# Contents

Introduction ............................................................................................................. 7

1. Being a Foster Carer ....................................................................................... 8
    Foster Carer’s Charter .................................................................................... 8
    Statement of purpose and children’s guide to fostering ............................... 8
    Corporate Parenting ...................................................................................... 9

2. West Sussex Equality Duty ............................................................................ 10
    Equality and the Fostering Service ............................................................. 11

3. Ofsted .............................................................................................................. 12

4. Expectations of Foster Carers ................................................................. 13
    Foster Care Regulations ............................................................................... 13
    Foster carer agreement ............................................................................... 13
    Delegated Authority .................................................................................... 13
    Conflict of interest ...................................................................................... 13
    Fostering Panel ............................................................................................ 14
    Annual foster carer review ........................................................................... 17
    A safe and caring environment .................................................................... 18
    Fire safety ..................................................................................................... 19
    Firearms ....................................................................................................... 19
    Identity cards ............................................................................................... 20
    Childminding ............................................................................................... 20
    Significant Changes ..................................................................................... 20
    Meetings ....................................................................................................... 21

5. Finance ........................................................................................................... 22
    Fostering Payments ..................................................................................... 22
    Insurance ...................................................................................................... 22
    The Fostering Network ................................................................................. 23
    Pensions ....................................................................................................... 23
    Disability Living Allowance ......................................................................... 23
    Equipment .................................................................................................... 24
    Clothing ........................................................................................................ 24
    Passports ....................................................................................................... 25
    Motor insurance ........................................................................................... 25
    Pocket money ............................................................................................... 25
6. **Support for foster carers** ............................................... 27
   - Supervising social worker ........................................... 27
   - Child’s Social Worker .................................................. 29
   - Duty .............................................................................. 30
   - Out of Hours service .................................................... 30
   - Support Groups ............................................................ 31
   - Buddying ...................................................................... 31
   - United Foster Carer Association ................................. 31
   - The Fostering Network .................................................. 32
   - Fosterline ..................................................................... 32
   - Health of foster carers .................................................. 32
   - Lifting and handling ...................................................... 33
   - Smoking ........................................................................ 34
   - Training .......................................................................... 34

7. **Record Keeping** .......................................................... 35
   - Why must you keep records? ........................................ 35
   - What should you record? .............................................. 35
   - Guidelines for record keeping ...................................... 37
   - Keeping records safe .................................................... 38
   - Confidentiality .............................................................. 38
   - Photography for Children Looked After ..................... 38

8. **Safe caring** ................................................................ 40
   - Why you need a safe caring policy .............................. 40
   - What can you do to protect yourself? .......................... 41
   - Supervision .................................................................... 41
   - Leaving a young person alone at home ....................... 41
   - Allowing a young person to go out alone .................... 42
   - Awareness of limits ...................................................... 42
   - Good communication ................................................... 43

