such information, the child's social worker, or their team manager must immediately:

- Inform his or her Team Manager and Service Manager;
- Inform the LADO
- Inform the Supervising Social Worker;
- Refer the matter to the relevant Assessment Team.

The supervising social worker will:

Inform the Designated Senior Manager within the Fostering Service and, in consultation with the Designated Senior Manager;

- Inform the social workers for any other child in the placement;
- Inform any other local authority with an interest in the foster placement.

The relevant Assessment Team must implement the Newcastle Safeguarding Children Board's Inter Agency Procedures in relation to the allegation/suspicion. They will gather relevant background information and convene an Initial Evaluation Discussion.

Other investigative routes may be identified as more appropriate at this stage, for example, the complaints process, and should be considered as an alternative to a Strategy Meeting being convened.

At this stage, the Regulatory Authority must be informed of the allegation/suspicion and the Supervising Social Worker's Manager must ensure that an invitation is sent to them to be represented at the Strategy Meeting.

In exceptional cases where immediate action may be necessary to safeguard the welfare of the child, the child's social worker and his or her manager may decide to request that a new placement be identified. Further information about the process of investigation allegations against carers can be found online at:

<https://newcastlechildcare.proceduresonline.com/chapters/contents.html>, under chapter 8.8: Allegations Against Foster Carers.

The local authority recognises the importance of providing foster carers with an appropriate level of support and advice during the process of a child protection investigation. Arrangements have been made to ensure that the foster carer will be provided with support and advocacy from an agency that is independent from the local authority so that no conflict of interest may arise. The Supervising Social Worker from the Fostering Service will continue to liaise with the foster carer but will be unable to support the carer in an advocacy role until the investigation is completed. The support and Advocacy Service to foster carers is currently provided by Foster Talk, their contact details are available from the Fostering Service. Support and advice to foster carers is also available from Fostering Under Newcastle (FUN).

A child or young person may make a complaint that does not fall within the scope of the child protection guidelines. All children and young people in foster placements receive, if age appropriate, information about how to make a complaint using the formal People's Directorate Complaints Procedure. This is a three-stage process with an emphasis on early resolution. At stage 1 of the procedure, a manager (usually the fostering manager) will investigate the complaint. At stage 2 there is an independent investigation and a response from the Director of Children, Education and Skills. At stage 3 the complaint is reviewed by the Complaints Review Panel, which is chaired independently of the local authority. The outcome of any allegations made against foster carers will be reported to the Fostering Panel for consideration and recommendation.

The child's own social worker will help and advise them as necessary and they will also be provided access to and information about independent advocacy services.

## **Placement Planning Meetings**

The Placement Plan provides clarity for the child and the child's carer (whether parent, a foster carer, registered provider or the person responsible for the child at the accommodation) about how the day to day parenting tasks will be shared between the



child's carer and the responsible authority, including clarity about the financial arrangements for the child's upbringing. (Please also see 'Delegated Authority' section).

The Placement Plan sets out in detail how the placement is intended to contribute to meeting the child's needs as set out in the Care Plan.

An effective Placement Plan will ensure that the carer receives essential information about the child, including his/her health, educational and emotional and behavioural needs, how these may affect the child day to day and appropriate strategies for responding to them. The fostering service must ensure that the foster carer receives this information. In particular, it is important to identify any behaviour that have been of concern to a child's previous carer and that which have contributed to the breakdown in the placement.

Clarity and specificity in the Placement Plan will ensure that the carer understands the child's likes, dislikes and routines and reduce the potential for disagreements which may arise in situations where decision making on behalf of children may be the responsibility of different people at different levels in the organisation, such as the foster carer, the Social Worker or Managers. The lack of clarity about who does what can lead to role confusion and placement breakdown. (Please also see 'Delegated Authority' section).

Where it is not possible to draw up a Placement Plan in advance of the placement, a Placement Plan must be made within five working days of the start of the placement. (Regulation 9(2), Care Planning Placement and Case review regulations). In any event, essential information for providing safe care to the child must be available to the carer at the start of the placement. It is possible that the Placement Plan will be drawn up before the completion of the full Care Plan to ensure that appropriate information is shared and contact details given in a timely manner to support the child and the carer in the placement. The following people could attend the meeting:

- the child/young person, whenever appropriate, should be encouraged to express their views as much as possible
- the child/young person's Social Worker
- the foster carer
- the foster carer's Supervising Social Worker.

The agreed plan and decisions will be written down and signed by all those attending the meeting. All parties will be provided with a copy.

A meeting Chaired by an IRO (first review of the young person) will be arranged within 28 days to review how the Placement Plan is progressing.

## **Delegated Authority**

The revised Statutory Framework for Fostering and Care Planning, which came into force in April 2011, and the Foster Carers' Charter outline the importance placed by the

Government on foster carers being able to take a greater range of decisions about day to day aspects of the lives of the young people they care for.

Delegated Authority is the term used when the responsibility for making day to day decisions about a child has been delegated to the foster carer. This can include decisions around activities, haircuts and overnight stays amongst other things. There is a general agreement that it is extremely important to improve practice around Delegated Authority in order to help young people to achieve and thrive in foster care.

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

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

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

### Visits by the child's social worker

The Care Planning, Placement and Case Review Regulations 2010 (amended 2015) state that the child should be visited within one week of the start of their first placement and within one week of the start of any subsequent placement **[regulation 28(2)(a)]**. Thereafter, the child must be visited at intervals of not more than six weeks for the first year of any placement **[regulation 28(2)(b)]**. Visits during subsequent years must also take place at intervals of not more than six weeks **[regulation 28(2)(c)(ii)]** unless the placement has been formally agreed as a permanent placement which is intended to last until the child is 18; in those circumstances, the intervals between visits in the second and subsequent years of placement must not be longer than three months **[regulation 28(2)(c)(i)]**.

Where the child is placed in a long-term foster placement, the child should be visited within one week of the start of the placement. Thereafter, the child must be visited at interval of not more than six weeks for the first year of the placement **[regulation 28(2)(b)]**. Visits during subsequent years must take place at intervals of not more than six months, where the child, being of sufficient age and understanding, has agreed to be visited at this minimum frequency **[regulation 28 (3A)]**.

However, the frequency of visits should always be determined by the circumstances of the case and the authority must arrange a visit whenever reasonably requested by a child or foster carer regardless of the status of the placement

On each visit, the social worker must speak to the child in private unless he/she is unable to do so, considers it inappropriate or the child (being of sufficient age and understanding) refuses. The views and wishes of the child or young person in respect of their care must always be sought.

### **Visits by the child's social worker to children placed with Temporary Approved Connected Persons**

In addition the regulations also establishes further requirements in respect of visits to children placed with Temporary Approved Connected Persons (Regulation 24) and these are set out below.

Where a child is placed under regulation 24, the child must be visited at least weekly until the time of the first Child in Care Review. Subsequently, visits must take place at intervals of not more than four weeks until the carer has been fully approved. These frequencies reflect the potentially greater vulnerability of a child who has been placed with a carer before the assessment of that person's suitability to care for the child has been completed. These visits will allow the social worker to assess how the relationship between the child and carer is developing and identify at an early stage where there may be concerns about a child's welfare.

Once the Temporary Approved carer has been fully approved as a foster carer, the child must be visited at the frequency prescribed for children in foster placements.

### **Visits by the child's social worker to children placed with foster carers for a series of short breaks**

- A visit to the child in placement by a member of Children' Social Care staff must take place within the first seven calendar days of placement (that is seven days when the child is actually in placement) or before the first review, whichever is the sooner.
- Thereafter, if the series of placements continues the child must be visited at intervals of not more than six months, or if the interval between placements exceeds six months, during the next placement.
- All children and young people who are cared for by the Local Authority should have a Social Worker. Their job is to keep regular contact with the child, the family and other significant people to ensure that plans are carried out.
- Social Workers should arrange to see the child alone. A visit must also be made following a reasonable request from the carers or the child.
- The child's bedroom should be seen a minimum of two visits within the review period. This is a legal requirement.

## Recording of visits

The content and outcome of each visit to a child in care should be carefully recorded within the individual case record in a way which enables a continuing assessment of the progress of the child in the placement to be made, even where there is a change of social worker. The record should set out the main issues that were raised during the visit, any issues of concern and how these will be addressed and an overall conclusion. It is expected that information from the visit will be shared appropriately with the child's carers and others who may need to know. The social worker should discuss with the child, subject to his/her age and understanding, what information should be shared with who and why.

## Review of the child or young person

Regular reviews are carried out to check the plans and decision making in relation to placements and will be arranged within statutory timescales. A review must be carried out within 28 days of placement. The next statutory review will take place within 4-months of placement. Subsequent reviews will take place at 6 monthly intervals unless a brought forward review is needed. If permanence outside of the family is the proposed plan, a care planning meeting should also be convened. Reviews will always be chaired by the Independent Reviewing Officer (IRO).

The review may be attended by Birth Parents, Carers, Social Workers and other Professionals, as appropriate, concerned with the child's welfare.

The child or young person should be encouraged to attend the review. Their views can be represented either through the Mind of My Own (MOMO) app or through their carer, Social Worker or a friend/advocate.

## MOMO

MOMO is an App that enables young people to participate fully in their lives and speak up any time they want. Foster carers will be instructed on how to support the children in their care to access and use this app by their Supervising Social Worker and the child's Social Worker.

The app gives young people an instant and convenient way to express their views, wishes and feelings, and gives the Local Authority an effective way to record them. The Local Authority can then feed the views of the child into their own reviews, Foster Carer Reviews, their care planning and into service development. The MOMO app has been ISO certified as safe, private and secure. More information on the MOMO app can be found at: <https://mindofmyown.org.uk/our-apps/>

## Advocacy for children

Independent Advocacy Service (NYAS) is available for important meetings and Child in Care Reviews. This is provided by an independent organisation, NYAS ([www.nyas.net](http://www.nyas.net)) for young people aged 10 years and above, depending upon their maturity and ability to understand.