9. **Allegations and complaints** ........................................ 44
   - What are complaints and allegations? ....................... 44
   - How are complaints investigated? ............................... 44
   - How are allegations investigated? ............................... 45
   - What are the reasons for complaints and allegations? ... 46
   - Why does West Sussex take allegations and complaints seriously? .............................. 47
How many allegations and complaints are there? ........................................ 47
Support ........................................................................................................ 47
10. Types of Foster Placement ........................................................................ 49
   ‘Short Term’ Placement ............................................................................. 49
   Long Term fostering and permanent care .................................................. 49
   Short Break Care ....................................................................................... 49
   Parent and Child Placements ................................................................... 49
   Family and friends foster carers (connected persons) ............................. 50
   Respite Care ............................................................................................. 50
   Staying Put ................................................................................................. 51
   Treatment foster care (Leapfrog) ............................................................... 51
   Fostering Early Support Programme (FESP) ........................................... 51
11. Other related services .............................................................................. 52
    Adoption ..................................................................................................... 52
    Special Guardianship ................................................................................ 52
    Supported Lodgings scheme ................................................................... 53
12. Procedures for placing children ............................................................ 54
    What happens when a child needs a foster placement ....................... 54
    Emergency placements ........................................................................... 54
    Matching children with foster carers ...................................................... 54
    Accepting a placement ............................................................................ 55
    Preparing for the child ............................................................................ 56
    Placement planning meeting ................................................................... 57
    Permanency Planning ............................................................................. 58
    Introducing a child to long term foster carers ..................................... 58
      What are the aims of the introduction process? ................................... 58
      What are the timescales? ..................................................................... 58
      What happens during introductions? .................................................... 58
      What can help the introductions go well? .......................................... 59
    Contact and the role of the foster carer ................................................. 59
13. Care Plan .................................................................................................. 61
    Placement plan ........................................................................................ 61
      Belongings ............................................................................................. 62
      Special occasions .................................................................................. 62
    Child Looked After (CLA) review ......................................................... 63
14. Children’s voice ....................................................................................... 65
    Children’s rights ....................................................................................... 65
    Children Looked After Engagement Team ........................................... 66
4
15. Culture and Identity .................................................. 68
   Identity ............................................................................. 68
   Your role ............................................................................. 68
   Life story work ..................................................................... 69
   Caring for a child of a different heritage to your own .................. 71

16. Understanding Behaviour ............................................... 72
   Attachment ........................................................................... 72
       Insecure attachment .......................................................... 72
       Resilience ........................................................................... 73
   Abuse ................................................................................. 74
       Abuse - definitions ............................................................ 75

17. Therapeutic Re-parenting ................................................. 77
   The needs of the child ........................................................... 77
   The role of the foster carer ..................................................... 77
   Restraint ............................................................................... 77
   Emotional maturity .................................................................. 77
   Complex behaviour ................................................................ 78
   Incidents in the foster home .................................................... 78
   Incidents outside the foster home ............................................. 79

18. Missing from Care ............................................................. 80
   Reasons for running away ..................................................... 80
   Prevention ............................................................................ 80
   Responding to incidents ....................................................... 81
   Categories of missing .......................................................... 81
   Locating the child ................................................................. 82
   Recording ............................................................................. 82
   Return .................................................................................. 83

19. Children's Health and Wellbeing ....................................... 84
   The Children Looked After Health Team .............................. 84
   Health assessment and health care plans ............................... 84
   Dental Care .......................................................................... 85
   Hair and skin care ............................................................... 85
   Hearing ................................................................................ 86
   Medical consent ..................................................................... 86
   Medication ........................................................................... 87
Hygiene/Infection control ................................................................. 88
Sex education and relationships .................................................. 89
Child sexual exploitation .............................................................. 89
Accidents and illness .................................................................... 90
Allergies ....................................................................................... 90
Blood-borne diseases .................................................................. 91
Caring for Babies ......................................................................... 91
Bedtimes ...................................................................................... 92
Play ............................................................................................... 93
Exercise ....................................................................................... 93
Alcohol and drugs ....................................................................... 93
Cot Death ..................................................................................... 94
Food .............................................................................................. 95
Eating Disorders .......................................................................... 95
Foster children who smoke ......................................................... 95
Attention Deficit Hyperactivity Disorder (ADHD) ....................... 96
Autism ......................................................................................... 96
Mental and emotional health ....................................................... 97
Self-harm ..................................................................................... 97
Child and Adolescent Mental Health Service (CAMHS) ............. 98
Cycle safety ................................................................................ 99
Teaching children to protect themselves ..................................... 99
Masturbation ............................................................................... 99
Privacy ....................................................................................... 99
Letters / phone calls .................................................................... 100
20. Child Protection ...................................................................... 101
Child Protection Conferences .................................................... 101
Child protection plan .................................................................. 101
West Sussex Local Safeguarding Children Board ....................... 102
21. Education .............................................................................. 103
Virtual School for Children Looked After ................................. 103
Designated teacher ..................................................................... 104
Pupil Premium Plus .................................................................... 104
Educational psychologists ........................................................... 105
Exclusions .................................................................................. 105
What happens when a pupil is excluded from school? ............... 105
Pastoral Support Plan (PSP) ......................................................... 106
Personal Education Plan (PEP) ................................................. 106
Introduction

The purpose of this Foster Care Handbook is to inform West Sussex foster carers of the context and framework in which they are fostering.

In order to make this handbook manageable, some of the detailed sections have been added as separate appendix. The manual can be printed but is easier to manage as an electronic document. It is a working document and will be updated as legislation and procedures develop. The definitive version will be on the website. Please let us know if there are inaccuracies or omissions.
1. Being a Foster Carer

Fostering a child is a rewarding, challenging and demanding job which requires an ever increasing level of skill and responsibility. As an approved foster carer for West Sussex Council you will have been prepared to a certain degree for the complexities of fostering children of different ages, needs and backgrounds. You may have experience of caring for children - your own or others - in different contexts. However, all children are individuals and children who become looked after have circumstances unique to them.

As a foster carer you will be responsible for providing the child with safe, consistent and compassionate day to day care.

Fostering is both a professional and an intensely personal task, taking a child into your home and family may have an emotional impact on you and your family.

You are not alone and the working relationship with your Supervising social worker (SSW) will provide essential support. You will also be part of a multi-professional network with the experience and knowledge to support you to best meet the needs of the child.

Foster Carer’s Charter

One of the key components of care is the unique position of foster carers and their relationship with the child they care for.

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

The Foster Carers' Charter

Statement of purpose and children's guide to fostering

Every fostering service must have a statement of purpose which describes its services and how the service will comply with legislation, regulations and the National Minimum Fostering Standards. It must detail the service aims and objectives and how these will help children achieve positive outcomes. West Sussex’s Fostering Service statement of purpose is reviewed annually and can be viewed on the website.

The Fostering Service has produced two children's guides to fostering, one for children aged 6 to 11 and another for young people aged 12 and above. The guides set out how the Fostering Service works to ensure that children
looked after’s needs are met and what children can do if they have any problems or complaints. Copies of the guide are included in the Children Looked After information pack given to children when they first become looked after. It is good practice for you to help the child to understand this information early in their time with you.

Where children have disabilities or speak limited English, the social worker should make suitable arrangements for the information in the guides to be explained to children in a form which meets their needs and level of understanding.

Further references:
Statement of purpose
Children’s guide to being looked after

**Corporate Parenting**

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

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

The principle of corporate parenting is that councillors and officers responsible for delivering services should demand the same levels of care, services and opportunities for children looked after that they would expect for their own children. This duty also applies to you as the child’s main care giver, and it is expected that you will fill the role of the “pushy parent”.
2. **West Sussex Equality Duty**

West Sussex’s Fostering Service recognises the importance of celebrating community diversity and ensuring social cohesion in the county. To achieve this, all council services will be delivered in a way that promotes equality of opportunity for all in order to eliminate discrimination and harassment.

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

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

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

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

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

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

West Sussex believes that the diversity in the community should be valued and respected. Foster carers will be expected to help a foster child to be positive about their background and identity.

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

As a foster carer you are expected to support the principles of equality.

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

**Equality and the Fostering Service**

The Fostering Service will make sure they meet West Sussex’s equality duty in the following ways:

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

Ofsted is responsible for the regulation and inspection of all children’s social care services that require statutory registration, which includes children’s homes and adoption and fostering agencies, both those run by local authorities and those independently managed.

Ofsted assesses the performance of all regulated children’s services, ensuring that they are meeting the relevant regulations and taking into account the appropriate national minimum standards. Where regulations are not met, Ofsted sets actions for providers and may take enforcement action in serious cases.

Ofsted now inspects fostering and adoption services as part of a wider inspection of the child’s journey through the care system. As part of the inspection, staff, foster carers and fostered children are interviewed. Inspectors will want to hear your views of the services provided to your fostered children as well as check whether you are provided with the appropriate training, monitoring visits and support.

Inspection reports are published on the Ofsted website.