The Advocate will get together with the young person before the meeting and decide with them the best way to voice their views and feelings. They may be written down and presented either by the Advocate or the young person. This is a powerful input to a meeting that is making decisions about a young person's future. The Advocate may then talk to the young person after the meeting about the decisions made.

If a child or young person makes a complaint while in care they should also be provided with an Advocate.

Advocacy will be arranged via the child's Social Worker. It is also open to foster carers to contact the service themselves with any referral. The Service will only be involved if the young person wants it.

#### **The Service will consider:**

- any issues relating to Delegated Authority
- seek and take into account the views of the child/young person, parents, foster carers, and any other person involved with the child
- review the child's welfare and progress, including their health, physical, emotional, educational and social development
- consider whether fostering and this particular placement are the most suitable for the child and redefine the tasks that each participant will be undertaking
- ensure that the child's needs arising from their cultural background, racial origin, and religious persuasion are being met
- consider the future needs of the child and plan accordingly
- review Family Time Arrangements.

#### **When to inform the IRO (Independent Reviewing Officer)**

Between reviews, if the Care Plan continues to meet the needs of the child, there may be no need for any communication between the IRO and the Social Worker or the child. However, in the event of a significant change/event in the child's life, the Social Worker must inform the IRO.

Such changes include:

- A proposed change of Care Plan, for example, arising at short notice in the course of proceedings following directions from the Court.
- Where agreed decisions from the review are not carried out within the specified timescale.
- A major change to the Family Time Arrangements.
- Changes of allocated Social Worker.

- Any safeguarding concerns involving the child which may lead to enquiries being made under Section 47 of the 1989 Act (Child Protection enquiries)
- Complaints from or on behalf of the child, parent or carer.
- Unexpected changes in the child's placement provision which may significantly impact on placement stability or safeguarding arrangements.
- Significant changes in birth family circumstances, for example births, marriages or deaths, which may have an impact on the child.
- The child is charged with any offence leading to referral to Youth Offending Team.
- Pending criminal proceedings and any convictions or sentences as a result of such proceedings.
- The child is excluded from school.
- The child has run away or is missing from an approved placement.
- Significant health, medical events, diagnoses, illnesses, hospitalisations, or serious accidents.
- Panel decisions in relation to permanency.

## Planned endings

Whenever possible, placement endings should be planned with careful preparation and transition, whether the child or young person is returning to their family, moving to another placement in care, an adoptive placement or on to independent living.

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

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

## Unplanned endings

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

A Local Authority may not allow a child to remain in a foster carer's home if it considers that his or her best interests are not served by staying there. Ideally, a child should not be removed unless they are deemed to be 'at risk'. If the child is not deemed to be 'at

risk', the Responsible Authority may only terminate the placement following a review of the child's case.

If it is the foster carer who feels the placement should end, they should contact their Supervising Social Worker, the fostering Duty Worker or the child's Social Worker at the earliest opportunity so that a Placement Sustainability Meeting can be arranged. The earlier all concerned are made aware of the situation the sooner they can help and offer additional support. The priority should be to avoid the child leaving in an emergency.

## **Placement Sustainability Meetings**

Before notice to end the placement is accepted from a foster carer, a Placement Sustainability Meeting will need to take place and attended by as many members of the care team as possible, including the IRO. The meeting will be organised within 72 hours of the request being received and will be chaired by a designated Fostering Team Manager. The service will not accept 28-days' notice for placements unless the Sustainability Meeting recommends that the child or young person is moved quickly, for example, due to a safeguarding issue.

The Placement Sustainability process aims to ensure that multiple moves, disruptions and placement changes for children in care are prevented whenever possible. This process is designed to help carers and the service press the "pause" button and avoid a reactive response to difficulties that may arise. It enables all aspects of the placement to be explored including what the issues are and what additional supports could be put in place. The purpose of the meeting is to explore and develop a better understanding of what is going on. Ultimately, even if there is a need for the placement to come to an end, the process will ensure that all avenues have been explored, children will not be moving on in crisis and we will have a clearer understanding of the child's needs.

## **Disruption Meetings**

If a long-term placement does need to come to an end, a Disruption Meeting will be held. This is to help everyone involved identify factors leading to the placement breakdown, to learn from the experience and to consider the Care Plan for the child. In Newcastle, it is an Independent Review Officer who chairs the Disruption Meeting.

Following a placement disruption, direct supportive work will need to be undertaken with child by their Social Worker, subject to their age and level of understanding. This work needs to take account of the revised Care Plans and should be conducive to the principles in our Promise to Our Children.

## **Foster carer files**

The Fostering Service must maintain a case record for each approved foster carer. All foster carers have an electronic case record on Total View with direct links to the Child or children

in placement with that carer. Daily recording for both Child and Foster Carer, are maintained and recorded on the Carefirst System.

All files in respect of approved carers must contain as a minimum:

- The foster carers information obtained about him or her in relation to the application for approval, the carers form F
- The original report on the assessment of the carer/s and any other report submitted to the fostering panel or to the Registered Manager
- Any recommendations made by the fostering panel
- The information obtained in relation to the assessment, approval, review or termination of approval of the carer/s
- Notice of approval
- The foster carer agreement
- Annual reviews of approval & recommendations
- Panel reports & recommendations
- Notices of the outcomes of reviews of approval, including revised terms of approval or notices of termination of approval
- Family Composition
- Carers supervision agreement
- Health and Safety Check
- Household Safe Care Policy
- Record of Disclosure and Barring Service checks
- Record of Medicals for foster carers
- In date Pet Questionnaire if appropriate
- Record of Mandatory Training and Updates
- Record of Supervision visits
- Record of Un-announced visits
- Recording of Schedule 6 & 7 Reports which should include a record of any complaints or allegations made in respect of a carer
- Record of Support Carer if appropriate
- A record of each placement made with the carer, including the name, age, ethnicity, religion and sex of each child placed, the dates on which each placement began and terminated and the circumstances of the termination
- Evidence of Management Oversight and Audit
- Exemptions in place.

All files pertaining to Temporary Approved Connected Person foster carers who have a child placed under Regulation 24 of the Care Planning, Placement and Case Review Regulation 2010 must contain:

- The application and assessment process in accordance with Regulation 24
- A record pertaining to the placement, including the name/s, age and sex of each child placed, the dates on which the placement began and terminated, and the circumstances of the termination



- The information obtained in relation to the enquiries carried out under regulation 24(2) of the Care Planning Regulations.
- Family Composition
- DBS updates
- Up to date Medical Information

All files pertaining to applicants who are not approved as carers or who withdrew their application prior to approval must contain as a minimum:

- All information obtained in connection with the assessment
- Any reports submitted to Newcastle fostering panel and record of outcome
- Any notices that Newcastle is mindful to not approve or has not approved the application.

## Records in Respect of Children Placed

The law states that the responsible authority must ensure that the child's case record is kept until the 75th anniversary of his/her date of birth or 15 years from the date of death in the case of a child who dies before reaching the age of 18 [regulation 50(1)].

Responsible authorities must secure the safekeeping of records and must take any necessary steps to ensure they are treated as confidential. This requires not only arrangements for the physical security of the records but effective procedures to restrict access to records to those who are properly authorised and require access because of their duties in relation to a case [regulation 50(2)].

The electronic recording system is set up within Newcastle for the purposes of clear recording and enables access links to the child's file by way of relationships. It also allows access to the documentation pertaining to the child and the placement record with the foster carer.

Within the recording processes for fostering it is clearly identifiable that some information pertaining to the child will of course be within the foster carer's case record. For example, if the child was missing from placement and the detail provided within a supervision visit pertaining to the care of the children placed. It would be impractical to record this in such a way that kept the child and the carer entirely separate. It must therefore be acknowledged that such information in respect of the children will remain on the carer's file even after the placement has ended.

There is an expectation that foster carers will maintain and keep a record of each child placed. They should record all significant events and pass these on to the supervising social worker so that they can be added to the child's electronic file record. Carers are expected also to contribute and support ongoing Life Story Work for the young person as outlined within the Placement Plan.

## Carers Contributing to their case file

Carers undergoing assessment are actively encouraged to contribute to their case records and are expected to fully cooperate with the assessment process and to

contribute to the findings. This is done through eco-maps and family trees as well as commenting on the report and the assessment process itself.

Approved foster carers will have formal opportunities to contribute to their case recording including:

- Six monthly and Annual reviews;
- Reports for long term matches and changes of approvals;
- Allegations and Complaints;
- Feedback on placements;
- Safe care policies;
- Supervision agreements;
- Delegated Authority documents;
- Minutes taken at all meetings pertaining to the children placed;
- Views of foster carers are pro-actively attained within the fostering panel upon an applicant or carers attendance.

Carers views and opinions are considered through a variety of participation events and meetings as well as formal governance processes such as Children in Care Multi-Agency Partnership (CiCMAP) and the Corporate Parenting Advisory Committee (CPAC) through their representative from Fostering Under Newcastle (FUN).

## **Register of Foster Carers**

Newcastle will maintain a current electronic register of approved foster carer, which will include the following particulars:

- Name, address, date of birth, ethnic origin and sex of each foster carer
- The date of approval and each review of approval and
- The current terms of approval

## **Retention and Storage of Records**

Historical foster carer paper files are stored securely within secure records and all other records are stored electronically.

Foster Carer Files and the Services Register of Foster Carers must be retained for at least 10 years from the date on which their approval is terminated.