*Ofsted website*
4. **Expectations of Foster Carers**

**Foster Care Regulations**

West Sussex Council acts as a Fostering Agency under the Fostering Regulations. Fostering is a highly regulated service with many requirements set out in legislation and routinely inspected by Ofsted. The rules and regulations seek to ensure that fostered children are provided with high quality, safe and consistent care.

National Minimum Standards are issued for use by Ofsted, who take them into account in the inspection of fostering services. They are also important in other ways.

The Department for Education has published a booklet:

*Fostering Services: National Minimum Standards*

**Foster carer agreement**

When you are first approved as a foster carer, and before your first placement; you will be asked to sign the Foster Care Agreement. This documents sets out the responsibilities and expectations of you as a foster carer and of West Sussex Council.

**Delegated Authority**

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

**Conflict of interest**

Foster carers need to be aware that from time to time a conflict of interest or potential conflict of interest may arise which could interfere with their caring role. You must declare to your supervising social worker any financial or non-financial interests that you consider may bring you into conflict with your primary role of caring for a looked after child or young person for West Sussex County Council. A conflict of interest may affect the way you view a child placed with you, their parents and family, or the professionals involved. It is however also recognised that you may not experience such conflicts of interest whilst caring for other people’s children.

Examples of a conflict of interest could be as follows:

- Social workers unknowingly proposing to place a child related or well known to you through family, neighbourhood or work connections
A child placed with you is registered with a GPs’ practice or attends a school with whom you had a disagreement which led to a change of doctor or school.

After a child is placed you come to know members of the child’s family through other employment, a family member moving into your locality or through marriage or relationship with other members of their family. When placements last longer than originally envisaged this may occur on occasions.

If you consider a possible conflict of interest may arise from caring for a certain child/ren, you should feel free to raise it with your Supervising social worker. If you are not sure whether you should declare an interest and wish to discuss the matter in confidence, the Fostering Network can offer advice.

Although you can be offered advice about declaring an interest, it is ultimately your responsibility: if you are not sure, then it is always best to declare an interest. It is important to remember that declaring an interest does not imply that you may act improperly, but that it could protect you from claims or the potential appearance of impropriety.

The Supervising social worker, in consultation with their manager, will agree an appropriate course of action with you to ensure the care of a child to be placed or placed is not jeopardised. A declaration of a possible conflict of interest to your Supervising social worker should help to prevent inappropriate placements occurring. A declaration of a possible conflict of interest once a placement has started does not necessarily mean a placement should be terminated, though depending on the circumstances it could do. Once a potential conflict of interest has been identified, all involved need to be aware of potential difficulties and jointly plan how matters should be handled and/or resolved.

**Fostering Panel**

There are three Fostering Panels in West Sussex; South West (based in Bognor), South East (based in Worthing) and North (based in Horsham). They are independent bodies whose role is recommendations to the Agency Decision Maker who is the Service Manager for Placements. The Panels monitor the quality of assessments and ensure that they are sufficiently to consider the suitability of people to act as foster carers and make thorough and fair to ensure that any child placed with a West Sussex foster carer is safeguarded and has their welfare promoted. It is a legal requirement for each fostering agency to have a Foster Panel.

The Fostering Panels consider:

- Applications to foster from all prospective carers
- Annual reviews of all foster carers, where it is necessary for the review to come to the Panel. The Panel must consider the following:
  - a carer’s first review
  - every third review
  - reviews where there has been a change of circumstances
a recommendation to vary the approval terms following an allegation, serious complaint or if there are concerns about the standard of care the carer is providing.

- Reviews that do not fall into any of these categories can be signed off by the chair on behalf of the Panel
- Specific issues relating to foster carers, for instance where a change of approval is recommended or when there is a recommendation for termination of approval

In each case, the Panel must consider the suitability of the person to act as a foster carer and also their terms of approval, which is the age range, number of children and gender that they are approved to care for. Family and friends and long term carers will be approved for specific named children.