Access to a foster carer file is restricted to those who are properly authorised and need access because of their duties. Foster carers have a right to see their own records. Such requests should be made through a carer's Supervising Social Worker who will advise them about the process.

Foster carers do not have a right to see references taken up during assessment, or Strategy Meeting Reports or third-party information as these are confidential.

## Good practice in fostering

### Foster carer recording

Foster carers need to keep a daily record of events relating to the children/young people in their care. Such a record may be used later in giving evidence in Court, as part of the Child Protection Process or simply to inform the child's Review or be discussed at the Foster Carers Review. These records are confidential and must be kept securely – this is the sole responsibility of the foster carer.

Important events relating to children in care should be reported to the child's Social Worker and Fostering Supervising Social Worker as soon as possible and recorded. When the child moves all records in relation to the child should be passed on to the child's Social Worker or Supervising Social Worker and signed off by both parties in the carers recording log.

The recording file will be monitored regularly during supervision visits and annually as part of their Foster Carer Review by the carer's Supervising Social Worker. The recording file can also be viewed by the child's Social Worker at any time. Facts and opinions must be clearly separated. When a child leaves foster care or moves on to another placement these records must be passed to the child's Social Worker and the Supervising Social Worker can assist with this. If a child goes into a respite placement, and if the child also takes regular medication, essential information and recordings must be passed over to the Respite Carer to ensure they are aware of any issues and are well prepared to care for the child.

Please remember that children and birth parents may also be able to view the records we keep about children.

### Confidentiality

Working in partnership with birth parents is a prime task of fostering. Relationships can be completely undermined if confidentiality is not fully respected.

In sharing the care of a child, carers will receive a lot of confidential information which the child and the family have given in trust. It is appreciated that carers or the child may wish to share certain information with very close relatives and friends or other people concerned with the welfare of the child but carers should discuss this and seek permission from the child's Social Worker in the first instance.

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

When a child is placed carers will receive a certain amount of highly confidential written information. This should be kept in a secure place and returned to the child's Social Worker when the placement ends.

## **Photographs**

Carers may take photographs of the children in placement as an incidental part of their own family life, or as part of agreed Life Story Work (see section on Life Story Work). Foster carers must not place photographs containing images of children in care on social media or pass them onto anyone else without permission of the child's Social Worker, the child (if age appropriate) or persons with parental responsibility.

## **Family Time**

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

Sometimes a child may return from time spent with parents in an upset or confused state. Carers need to realise that the child needs time to readjust or may need help in talking about their feelings. Try and prepare the child for meetings where appropriate.

Including the birth family in celebrations such as birthdays can be very helpful.

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

Some Foster Carers may be involved in helping children to move on to adoptive homes or be interested in adoption themselves. Further information about adoption is available from the Fostering Service or the Regional Adoption Service, Adopt North East.

Any plan for long term foster care will be made at a formal Review Meeting. Foster carers will be invited to these meetings and asked, with assistance from the Supervising Social Worker if needed, to provide information in respect of the child's progress in placement. As the main carer they have valuable insight into the needs of the child.

Each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in his or her Care Plan and/or Placement Agreement.

Where the care planning and carer's personal situation allows it is good practice that foster carers will allow Family Time Sessions within their own home to facilitate Family Time, providing it is appropriate to do so.

The foster carer's role in respect of Family Time Arrangements needs to be agreed at the Placement Planning Meeting and not be changed unless agreed by all parties.

Family Time Arrangements should be established, maintained, monitored and reviewed. The child's views should be sought and, wherever possible, given priority in determining Family Time Arrangements.

### **Child staying for a visit or holiday with a friend or relative of their foster carer**

In making decisions about whether to permit a Child in Care to stay overnight with a friend or to have a holiday with their friends or with relatives of their foster carers, foster carers and responsible Authorities should consider the following factors:

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

If in doubt about the appropriateness of the decision, the foster carers should consult their Supervising Social Worker and the child's Social Worker for advice. The child and their carers should always be told of the criteria that will be used to make decisions about overnight stays, visits and holidays. Any such visits, stays or holidays must only be made with the full agreement of the parent (if child is accommodated under Section 20), placing Social Worker and the Supervising Social Worker and written consents recorded on the Delegated Authority Form.

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

There is no statutory duty for Disclosure and Barring Service (DBS) disclosures to be sought in relation to adults in a private household where a child may stay overnight or

visit, or who the child may accompany on a holiday or on a school trip. DBS checks should not normally be sought as a precondition.

## **Support Carers**

There is no requirement that where a Child in Care visits or spends a holiday with their foster carer's friend or relative that the individual must be approved as a Local Authority foster carer, as the child will remain formally placed with their usual foster carers. During their assessment and after approval, foster carers are asked to identify a suitable Support Carer. Support Carers will be asked to undertake a DBS check and a short assessment will be carried out by the supervising social worker. This assessment is presented to the Fostering Panel. However, Support Carers are not approved foster carers will not be registered to care for children in care on a full-time basis. The Support Carer can help out the Foster Carer if they need the child to be cared for for a few hours, overnight or for a few days. However, Foster Carers must be contactable and able to return in the event of an emergency. Should this not be the case the child should be formally referred for a respite placement by the placing Social Worker.

## **Sleepovers**

The sleepover policy enables carers (foster carers) to authorise a sleepover when planning has not been possible. The government have given permission to reduce the bureaucracy previously related to sleepovers. This should 'normalise' requests so that children in care experience less stigmatisation. Sleepovers should be agreed either at the Placement Planning Meeting via delegated authority and on each occasion this must be agreed by the child's social worker.

## **Computer, mobile devices and internet use**

Carers should be aware of the potential dangers of the internet as well as its obvious benefits for both education and leisure. Carers should ensure that internet filters, also known as parental controls, appropriate to the age of the children are installed. If possible, computers and mobile devices should be used in areas that are accessible to the foster carer so appropriate monitoring can take place. Children should be guided on the safe use of social media, including using a tag name instead of their real name and never agreeing to meet anyone in person who they have been in contact with online unless in a public place with the carer present.

Foster carers will be supported by their Supervising Social Worker to establish internet usage policies for their household and this should be recorded in the Family Safe Care Policy. Safeguarding strategies for individual children should be recorded in the Child Specific Safe Care Policy.

Foster carers should attend service training and access and read information about how to keep themselves safe on the internet and observe confidentiality.

Through this training, foster carers are made aware of a range of online resources which are available to carers to help children stay safe online, such as [www.thinkuknow.co.uk](http://www.thinkuknow.co.uk) or [www.childnet.com](http://www.childnet.com)

## **Babysitting**

Children in care may be included in your normal babysitting arrangements. However, babysitters should be 18 years old or older. Carers can use their older adult children as babysitters if they are deemed suitable. Carers should use people known to them and all babysitters need to have a DBS completed.

## **Activities**

Life for children and young people in foster care should be as 'normal' as possible. It is never possible to avoid some risks involved in activities such as swimming, horse riding, canoeing, etc, however, carers should not expose children to high risk situations without appropriate safeguards and discussion with the child's Social Worker and Supervising Social Worker.

## **Consent for activities, trips and holidays**

Consents for outdoor activities, school trips and holidays abroad should be discussed and agreed as part of 'Delegated Authority,' with issues covered in Placement Planning Meetings and at subsequent Child in Care Reviews. Please see section on 'Delegated Authority' in the handbook.

Children and Young People should not be taken on holiday during term time without exceptional circumstances and without permission from the Assistant Director. This is Newcastle Children's Social Care good practice guidance and it is expected that this is adhered to.

## **Valuing the individual child**

Newcastle City Council endorses the National Minimum Standards for Foster Care Standard 2: Promoting a positive identity, potential and valuing diversity through individualised care, which states that children should:

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

In order to achieve this and fostering service, the foster carer and the child's social worker need to ensure:

- Children are provided with personalised care that meets their needs and promotes all aspects of their individual identity.

- Foster carers are supported to promote children’s social and emotional development, and to enable children to develop emotional resilience and positive self-esteem.
- Foster carers meet children’s individual needs as set out in the child’s placement plan as part of the wider family context.
- Children exercise choice in the food that they eat and are able to prepare their own meals and snacks, within the context of the foster family’s decision making and the limits that a responsible parent would set.
- Children exercise choice and independence in the clothes and personal requisites that they buy and have these needs met, within the context of the foster family’s decision making and the reasonable limits that a responsible parent would set. (not applicable to short break placements).
- Children develop skills and emotional resilience that will prepare them for independent living.
- Children receive a personal allowance appropriate to their age and understanding, that is consistent with their placement plan (not applicable to short break placements).

Children in foster care can come from a wide range of cultural backgrounds. This is reflected not only in their race, religion and language but also in the way they have been brought up. They may have different skin colour, hair, dress or religious beliefs. They may speak a different language or eat different types of food.

Carers need to recognise, respect and celebrate these differences. They may also need to support them in feeling positive about themselves and being proud of their heritage.

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

There are clear laws against discrimination on race, disability, sexuality or gender. Sometimes, a child with additional special needs has become too difficult for the parents to cope with and that is the reason why he or she becomes cared for by the Local Authority. Carers can help by obtaining as much information as possible about the disability. Training on specific difficulties may be available to carers looking after these children and young people. Whilst caring for disabled children and young people can have its own challenges, it can also bring its own rewards in helping children to realise and achieve their potential.

The child’s race, culture, religion and language must be respected. Discrimination should be challenged on behalf of any child. Carers need to promote children’s cultural and religious heritage and identity.



Carers will have their own beliefs, values and attitudes. However, these should not be imposed upon a child and issues such as church attendance/household values need to be discussed at a planning stage in any placement.

### **What's in a name...**

Names are very important: a child's name needs to be respected and should not be shortened/amended without permission and discussion with the Local Authority and parents.

There are no general rules about what your child in care calls you so talk to the child about what they would like to call you.

If Mummy and Daddy are the child's favoured names for the foster carers they should talk to the child's Social Worker about this and an agreement made at a meeting or review. On occasions it is agreed that carers can add their first name to the title, for example, Mummy Rachel and Daddy Pete but any decision of this nature should be based on the needs of the child and not carer.

This issue needs to be treated with sensitivity as birth parents may be distressed by the child's decision and this could affect the placement. Special consideration needs to be given to the long-term plan for the child and what would be appropriate or potentially confusing for the child.

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

### **Life story work**

- Many children in care have complexities in their lives; they may have experienced abuse, many moves or separations and they may have patchy memories about what has happened or been given an inaccurate account of their past.
- Life story work can be a useful tool in helping children to make sense of their lives. Such work is planned by the Social Worker and the carers may be involved in assisting and supporting it. A life story book to help the child understand his or her life may be produced and this may include things like photos and letters. It is important to maintain a record of the child's life and progress at each stage whilst in foster care. This can be done by keeping a written or photographic record (see the previous section: 'photographs'). Consideration must be given to safeguarding the child in relation to confidentiality.
- It is very helpful to keep mementos such as drawings, certificates and admission tickets to help illustrate activities the child has participated in whilst in your care. In this way you can provide the links for a young adult who is looking back and trying to make sense of their care history.

## **Education, Employment and Leisure Activities**

The educational, vocational and social needs of each child or young person in foster care are given high priority and she or he is encouraged to attain her or his full potential. The service endorses the National Minimum Standards for Foster Care Standards 7 and 8 which lays out the expectation that, whilst cared for by the Local Authority:

- Children can enjoy their interests, develop confidence in their skills and are supported and encouraged to engage in leisure activities.
- Children can make a positive contribution to the foster home and their wider community.
- The education and achievement of children is actively promoted as valuable and as part of their preparation for adulthood.
- Children are supported to achieve their educational potential.

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

Children in care should have a Personal Education Plan or PEP. Foster carers will be asked to contribute to its completion at a PEP meeting.

### **Designated Teacher for children in care**

All schools have a nominated Designated Teacher for Children in Care. They carry out statutory duties on behalf of the school.

### **Personal Education Fund (PEF)**

The Personal Educational Fund replaced the Government's Personal Education Allowance in 2011. This fund is intended to promote educational outcomes. Young people are identified through the PEP process which will highlight gaps in achievement. Schools will therefore have a central role in deciding how the Fund could best be used to raise standards in performance. The Fund has been used to support private 1:1 tutoring, IT equipment and other strategies. The Fund is not an individual personal budget for each child and can be pooled to use for the benefit of the whole Children in Care cohort supporting children at times of intense need.

## **Pupil Premium**

The Pupil Premium grant is designed to allow schools to help disadvantaged pupils by improving their progress and the exam results they achieve. Pupil Premium can be used to facilitate a wide range of educational support for children in care. Virtual School Headteachers should seek the input of the School's Designated Teacher and carers when deciding on how to use Pupil Premium to support a child. It is important that interventions supported by Pupil Premium should be evidence-based and in the best interests of the child" (DfE 2018).

## **Attendance and exclusions**

Improving/maintaining attendance and reducing exclusions from school is a high priority and forms part of Newcastle's Children and Young People's Plan. Attendance is constantly monitored by the Virtual School Attendance Officer. This includes a rapid response to the imminent exclusion of children with special educational needs and a protocol to prevent the exclusion of children in care.

Should a child in care be excluded from school carers should immediately contact the child's Social Worker and their own Supervising Social Worker.

## **Admissions**

Children in care often require a school place during the academic year when some schools are full. The Schools Admissions Team have arrangements in place to admit children in care to a school as quickly as possible.

Because of their educational vulnerability, Children in Care must not be taken out of school during term time for the purpose of holidays.

For more information on raising educational standards visit our website [www.newcastle.gov.uk/fostering](http://www.newcastle.gov.uk/fostering)

## **Employment and Children in Care**

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

Pupil Premium is not a personal budget for individual children, however, both Virtual School Headteachers and schools may choose to allocate an amount of funding to an individual to support their needs (DfE 2018).

## **Health**

Each child or young person in foster care will receive health care which meets her or his needs for physical, emotional and social growth, together with information and training appropriate to her/his age and understanding to enable informed participation in decisions about her/his health needs.

### **Health Assessments**

A full health assessment is carried out for every child/young person in foster care each year and every child should have a Health Plan that is reviewed in the light of regular health assessments. When a child comes into care, they require an Initial Health Assessment within the first 20 working days. Children under five will have a review twice yearly and children over five once a year. The Review Health Assessment is completed by a nurse either from the Children in Care Health Team, their Health Visitor or School Nurse depending on where they live and which school the child attends. Foster carers may be expected to meet the nurse at the child's school or go to a clinic. It is important that carers ensure these appointments are attended to ensure we are tracking the health needs of children in care. In certain circumstances where the child has a condition that requires hospital admission, the carers may be requested to attend the hospital to receive the relevant training by specialist staff.

### **Health Care guidance**

- Carers should make sure that children and young people's routine health care needs, such as dental checks and sight and hearing tests, are met. It is helpful if carers can have this information readily available for the child/young person's review.
- Details of a child/young person's medical history should be obtained when they first become cared for and this information should be passed on to carers. Carers should ask for details, particularly if the child has to take any medication or has particular health needs or allergies.
- If medication needs to be administered in any circumstances, including over the counter medicines, foster carers should refer to the Foster Carers Medication Document
- It is essential to know the name of the child's own doctor. If a child has a serious illness or is admitted to hospital carers must notify the child's Social Worker or Emergency Duty Team who should then inform the child's parents. Any illness should be recorded along with details of any medication or treatment administered.
- Foster carers should obtain registration with their local health practice for any children in their care.

### **Consent for medical treatment**

When a child is placed foster carers must be given a copy of the Placement Plan with signed medical consent in conjunction with agreed delegated authority.

Foster carers may be able to sign forms such as consent for minor medical treatment including dental treatment after consultation with the child's social worker. These forms

may only be signed by the foster carer if the child's parents have delegated their power to consent to the Local Authority, and the child's legal status permits this.

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

### **Young person's consent**

- Young people of 16 years and over can give or withhold their consent for their own medical examinations and treatment. Young people under 16 may also be able to give or withhold such consent, depending on their capacity to understand the nature of the condition and the treatment. It is for the doctor to decide when a young person can give informed consent after consultation with those that know them best.
- It is often the case that young people who have experienced frequent disruption in their lives have health care needs that are treatable but which over a period have been undetected, ignored or given insufficient attention. Carers should adopt a vigilant attitude towards the health of young people, especially in emergency and short-term situations where their needs are not well known. If concerns arise medical advice should be sought promptly, especially where this relates to potential misuse of drugs, solvents, alcohol, etc.

Carers must pay attention to the storage of medications, making sure that it is stored securely and not accessible by children placed in the household. A lockable box provides suitable storage for medications, including those which need to be refrigerated. Where a child is considered by the Care Team to be old enough and able to administer their own medication, the foster carer will monitor adherence to medication at agreed intervals as any reasonable parent would do. This should be set out in the placement plan and recorded by the foster carer in the child's daily log in the section 'health.' (See the services Medication Administration Policy). The carer must record all medication administered or taken by the child in their daily log.

### **The Children and Young People Service (CYPS)**

The Children and Young People Service or CYPS is a multidisciplinary service for children and young people which aims to help them with a range of mental health issues.

Children or young people who are seen by CYPs may be experiencing one or more of the following:

- Emotional difficulties
- Self-harm
- Attachment disorders
- ADHD, autism spectrum disorders and other neuro developmental problems
- Eating difficulties
- Depression and/or anxiety
- Psychotic illness

- Behaviour difficulties
- Other mental health problems.

Support and advice is generally offered to carers, and children and young people may be offered individual therapy of the most appropriate kind for their particular problem. Occasionally, they may need the help of medication. Sometimes it will be recommended that the carer is involved in the therapeutic work and may need to undertake transport to the appointments.

Decisions about whether to refer a child or young person to the service will be part of a child's Care Plan/Review. The child's Social Worker will receive information from carers about the child's behaviour and emotions and will make a referral direct to the service. Consent is required from the local authority or parent with parental responsibility.

Information about CYPs and their services can be found at:

<https://www.cntw.nhs.uk/services/children-young-peoples-service-newcastle-gateshead/>

## **Health Policy for Children in Care**

### **Policy Statement**

Children's Services recognises that it has a responsibility to ensure that children and young people in care attain and sustain as healthy a lifestyle as possible given their individual circumstances. This requires providing them with information and support appropriate to their age and understanding and helping to develop the personal awareness and personal skills necessary to act on such information.

It is a policy that considers good health to be a positive state of physical, psychological and emotional wellbeing, not simply the absence of illness.

It recognises that there needs to be separate guidance about the provision of medical checks, about response to symptoms of illness and about treatment and medication.

### **Good health care**

#### **Mandatory Guidance**

There should be a comprehensive health record/Personal Health Plan available in respect of each child. Where this is not available, or where significant information is missing, efforts should be made to obtain it from the child's Social Worker.

According to their age and ability, children and young people should be encouraged to learn about their health history and its possible importance for later life.

Priority should be given to the maintenance of routine health care, especially dental, sight and hearing checks and where appropriate, immunisations.

## **Practice Guidance**

Taking into account age and ability, children and young people should be taught the importance of good health care, the range of services available and how to access them.

As appropriate, they should be encouraged to take responsibility for their own health care. In particular young people approaching independent living need to know how to register with a GP and dentist, when to use them and how to deal with any particular medical conditions to which they may be susceptible.