Panel Members

Fostering Panels are made up of a pool of people with a range of personal and professional backgrounds and expertise. Some members work for West Sussex but others will be independent. The chair of the panel is independent of West Sussex. The Panel members have a range of experience in fostering, education or health and may include previously young people looked after, foster carers, the sons or daughters of foster carers, social workers and elected members.

Also present, but without voting rights, is a panel administrator who is responsible for taking the minutes.

The Panels meets monthly, but occasionally there are additional Panels where there is a large volume of work.

Preparing for Panel

The assessing social worker will have written a comprehensive report prior to Panel, which the foster carer or prospective foster carer will have seen and signed. These reports are distributed to panel members in advance to allow them to read the information and prepare any questions they may have.

Foster carers will receive a letter inviting them to attend the Fostering Panel. Carers are obliged to attend, their presence ensures that the process is open and inclusive and that the Panel has all the information it needs to make a recommendation.

If the carer wishes to bring someone with them to Panel, for instance a friend or a relative who supports them with fostering, they may do so, but this should be discussed with the assessing social worker in advance. However, it is normally not appropriate to bring children under 16.

All Panel members will have signed a confidentiality agreement, agreeing not to discuss cases with anyone outside the Panel.
What happens at Panel?

Prior to inviting the attendees into the room Panel members discuss each case and raise any questions they have. Once this is done the foster carer, social workers and any other attendees are invited into the room. On occasion the social workers will be asked into the room in advance of the foster carers to clarify specific issues; the reasons for this will be explained to the carer.

Most questions are directed via the Chair and designed to clarify or expand on matters discussed in the report. The carer will have the opportunity to make a statement or ask questions if they wish. The supervising social worker will be able to support the carer to make their views known as necessary. The attendees will then be asked to withdraw to the waiting room while the Panel considers its recommendation which can be:

- Recommendation of approval
- Deferring their recommendation for further information
- Recommendation of non-approval or termination of approval.

The Chair will inform the carer of the outcome, bearing in mind that any recommendation will be considered by the Agency Decision Maker before the final decision is made.

After Panel

Once the minutes are ready, the agency decision-maker will consider the Panel’s recommendation and make a decision within five working days. The carer will then receive a letter confirming the decision and the reasons for it. Although rare, it is possible for the agency decision-maker not to agree with the panel’s recommendation.

If the carers are unhappy with the decision, for instance to terminate their approval, they can either:

1. Write to the agency decision-maker setting out their views within 28 days of the date of the letter. The agency decision-maker may refer the case back to the Fostering Panel for further consideration. Carers will be invited to attend this meeting to give their views in person and can bring someone to advocate on their behalf. The Panel will then make a new recommendation, taking into account any new information. However, they may not change their previous recommendation. As before, the agency decision-maker will make the final decision and write to the carers with the outcome.

Or (it is only possible to opt for one of these choices)

2. If carers wish to have an independent review of their case, they can request a review by the Independent Review Mechanism (IRM).
**Independent Review Mechanism**

The Independent Review Mechanism (IRM) is a review process which foster carers and prospective foster carers can use if they do not agree with the qualifying determination given to them by their fostering service provider. The review process is conducted by a review panel managed by BAAF on behalf of the Secretary of State for Education and is independent of the fostering service provider. A ‘qualifying determination’ is a determination made by a fostering service provider that it does not propose to approve a person as suitable to foster a child, or proposes to terminate or change the terms of the approval of an existing carer.

A review panel will consider the case and make a recommendation to the agency decision-maker, who may or may not accept it. If carers wish to take this course of action, they should write to:

*Contract Manager*
*Independent Review Mechanism*
*Unit 4, Pavilion Business Park,*
*Royds Hall Road,*
*Wortley*
*Leeds*
*LS12 6AJ*

More information on the process can be found at the IRM website:

[Independent Review Mechanism](#)

---

**Annual foster carer review**

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

The Annual Review is arranged by your Supervising social worker who will collect the written views of foster children, the child’s social worker, and those of your children and, of course, your views. The purpose of the Annual Review is to appraise your work as a foster carer over the year, including the learning you have achieved through attendance at training events and elsewhere. This will be the opportunity for you and your Supervising social worker to discuss whether the age group and number of children you are approved to foster is still relevant or whether or not you would like to change this. Your Supervising social worker will complete a review report which you will have the opportunity to read at least two weeks before the Annual Review date and add your comments before being presented to the Fostering Group Manager for their comment and finalisation.