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

## **Healthy Lifestyle**

### **Mandatory Guidance**

Staff and carers should follow the guidance the Directorate has established on smoking, alcohol and substance misuse that will, from time to time, be reviewed. The guidance can be found at [www.newcastle.gov.uk/services/public-health-wellbeing-and-leisure](http://www.newcastle.gov.uk/services/public-health-wellbeing-and-leisure).

### **Practice Guidance**

More generally, the Foster Carer of children and young people needs to be mindful of health implications. Those caring for children should be seeking to encourage a healthy lifestyle. This is particularly so in relation to diet, exercise, rest, emotional wellbeing and personal hygiene.

To be able to establish a healthy lifestyle, children and young people need to be provided not only with information and advice but also the skills with which to utilise that knowledge and the wish to do so.

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

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

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

## **Sexual Health Guidance for Children and Young People in care in Newcastle**

Children in care may be more vulnerable to involvement in risky sexual activity, exploitative and abusive relationships and early parenthood. All young people have the right to receive good relationship and sex education. It helps to prepare them for a healthy adulthood, prevent unintended pregnancy and sexually acquired infections and supports the development of fulfilling, non-abusive personal relationships. It is vital that their sexual health needs are considered and addressed by carers and staff.

Helpful health, including sexual health guidance can be found on the following web pages: [www.newcastle.gov.uk/services/public-health-wellbeing-and-leisure](http://www.newcastle.gov.uk/services/public-health-wellbeing-and-leisure) or you can contact your Supervising Social Worker, or local Fostering Team for further information.

The guidance can be useful to carers and staff regarding the care of young people. The guidance may also be of interest to a range of others, including young people themselves and their families. The guidance outline the duties, responsibilities and rights set out in law and national guidance and how these can be applied when providing information and directing young people in care to sexual health services.

The policy addresses a wide range of issues including:

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

Courses on sexual health and awareness are provided through the fostering training programme [www.newcastle.gov.uk/fostering](http://www.newcastle.gov.uk/fostering)

## **Safeguarding Children**

### **Safe Care Policy**



Foster carers are to encourage children to take appropriate risks as a normal part of growing up. Foster carers are expected to help children to understand how to keep themselves safe, including when outside of the home or when using the internet or social media. (National Minimal Standards 4.4).

All children in placement should have an Individual Safe Care Policy. Safe Care Policies consider particular risks and identify appropriate behaviour in relation to those risks.

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

The Supervising Social Worker is to ensure that a Household Safe Care policy is completed during the assessment process. Supervising Social Workers are to make sure that all members of the household are involved in this process.

**The Household Safe Care Policy is to be reviewed:**

- At least once a year at the Foster Carer Review.
- If there are any changes in the fostering household.

**The child's Individual Safe Care Policy should be reviewed:**

- At a child's statutory review if further risks are identified, or there have been any significant changes.

An Individual Safe Care Policy is to be completed, or a Risk Management Meeting to be convened, when a child or young person is about to be placed, or at any time during the placement, where there are additional risks identified, not covered in the Household Safe Care Policy. All aspects of the Household Safe Care Policy apply but additional factors may be added specifically relating to an individual child. The Child Specific Safe Care Policy for each child ensures that specific risks are considered and addressed so that the foster carers, their family, and the foster child are safeguarded.

Prior to a planned placement, foster carers are to be provided with full information in writing about the child. This should be either at the Placement Planning Meeting, or within 24 hours of the child being placed. Information is to include any relevant information about their family to enable foster carers to protect the child and any other child for whom they have responsibility.

The Household Safe Care Policy is to be shared with the child at an age appropriate level by the foster carer and child's Social Worker within five days of placement. (National Minimal Standards 1.3)

A copy of the Household Safe Care Policy should be kept on the Foster Carers File. The Child Specific Safe Care Policy should be also added to the child's file.

If further risks are identified during the placement the child's Individual and / or Household Safe Care Policy is to be amended by the Supervising Social Worker. The amendments can be made as a result of discussions between relevant professionals and the foster carers. If more complex and a Risk Assessment is in place the Risk Management Meeting is to be reconvened with all relevant parties, including the child's Social Worker, to consider the risks and make decisions about how the risks are to be managed. (National Minimal Standards 4.1)

Should an external risk to the child or the placement be identified, for example, from family members, the child's Social Worker is to arrange a Risk Management Meeting to which the Supervising Social Worker and/or Service Manager is to attend. The Service Manager should chair this meeting. (National Minimal Standards 4.1)

The Supervising Social Worker is to ensure that all relevant aspects of risk and risk management are recorded on the Child Specific Safe Care Policy.

The Supervising Social Worker is to record on the Chronology that a Risk Management Meeting has been held and detailing where the minutes are stored and a copy is to also be placed on the child's file.

## **Health and Safety Assessments**

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

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

If the Supervising Social Worker remains in any doubt about the suitability of the accommodation, they are to discuss this with the Fostering Team Manager before proceeding with the assessment.

## **Pets**

Where a pet resides within the household the Supervising Social Worker is to complete the 'Pet Questionnaire'. This is reviewed annually as part of the carers' review.

If applicable, pets within a household should be 'wormed' regularly.

The questionnaire refers to dogs which are illegal to keep. A description can be found in 'Dangerous Dogs Law: Guidance for Enforcers' on the GOV.UK website.

**Firearms** - See relevant section pertaining to firearms.

In all cases where a recommendation is being made to the Fostering Panel for approval of an applicant the Health and Safety Assessment must be completed and attached to the CoramBAAF form F. A Health and Safety Assessment is to be completed and reviewed by Assessing /Supervising Social Workers at the following times:

- During the assessment of applicants who wish to become foster carers, prior to the presentation of the application to the Fostering Panel.
- Every year as part of the foster carers annual review.
- Whenever a foster carer moves to a new house or carries out major structural works or other changes to their existing property and its immediate environment.
- Where there are major changes to the immediate environment surrounding the home, for example new building works or the creation of a new road (in such circumstances it is only necessary to complete the relevant sections of the assessment).
- Whenever the foster carer changes their car (in such circumstances it is only necessary to complete the relevant sections of the assessment).
- If there is a significant change in a foster carers category of approval.
- The Supervising Social Worker is to inspect the foster home annually to ensure it can comfortably accommodate all who live there and that it meets Health and Safety Standards (National Minimal Standards 10.5). A current Health and Safety check is to be held on file. Any work identified to address Health and Safety issues must be followed up to completion.

The Fostering Service is committed to providing foster carers with adequate 'Skills to Foster', preparation training and on-going training, which covers Health and Safety issues. The foster carer household will also be subject to regular Health and Safety checks and carers will be provided with a checklist which identifies any actions they need to take to fulfil their fostering Health and Safety responsibilities. (National Minimal Standards 10.3)

Where a foster carer is to provide, or is providing, transport for the child the Assessing/ Supervising Social Worker is to ensure this is safe and appropriate to the child's needs (National Minimal Standards 10.4)

In addition, the Fostering Supervising Social Worker is to ascertain at every annual review that the gas check, car insurance, car MOT and safety restraints/car seats are up to date.

## **Behaviour management**

Supervising Social Workers are to ensure that foster carers are familiar with the guidance on control and sanctions within the placement. These may vary depending on the needs of the child. The Fostering Service can provide appropriate training and bespoke guidance for foster carers and the Supervising Social Workers on behaviour management strategies as required with the assistance of the Service's Child and Adolescent Psychotherapist.

The Child Specific Safe Care Policy is to be reviewed following any incidents. The risks associated with extremely challenging behaviour must be clearly recorded and appropriate strategies for managing such behaviour put in place.

## **Physical intervention**

There are circumstances when it would be appropriate to intervene physically to prevent serious harm to the child, young person or others.

If any incidents of physical intervention occur, consideration must be given to whether a meeting should be convened to discuss and agree the use of appropriate and safe behaviour management strategies.

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

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

## **Bullying**

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

Foster carers are to record all suspected or actual incidents and report these to the child's Social Worker and the Supervising Social Worker.

The foster carer, the Supervising Social Worker and the child's Social Worker are to formulate a plan to address the concerns and this is to include:

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

After any concerns have been discussed with the child, and if bullying is confirmed or continues to be suspected, a risk management meeting is to be held with the Care Team Members.

The carer and the Supervising Social Worker are to record all reported incidents of bullying and the action taken.

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

## **HIV, AIDS and Hepatitis**

In general, it is important for carers to follow safe hygiene practices for all members of the household and visitors. This includes the safe handling of all body fluids and waste, for example, changing nappies.

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

CoramBAAF also produce a leaflet entitled 'Hepatitis and HIV' and this is available from the Newcastle Fostering Team.

## **Drugs and solvents**

Where foster carers are concerned that young people in their care may be involved with drug or solvent abuse, they should discuss this with the young person's Social Worker and seek advice.

We know that many young people experiment with drugs in some form or another. Specific advice should be sought if there is cause for concern regarding use of drugs, excessive alcohol consumption and/or solvent abuse.

The attraction of drugs includes the excitement of the sensation, the alternative they offer to alcohol and the escape they can provide from difficult feelings or experiences. There is often peer pressure to join in.

It is important that young people understand the different reasons why drugs are taken and what are generally considered to be appropriate and inappropriate uses.

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

If you have any concerns or suspicions about drug misuse please speak to the child's Social Worker or your Supervising Social Worker immediately and record your concerns.

There are several agencies and organisations which can help the young person with such difficulties whilst offering further support to the carer.

Training will also be available to carers of older children and teenagers.

## Alcohol

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

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

Further guidance can be found at [www.newcastle.gov.uk/services/public-health-wellbeing-and-leisure](http://www.newcastle.gov.uk/services/public-health-wellbeing-and-leisure).