As well as information about the successes and difficulties of the last year of fostering, the review will also include:
• details about training and support groups attended and how they have assisted you to develop your skills
• a personal development plan
• a health and safety check
• pet questionnaire
• your safer caring policy
• details of any renewed medical and DBS checks.

You are required to have a medical at least every five years and update your DBS every three years. Birth children and other members of the household over 18 will also need to have a DBS.

The meeting will be held in your home or at a council office and attended by your Supervising social worker and chaired by their Practice Manager. Both you and your partner should be present if it is a joint approval. The review is a two-way process where you have the opportunity to express your concerns and views about the support you have received over the last year.

After the Review, the Practice Manager will write a report of the meeting and make recommendations as to actions that need to be taken. You will be given a copy and you can include your own written comments in response.

The first Review will be presented to Foster Panel and procedures state that after this every third Annual Review will be submitted to Panel. However, reviews will always go to Panel if there are significant changes of approval recommended, if there has been a major change in the household or if there are concerns or allegations.

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

Training courses are key to developing skills but other means can be used as well, such as reading, becoming a mentor or assisting with training to other carers.

A safe and caring environment

As part of the assessment of a prospective carer(s) and the Annual Review, a Health and Safety Check is conducted. National Minimum Standards for Fostering Services require foster carers’ homes and any cars used to transport children to conform to high levels of health and safety. Failure to co-operate with this check or to rectify health and safety problems identified could lead the matter being referred to the Fostering Panel as a standard of care issue. In extreme circumstances, this could lead to the termination of approval as a foster carer. However, it is hoped that you and your supervising social worker would work together to resolve any problems about health and safety that could adversely affect a child placed.

If the cost of carrying out checks in your household, such as electrical wiring, or rectifying identified problems are likely to cause you financial difficulty, you should discuss this further with your supervising social worker. Depending on your circumstances, Children and Families may be able to make a contribution or meet the full cost of work required.
One of the crucial competencies required of modern foster carers is the ability to provide a safe and caring environment. Providing a physically safe environment will include carers ensuring:

- any water areas such as garden pools and swimming pools are secured so that no child can access the area without adult supervision
- toxic substances, such as bleach, medicines, gardening materials, should be secured and out of the reach of any child placed
- all reasonable and practicable steps must be taken to prevent fire.

On top of maintaining a physically safe environment, foster carers need to ensure:

- children are cared for in a home where they are safe from harm or abuse, including bullying
- children are helped to keep themselves safe from harm and abuse
- children know how to seek help if their safety is threatened
- if foster carers have their own children, that their safety needs and ‘safe caring’ skills are equally addressed.

You should expect to receive support from the child’s social worker and your supervising social worker in creating and maintaining a safe and caring environment. This should include attention to self-care and respite from fostering.

**Fire safety**

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

In order to ensure that there is an early warning, you must have at least one smoke alarm on each floor of the house and they should be regularly tested.

On rare occasions, children in care have been known to start fires deliberately or by accident. Your supervising social worker will need to inform the Legal department (Insurance Section) of any placement which poses a fire risk. You should ensure that your fire safety plan is regularly reviewed and reinforced, especially when a child joins your fostering household. The local Fire Brigade can visit you to offer advice if necessary.

**Firearms**

If you keep firearms, you must hold a valid firearms certificate and must comply with the Firearms Rules 1998, in particular, the requirement that they are securely stored so as to prevent access by any unauthorised person, including a child. Your supervising social worker will wish to discuss this with you as part of the fostering review.
Identity cards

All foster carers are issued with a photographic identity card, which will be renewed from time to time. On approval, you will be asked to provide your supervising social worker with a passport photo for the card.