## Emergencies and assistance

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

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

Ways of helping young people deal with drug abuse include talking through the issues, teaching them to care for and value their health and their bodies and getting them to

think about other activities or groups of friends which could provide different forms of relaxation or entertainment.

### **Violence, aggression and challenging behaviour**

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

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

Youngsters may have experienced adults who are not able to handle complex and difficult situations and have resorted to outbursts of temper, destructive behaviour or domineering means of control.

Aggression is one of the identified products of frustration and helplessness. Carers should be aware that when faced by challenging behaviour their own feelings of anger may result from not knowing what to do.

Sometimes aggression is used to cover up feelings of depression. In some rare cases, aggressive behaviour may have a physical cause, or may be evidence of a psychiatric disorder.

Many youngsters who are cared for by carers may be ill equipped to recognise or express their feelings. A lack of success in achievement, being misunderstood or not valued by others can result in feelings of confusion and low self-esteem.

Many foster carers will not be experienced in either managing or bearing the brunt of verbal or physical violence and it can lead to the same feelings of inadequacy and helplessness felt by the youngster. The power and significance of aggression should not be underestimated. It requires firm judgement, and often experience, to understand and respond appropriately.

A useful starting point is for carers to assess and acknowledge levels of aggression within themselves. Recurrent problems and the feeling of running out of ideas, energy, or motivation can result in feelings of helplessness. Carers should endeavour to know a youngster's circumstances well enough to understand factors and situations that may lead to or trigger aggressive behaviour.

Carers need to be aware that they may not be conscious of personal mannerisms and phrases which may recall a youngster's memories of past bad experiences.

A carer's own ability to deal with frustration or provocation is of great importance; a calm reasoned response is called for – easily said, but often not so easily done. The overall aim is to enable youngsters to find enough socially acceptable means of expression, and so to lessen their need to resort to aggressive or violent behaviour.

Carers should try to be aware of patterns in a youngster's behaviour. Certain places, activities or times of the day, can be stressful trigger points, for example, meal times and bed times, the build up to going to school or family contact can be key events.

Carers need to acknowledge when they themselves are feeling stressed and understand how they personally manage this, whether it be a quiet walk, physical activity or having someone to talk to.

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

It is important to remember that help and support is available to carers via the Supervising Social Worker, Peer Support or Out of hours support

## Preventing Violence and Aggression

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

- Wherever possible avoid dealing with aggressive situations alone, always seek support.
- Be aware of the case history of each youngster in your care and be sensitive to their needs.
- Understand the significance of your relationship with the youngster.
- Always make some response to attention seeking behaviour; failure to do so may make the situation worse.
- Youngsters should have the opportunity to communicate their concerns with carers where necessary. Time must be made available to them.
- Do not issue threats of any sort but do point out the possible consequences of their actions. Threats usually escalate situations and if made in the heat of the moment can prove to be impossible to implement.
- Do not make cutting or unkind remarks; try to find the most positive way of saying what has to be said. This especially applies when talking about the young person themselves, their family and friends.
- Show disapproval of inappropriate behaviour, not of the person as an individual.
- All parties involved in an incident should be given support and made aware of their rights.



- Be aware of potential flashpoints such as meal times and late evenings. If they prove to be problem times, try to plan ahead and let the young person's Social Worker know.
- Carers should reflect on the circumstances in which incidents have happened in order to prevent further occurrences.
- When disruptive influences threaten the stability and wellbeing of others it is important that carers have planned ahead carefully and are engaging young people and channelling their energies appropriately.
- In many situations, a calm, reasoned approach works best. Diversion is often another useful tactic. Carers should reflect on their training to help them develop strategies for managing difficult situations.

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

## **Positive Reinforcement**

The central ethos, as in any family, should be based consistently on positive reinforcement thereby encouraging good behaviour by appropriate adult attention, as opposed to seeing the regular imposition of sanctions as the primary method of management and control.

Within this context some form of sanction will be necessary where there are instances of behaviour that would be reasonably regarded as unacceptable in any family group.

## **Permissible Sanctions**

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

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

Where damage is malicious, youngsters should be expected to contribute or work to help with the cost of repair or replacement.

Carers can access post approval training to build their skills in managing challenging behaviour and calming potentially difficult situations.

## Prohibited Disciplinary Measures

These include:

- physical chastisement, including smacking
- deprivation of food and drink
- restriction or refusal of visits/communication with family members, where this is part of an agreed plan
- restriction or refusal of visits/outings with Support Workers or social workers where this is part of an agreed work plan
- requiring a young person to wear demeaning or inappropriate clothing
- withholding medical or dental treatment or medication
- using accommodation to restrict liberty, for example locking children in a room
- imposition of fines; stopping pocket money
- intimate physical searches.

## Support Networks, Recording and Reporting Incidents

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

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

Carers must always report aggressive incidents to the child's Social Worker, both for their own protection and to try to prevent the situation from escalating. Careful recording and reporting of incidents can help build a picture and understanding of the child or young person's behaviour.

**You should always positively reinforce or reward good behaviour.**

## Finance

## Payments

Newcastle City Council's Fostering Scheme of Allowances is available to all foster carers. The scheme is reviewed annually and the latest version can be found on the City Council's Fostering website.

Carers receiving state benefits are advised to check any possible effects that fostering could have in relation to claims. Generally fostering allowances are disregarded but the benefits system is complex and advice should be obtained from the Welfare Benefits Agency or your local tax office.

## Insurance

### Legal Liabilities

The public liabilities of a child or young person cared for by the Council are the responsibility of the Council and the Council's Public Liability Insurance covers claims arising from these liabilities.

The public and legal responsibilities of the Foster Carer are not the responsibility of the Council.

Foster Carer/s shall maintain adequate building and household contents insurance to cover any claim arising from accidental damage or loss caused by the child in placement or caused to the belongings of the child in placement, and inform their insurer that they are approved Foster Carers for the Council, and have receipt of documentation from the insurers which acknowledges them as approved Foster Carer/s.

Foster Carer/s shall maintain comprehensive motor insurance, have an up to date MOT and inform their insurer they are approved Foster Carers for the Council, in respect of any vehicle in which the child in placement is transported by the Foster Carer/s.

Foster Carer/s will be asked to provide evidence that all premiums relating to such insurances have been paid. This needs to be confirmed within supervision by the carers Supervising Social Worker.

## Tax (HM Revenue and Customs)

### **Qualifying care relief: Foster Carers, Family and Friends Carers, Staying Put Carers and Parent and Child Arrangements**

You can find out more about the help available to you on the [HM Revenue and Customs website](#).

## The Law relating to Children

## The Children Act 1989

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

- the best place for children to be cared for is within their own homes
- the welfare of the child is the paramount consideration
- parents should continue to be involved with their children and any legal proceedings that may concern them and that legal proceedings should be unnecessary in most instances
- the welfare of children should be promoted by partnership between the family and the Local Authority
- children should not be removed from their family, or contact terminated, unless it is absolutely necessary to do so
- the child's needs arising from race, culture, religion and language must be taken into account.

## Important Legal Definitions

### Parental Responsibility

The Act is built on the notion of 'Parental Responsibility'. This summarises the duties, rights, powers and responsibilities of a parent in respect of their child.

People with PR can give voluntary agreement to their child being accommodated, the legal term used for this is known as 'Section 20 Consent'.

People other than parents can acquire shared Parental Responsibility. The Local Authority acquires Parental Responsibility if a Care Order (CO) or Emergency Protection Order (EPO) is made. However, in the case of a CO, the extent to which parental responsibility can be exercised by a parent may be limited by the Local Authority.

If a Child Arrangement Order (CAO) is made, Parental Responsibility is shared with the person looking after the child. Parents can delegate responsibility to someone else without losing it themselves.

If a Special Guardianship Order (SGO) is made, Parental Responsibility is awarded to the Special Guardian of the child. Although parents retain an element, the majority of the Parental Responsibility is held by the person with the SGO.

### Children in Need

The Local Authority has a duty to safeguard and promote the welfare of 'Children in Need' in its area. A 'Child in Need' is defined as 'one whose health or development is

likely to be impaired if he or she is not provided with a service or a child who is disabled'.

A child must be provided with accommodation if:

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

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

### **Children Being Cared for by the Local Authority**

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

The Act states that, if reasonably practicable, a child should be:

- placed with a person whom he or she knows
- placed as near to home as possible
- placed with siblings if applicable, unless this would not be in their best interests.

If a child has a disability, the accommodation should be suitably equipped.

A parent cannot make the decision to remove a child from a placement if they are a Child in Care and subject to a legal order.

### **Family Proceedings**

All court cases brought under the Children Act together with Adoption, Matrimonial Law and High Court Proceedings are classified as Family Proceedings and will be heard by a Family Court Judge. There will usually be an informal preliminary hearing to sort out the timetable, the appointment of a Children's Guardian or solicitor and possibly the attendance of the child.

### **Welfare of the child**

The most important principle of the Children Act is the welfare of the child. This will always be regarded as paramount by a Court in considering any question of the child's

upbringing. When the court is making a decision, it must refer to the 'Welfare' checklist. In doing so, the court must consider:

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

### **Private Fostering**

Private Fostering is a private arrangement, whereby children under the age of sixteen (or eighteen, if disabled) are placed by their parents with a family which is not related to them for more than 28 days.

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

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

### **Children's Guardian**

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

The job of CAFCASS is to safeguard and promote the welfare of children involved in Family Court proceedings.