The identity card may be needed from time to time to prove your status as a foster carer, maybe when you are with a fostered child in public or accessing some of the benefits available for foster carers. However, the card should be used discreetly, given that they will highlight the fact that a child with you is fostered.

Please report any loss of the card as soon as possible. When you cease to foster you should return the care to the Supervising social worker.

Childminding

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

- You cannot look after more than three children under the age of five
- The parents of minded children must be informed that you also foster. This is because the behaviour of a fostered child can sometimes present risks to other children
- Parents need to have a realistic view of any potential risks
- You will need to demonstrate to your Supervising social worker that you are able to cope practically and emotionally with the additional work and responsibility of caring for both fostered and minded children.

Significant Changes

Our expectation is that you will notify your Supervising social worker or a duty worker immediately of the following incidents;

- A child looked after is absent or missing from your care
- A child looked after is ill or injured and requires medical treatment
- A disclosure of abuse or harm, current or historic
- Any incidence where your behaviour or that of a member of your household has harmed or put a child at risk
- Any incidence where you or a member of your household experiences an event that may or does impact on the care of the child looked after, eg; illness, accident, bereavement
- Significant concerns following contact and in relation to birth family members.
Meetings

A number of professionals will be involved in making decisions about a child or young person who is looked after and this necessitates holding meetings at regular intervals to share information and make decisions. This ensures that children receive the best possible standard of care.

You have an important role in these meetings, as you are in the unique position of spending more time with the child than anyone else. You may also be the best person to support and encourage the child to voice their wishes and feelings at the meeting.

You may find it helpful to make notes before the meeting about any points you want to make. If you are nervous about speaking in the meeting, you can talk to your Supervising social worker or the chair before the meeting to ensure that your views are understood. If there is anything in the meeting that you have not understood or about which you want further clarification, you should speak to your Supervising social worker.

After the meeting, minutes will be circulated to all attendees, and you should read these to ensure they are accurate and raise any issues in writing. Minutes are confidential documents that should be stored carefully and returned to the supervising social worker at the end of a placement.

If you do not believe that the decisions taken in the meeting are in the best interests of the child, you can discuss this with your Supervising social worker and put your views in writing to the chair or social worker. However, as a member of the professional team, you have a duty to carry out jointly made decisions, whether or not you are in agreement with them.

Some of the meetings that you will be asked to attend include:

- Placement planning meetings are held at the beginning of each placement to share information and agree responsibilities and tasks
- Children Looked After Reviews, which form part of the continuing care planning process
- Child Protection Case Conferences are held in response to an allegation of child abuse and to review the child protection plan; also, some children looked after may still be subject to a child protection plan when they first become looked after
- Risk of breakdown meetings are held where a placement is at risk of disrupting as a means of taking preventative action or, if this is felt to be impossible, making plans to end the placement in a way which has the least negative impact on the child
- Personal Education Plan meetings are held at the child’s school; PEPs are required for all children looked after in order to help them reach their full academic potential
- Annual foster care reviews are a legal requirement for all fostering households in order to review their approval.

Your supervising social worker will usually attend these meetings with you.
5. Finance

Fostering Payments

The West Sussex foster carer payment scheme is based on the principles;

- It is simple, fair and easy to understand
- It recognises the complex task of fostering other people’s children
- It enables West Sussex to be competitive with independent fostering agencies and other local authorities
- It meets the Department of Education’s national minimum fostering allowance

Rates are reviewed on an annual basis.

*Foster care allowances 2016-17*

Further references:
*Foster Care Payment and Accreditation Scheme document*

Insurance

It is important that you have adequate insurance cover. When you start fostering, you should write to your insurance company (or each company if you have contents and buildings insurance with different firms) informing them of your approval as a foster carer and intent to foster one or more children. You should request confirmation in writing that any children placed will be regarded as members of the family while in the household and that the public/personal liability clause of the policy covers any claims arising out of the actions of children placed there. The company should also be reminded of this fact at every annual renewal.