### **Care Leavers**

The Children (Leaving Care) Act 2000 Principles:

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

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

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

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

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

Regulations allow support to continue for a young person aged 18 – 21 if they are in Higher Education, employment or training and in exceptional cases until they are 24. The government aim is to encourage young people to achieve educationally like any other child who has not been accommodated. In addition, the Care Leavers Act places responsibility on the Local Authority to provide services to Care Leavers. They range from the provision of financial support to 16-17 year olds to helping to identify suitable accommodation. The Supervising Social Worker and the young person's Social Worker in the 16+ team will be able to advise you.

## **Children Act 2004**

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

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

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

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

## **Youth Justice and Police Interviews**

In order to help you understand the working of the Criminal Justice System and your potential role in it, here are the answers to some basic questions.

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

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

Make sure that you get all the facts and write them down, i.e. what the child was arrested for; when did this happen; who was the child with; and who was the arresting officer. This may be helpful to you later if required.

Make sure that you get all the facts and write them down, i.e. what the child was arrested for; when did this happen; who was the child with; and who was the arresting officer. This may be helpful to you later. You should also ask for the Police Reference or Custody Record number.

The Police may be gathering evidence at this point and the process may be slow.

Under the Police and Criminal Evidence Act (PACE) 1984, young people under the age of 17 must have an appropriate adult present with them at any Police interview. You may be asked if you are willing to perform this role. You do not have to do this. There are Youth Offending Team Officers by day or Emergency Duty Team officers by night that can do it.

However, if you feel able to and want to support the young person, ask whether a Solicitor has been called, be it the Duty Solicitor or one known to the young person.

*What happens when I get to the Police Station?*

The young person will be held in a cell. Note two things, firstly, that it may have a camera in it; secondly that the young person may be without some or all his or her clothing.

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

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

You may at any stage say that you think the young person is unfit to proceed, for example if you think they are under the influence of drugs or alcohol. Be confident and keep asking questions. That is part of your role. You are there to act in the best interests of the child or young person. If you have any concerns about the child or young person's mental state, capacity or ability to answer questions, you should speak up on their behalf and draw this to the attention of the Police Officer. It is important to



remember however that you are not there to any questions on behalf of the child or young person and you should not ask questions about the investigation during the interview.

If the young person admits the offence, an ID process will take place. This involves taking fingerprints, photos and a DNA sample - usually a swab from inside the cheek. **You must be present for all of this.** If a body/intimate search is to be done, a Solicitor must also be present.

Where a young person is arrested for any recordable offence, fingerprints, photos and a DNA sample will be taken. There does not need to be an admission of guilt for this to happen. An Appropriate Adult will need to be present, however.

If an intimate search is required, it may be agreed between the young person and the Appropriate Adult (depending on age), that the Appropriate Adult is not present when the search is undertaken. The young person's solicitor will be informed that an intimate search is required but will never to asked to be present during this search.

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

*What is the process for a not guilty plea?*

The Custody Sergeant has the final say in all matters relating to the young person. If the plea is Not Guilty, and the Police are satisfied there is no case to be answered, they will release the young person without charge.

If the police feel there is a case to answer, the young person may be released without conditions to allow police to complete further enquiries or take the matter to the Crown Prosecution Service. The young person may be released on conditional bail with conditions to adhere to and a future return date to the police station provided. Bail could be refused altogether, and the young person held overnight to appear in court the following day.

*What options have the Police got next?*

Where a young person has admitted an offence in interview, they may be eligible for consideration of an Out of Court Disposal. This means the Officer in Charge will notify the Youth Offending Team (YOT) of the Young Person and their offence and the YOT will contact the young person's foster carer to arrange an appointment. This would avoid the young person going to court. If the YOT decide the matter is not suitable for an Out of Court Disposal due to the gravity of the offence, it will be for the Officer in Charge to submit a file for court and the YP's carer will be informed of this by the Officer on Charge as soon as possible.

A charge to Court may be made. This may well have bail conditions attached, such as a curfew or a restriction on which the young person can be in contact with. Always check that you have seen the form they are released with so you can adhere to any conditions.

*What can I expect at the court appearance?*

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

The Court may well ask you to talk about how the young person has been doing while he or she has been living with you. This is just to give the court a chance to get a better picture of how life is for that young person and the likelihood of him or her re-offending.

If the young person is admitting the offence, and it is a first offence, the probable outcome will be a Referral Order. You will be invited to talk with the YOT worker about this. If it is a second appearance, then the court will request a pre-sentence report from the local YOT and they will advise you from there.

It is important to remember that you are there for support and will not be held to account - so try to remain confident and positive and never be afraid to ask questions.

If you need any more detailed information, talk to your Fostering Supervising Social Worker. He or she may pass you over to your local Youth Offending Team who should be able to help.

## **Child Protection**

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

### **Defining Child Abuse**

The 'Working Together to Safeguard Children' 2018 guidance defines child abuse as:

'A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children'.

The guidance gives further information on the following specific types of abuse:

### **Physical Abuse:**

'A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child'.

### **Emotional Abuse:**

'The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone'.

### **Sexual abuse:**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **Child Sexual Exploitation:**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur using technology. The carer has a responsibility to inform their Supervising Social Worker and child's Social Worker as soon as they have any concerns

## Neglect:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

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

## Signs and symptoms of Abuse

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

### Physical injury

Most injuries to children are accidental and can be readily explained. All children receive bumps and bruises as a result of the rough and tumble of normal play. Factors associated with injuries which may arouse suspicion include:

- Where the explanation is not consistent with the injury or with the child's age and stage of development.
- Where there is no explanation at all, or the explanation offered later changes.
- Where there has been unreasonable delay in seeking medical advice.
- Where there is a history of frequent injuries even though the explanation of each individual occurrence may appear adequate. This can also indicate lack of supervision or possible medical problems.
- Where the child has bruises or other injuries of different ages at the same time.
- Where there is multiple facial bruising, particularly around the mouth, ears or eyes.
- Where there are unexplained or inadequately explained burns or bite marks, or both.

- Any bruising in a baby not yet independently mobile is of concern, as is a reluctance to move a limb or limbs or any tenderness on handling.
- Ingestion of toxic substances, particularly when there is more than one incident.
- A child may appear wary or flinch on closeness, as if expecting physical harm.
- Any child who alleges physical abuse should be listened to carefully, the allegation recorded and immediately reported to the child's Social Worker. An investigation will then be initiated.

## Neglect

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

### Signs of neglectful treatment may include:

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

## Emotional abuse

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

- Have impaired ability for enjoyment and play.
- Lack expression and may appear 'frozen'.
- Lack normal curiosity and natural inquisitiveness.
- Be delayed in language development and play skills.
- Have low self-esteem.

- Show eating disturbances or growth failure.
- Not trust any kindness, expecting it to be accompanied by harmful words or action.
- In severe cases, show physical signs of deprivation as described earlier. These may occur even though physical care appears adequate and there may be no physical cause.

## Sexual abuse

Although many factors have been associated with sexual abuse, many may also be found in association with other medical or emotional problems. Where there are worries about a child's behaviour that cannot be explained satisfactorily, the possibility of sexual abuse, which could include being witness to inappropriate sexual behaviour and images, should be borne in mind.

As with any other type of abuse allegation, a child who alleges sexual abuse should be listened to carefully, the allegation recorded and reported to his or her Social Worker. An investigation will then be initiated.

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

There are some symptoms and signs which may be apparent.

### Physical signs

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

### Medical problems

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

### Behavioural problems In younger children:

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

### In older children:

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

**At any age:**

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

Please remember that children who are being, or have been, sexually abused do not necessarily display any behavioural disturbance.

**Behaviour between young people – what constitutes abuse?**

All allegations of abuse by a young person which involve an adult, a Foster Carer, a staff member or contact outside the home, must lead to a Strategy Meeting to consider the need for an investigation. Sometimes, this will also be the case with abuse between young people. However, a clear boundary needs to be set between behaviour that amounts to serious physical assault, intimidation, or sexual assault requiring a Strategy Meeting and external investigation - and normal childhood behaviour or sexual exploration and development. In trying to distinguish between the two, the following criteria should be considered:

In the care system there will be a percentage of young people who have been exposed to inappropriate sexual activity, physical injury and other forms of abuse before their current placement. It is possible that these young people may display behaviour that is inappropriate for their age. They may, for example, be unintentionally sexually proactive and/or aggressive towards other young persons. They may act as leaders or instigators of any inappropriate activity.

Consideration should be given to functional and chronological age differences between young people involved in any sexual activity. The greater the difference the more likely there is an abuse of power and the more vulnerable person could be exposed to an abusive experience. Consideration should also be given to whether alcohol or drug misuse was involved? Were inappropriate images taken, shared or distributed? Was there coercive, bullying or controlling behaviour involved? It is these factors that make mutual agreement or consent to the behaviour unlikely.

Any type of sexual behaviour between young people should be considered to see whether it was by informed mutual agreement resulting from sexual curiosity. The behaviour is more likely to be abusive if it involves intimidation, deception, enticement, bribery or physical force. Any type of childhood behaviour needs to be seen in the

context of the intellectual, behavioural and social development of the young people involved.

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

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

### **Disclosure of abuse**

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

It is essential that a good relationship is built up between young people and their foster carers, so that the young people can trust them over a range of issues. Foster carers must resist being drawn into a secretive and collusive relationship with young people. When a young person alleges abuse, a foster carer should listen to what they have to say.

The emphasis should be on listening, rather than on asking questions.

The young person should be sensitively told that the foster carer is concerned with what has been said and needs to discuss it further with the young person's Social Worker.

### **Key points:**

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



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

## Responsibility of Foster Carers

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

## Safeguarding Training

It is essential that all those caring for young people receive induction and initial training in the recognition of child abuse. All foster carers should attend Safeguarding Training as required. As part of their training, foster carers will be made aware of how the experience of being abused may affect the way a young person relates to adults and other young people so they can take full account of this in the way they respond.

Newcastle Safeguarding and Child Protection Procedures can be found on their website at [www.nscb.org.uk](http://www.nscb.org.uk)

## Allegations Against Foster Carers

### National and legal context

This guidance is written within the context of the “**Working Together to Safeguard Children**” documentation: Procedures for Managing Allegations against People who work with Children. It is guided by the National Minimum Standards for Fostering (Fostering Services Regulations 2011, Care Standards Act 2000) apply, particularly Standards 4 and 22.

### Definition

Social Workers and Managers must be clear about whether the issue that they are dealing with falls under Safeguarding Procedures or whether it constitutes a Standard of Care issue. Allegations would usually be dealt with under Safeguarding Procedures. Consideration should always be given to whether serious concerns or complaints require implementation of Safeguarding Procedures.

## **Roles and responsibilities**

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

### **Carers**

Carers facing an allegation will be required to co-operate with the plans which emerge from the Strategy Meeting(s) and with any subsequent investigation.

If a decision is made to remove the child or children in placement as a result of the allegation, the carers will be expected to assist in making this transfer as comfortable as possible for the child or children. The emotional impact on the carer is recognised and independent support will be offered.

### **Fostering Service**

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

- Assisting in undertaking an assessment and (if required) Risk Management Plan regarding the feasibility of the child(ren) remaining in the household.
- Providing a report for the Strategy Meeting including background information on the carers (caring history, any previous allegations and their outcomes, current placement information).
- Facilitating the updating of the carers involved with information about the progress of the investigation in line with joint agency agreements made at the Strategy Meetings, or by the chairperson and police.
- Ensuring that all carers are aware of sources of support and advice (for example mediation services and peer supports) when facing an allegation.
- Pursuing any actions agreed in relation to the Fostering Service at the Strategy Meeting in relation to any internal management of the issues.
- Participating in a Section 47 enquiry should this be required.

The fostering Supervising Social Worker will normally retain the role of link between the Foster Carer and the fostering service – where this is not possible, the Fostering Team Manager will arrange an alternative temporary worker to fulfil this role.

A report of the conclusions and outcome of any investigation must be provided to the Fostering Panel by the Supervising Social Worker, so they can make a recommendation about whether the Foster Carer/s is still considered suitable to foster.

### **Local Authority Designated Officer (LADO)**

The LADO is the designated person who provides advice to Social Workers and Practice Managers in respect of any Child Protection concerns (see earlier section on

the role of the LADO). If an allegation is made against a carer, the LADO must always be informed.

### **Social Work Teams**

The Child's Social Worker is responsible for:

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

The Strategy Meeting should take place within 72 hours of the receipt of the allegation. If the outcome of the Strategy Meeting is not to pursue a Section 47 investigation, the chair of the Strategy Meeting will:

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

### **Reconvened Strategy Meeting**

- As a general principle, any planned reconvened Strategy Meeting should go ahead, even if all the action points of the original plan have not been completed.
- The meeting should provide an update of how the investigation is progressing.
- The meeting should again agree what information should be shared with the foster carer(s) in terms of an update, and who will communicate this to the carer(s).

## Joint Evaluation Meeting

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

## Following an investigation there are four probable outcomes:

1. Further police action could be taken
2. A decision is made that the allegation is clearly unsubstantiated
3. A decision is made that the allegation is substantiated and although does not warrant further police action, the investigation has clearly identified some inappropriate practice issues for the carer(s) that need to be addressed.
4. No further police action on the basis that there is a lack of evidence; e.g. one person's word against another

The first two of these outcomes are definite, and the feedback to the foster carers will be able to reflect a clear decision.

In the case of an unsubstantiated allegation which does not warrant police action, but nevertheless identifies some practice issues for the carer, the final Strategy Meeting could:

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

## Foster Panel Report and function

The Supervising Fostering Social Worker will prepare a report for the fostering panel. The purpose of the report is to inform the panel of the investigation and its outcomes and make recommendations regarding future placements and/or continued registration. Foster carers will be given the opportunity to attend the panel and submit their own views. At the end of this process, the fostering panel will make their recommendation. A Qualifying Determination will then be made by the Agency Decision Maker. If the foster carer disagrees with the Qualifying Determination, they can appeal either to the Fostering Service or the Independent Review Mechanism (IRM) - (see section Changes in Approval or Registration above).

If carers are not satisfied with the outcome they have a right to appeal the decision within 28 days of the receipt of the letter to the Fostering Panel or they can apply to have their case reviewed by the Secretary of State under the Independent Review

Mechanism (IRM). The IRM will consider all documentation and reach their own recommendation which will then be forwarded back to the Agency Decision Maker for a Final Decision to be made.

### Support for foster carers during allegations

National Minimum Standard 22.12 requires fostering agencies to provide independent support to carers during an allegation.

Newcastle foster carers can access support and information through a number of routes, which workers should actively promote and signpost, namely:

- Fostering Supervising Social Worker
- Fostering Duty service (8.45am – 5pm): 0919 2772430
- Foster Talk - **0121 758 5013**. Newcastle City Council have commissioned Foster Talk to provide independent support for carers subject to allegations via a Mediation Support Worker. Carers can sign up to be full members. Full Membership also gives access to Foster Talk's independent legal advice.
- Fosterline 0800 040 7675 - Confidential advice line commissioned by the DfES and operated by the Fostering Network, Mondays to Fridays 9am – 5pm (except Bank Holidays), text phone 0800 0407675 and email [enquiries@fosterline.info](mailto:enquiries@fosterline.info)
- Peer support from Fostering Under Newcastle foster carers website: <https://fosteringundernewcastle.com/>

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

Where carers are subject to an allegation and a child or children placed with them are removed as a result, the carer will continue to receive the fee element of the payments until the allegation and investigation process is concluded. The investigation process will include a foster care review and the completion of a report which will be presented to the fostering panel for consideration. The investigation will not be classed as concluded until the fostering panel have made a recommendation about continued approval and the Agency Decision Maker has reached a decision. This process is intended to ensure that carers do not suffer undue financial hardship as a result of an allegation having been made against them.

### Children Missing from their Foster Placements

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

When a child or young person goes missing, Foster Carers are to refer to the Newcastle City Council Missing from Home Policy which can be found on the Newcastle Safeguarding Children's Partnership website [www.nscb.org.uk](http://www.nscb.org.uk)

Foster carers should familiarise themselves with this information, so they know exactly what to do if a child or young person in their care goes missing.

Where a young person's history is known at the time of placement, Social Workers should decide the likelihood of them going missing, and the level of risk this would create. Young people will be at high, medium or low risk - depending on their circumstances. Where a young person's history is not known, carers should have enough information to make a quick judgement as to how serious the risk might be, and know how to proceed.

Where a child in care lives within another Local Authority boundary the Fostering Service and foster carers are to refer to the local runaway and missing from home and care protocols and procedure applicable to the area where the foster home is located. (Standard 5.6)

Supervising Social Workers must ensure that foster carers are clear that they must report a child/young person missing to the Police if they do not return as expected and as agreed in the Placement Plan or Individual Safe Care Policy

During normal office hours, foster carers must inform the child's Social Worker and their Supervising Social Worker or, in their absence, the Duty Social Worker. The Social Worker will then inform the child's parents.

Foster carers must inform the Out of Hours Emergency Duty Team (EDT) on 0191 2328520. They will give guidance on appropriate action and may contact the Police. When the office reopens, the carer must inform the young person's Social Worker or, in their absence, the Duty Social Worker even if the young person has returned in the meantime.

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

Carers should contact whoever they informed to advise them of the young person's return and then record the episode on the child's record sheet. Foster carers should offer the young person the opportunity to discuss what has happened.

Where a child goes missing and there is concern for their welfare, or at the request of a child who has been missing, the child's Social Worker must arrange a meeting to consider the reasons for their going missing. The child's Social Worker must consider with the Children's Team Manager, and the foster carer where appropriate, any concerns arising about the foster carer or the placement and what action should be taken to prevent the child going missing in the future. For those young people who are

remanded to the Local Authority, the child's Social Worker must report to the Youth Offending Service the breach of the order. (Standard 5.9)

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

## Conclusion

Newcastle City Council values the work of our foster carers in what is sometimes a very challenging task.

We always aim to support carers and if carers have any ideas or contributions as to how we might improve or expand our Fostering Service, they should contact their Supervising Social worker who will pass this on to the Fostering Management Team.

## Compliments, Comments and Complaints

Feedback from foster carers is greatly valued by the service. Positive feedback helps us to know when things have gone well and why. It helps us ensure good practice is recognised and repeated in other areas. Sometimes things don't happen as we expect and, on these occasions, feedback, a raised concern or a formal complaint can help us address any issues that might arise and ensure that services are working together with the foster carer to ensure the right support is provided.

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

- we tell you we will do something, but we did nothing
- we take too long to do something we have promised to do
- we tell you that we cannot help you, when you believe we should
- you think a member of our staff's behaviour has been inappropriate
- you think a member of staff has treated you unfairly
- you are dissatisfied with any other aspect of our service.

In the first instance, we will always try to work together with the carer to resolve the concern informally. Sometimes a resolution cannot be reached informally. In this situation, the foster carer may decide to make a formal complaint and will be provided with assistance to do so from either the fostering service or from one of the Council's complaints officers who can be contacted at:

[ComplaintsPeople@newcastle.gov.uk](mailto:ComplaintsPeople@newcastle.gov.uk)

The Corporate Complaints Procedure can also be found on the council's website at [www.newcastle.gov.uk/complaints](http://www.newcastle.gov.uk/complaints) you can click on Newcastle City Council's home page [www.newcastle.gov.uk](http://www.newcastle.gov.uk)