You should also ensure that the sums insured for are sufficient to cover the replacement costs of all the items in your home.

Where a child may have a history of significant risk taking behaviour, particularly arson, the insurance company should be informed and agree to cover you prior to the child moving in. A planning meeting should be held prior to the placement where this will be confirmed.

West Sussex has an insurance policy which covers you for the following:

- Damage to property caused by the foster child up to £250,000 (not including cars) not covered by another insurance policy; this means that if you have accidental damage insurance, you should claim on your own policy. However, your policy may not cover deliberate damage, which may need to be claimed under the Council policy. The Fostering Service may also be willing to cover any policy excess

- Personal and legal liability for claims arising out of your activities as a foster carer up to current policy limits.

In addition, as a West Sussex foster carer, you are a member of The Fostering Network, which provides cover for legal costs arising out of this
work. You can also get discounts on specialist home insurance for foster carers. Please see section below.

**The Fostering Network**

Foster carers who are members of The Fostering Network have access to legal protection insurance which provides legal cover in four specific areas:

1. The insurance will pay up to £100,000 of legal expenses in England, Scotland, Northern Ireland and Wales in defending a criminal prosecution arising from an alleged offence relating to a fostered child who is or has been under their care.

2. The insurance will pay up to £25,000 of legal expenses incurred in defending civil proceedings brought against you by a fostered child who is or has been under your care arising from an alleged breach of your duties as a foster carer.

3. The insurance will pay up to £100,000 legal expenses incurred in respect of initial legal representation at a police interview under caution arising from an alleged offence relating to a fostered child who is or has been under your care.

4. The insurance will pay up to £5,000 of legal expenses incurred to prepared correspondence by way of representation to the Disclosure and Barring Service once you have received notification from them that they are considering placing your name on the barring list.

The insurance also provides cover for foster carers or former foster carers caring for young adults under staying put arrangements or supported lodgings.

Further information and advice can be obtained from Fostering Network.

*The Fostering Network*

**Pensions**

Since foster carers are self-employed, they are not eligible to join the Council's pension scheme. We strongly advise carers to apply for a stakeholder pension provided by a reputable company, as this would be in your long-term interest. The Fostering Service is not in a position to advise which pension scheme carers should consider. We do not wish to be unhelpful on this key issue but think it is in your interest to receive expert independent financial advice on pension and tax issues.

**Disability Living Allowance**

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

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

DLA is normally paid every four weeks in arrears and can be awarded for a fixed or indefinite period. It is important to be able to account for the spend of the DLA, some carers save the money for the young person’s future beyond 18 but need to be aware that large savings could have an impact on their access to benefits.

In April 2013 the government started to introduce new allowances to replace existing ones. As at April 2014 this has had minimal effect yet in West Sussex. Further guidance will follow later in the 2014.

**Equipment**

Generally it is expected that you will provide a bed, bedding, basic furniture and storage for the fostered child/ren, according to their age and needs. Your supervising social worker will discuss any other needs that a child may have and arrange for other equipment to be provided or loaned as necessary.

If in an emergency you are asked to take a child whose age is outside your preference or approval range, you may be entitled to funding for essential equipment. It is important to have authorisation from your supervising social worker to purchase other items otherwise it may not be possible to reimburse you. Please keep your receipts to support your claim.

Where equipment is damaged by the fostered child, you should approach your insurers or discuss replacing items with your supervising social worker.

**Clothing**

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

When children first come into your care they may arrive without appropriate clothing. Your supervising social worker (or social worker) will discuss with you what clothes the child needs and arrange for you to be reimbursed for the cost of purchase (subject to an upper limit), though do remember to provide the receipts.

A contribution towards the cost of the school uniform may be made when the child first becomes cared for, and also should the child move to secondary school when they have been with you less than three months.
Otherwise the All Inclusive Allowance (AIA) covers the cost of school uniform.

When the child leaves a placement they should take with them sufficient clothing all of which should be in good condition and of the right size. In order to avoid potential complaint it is advisable to write a list of the clothing the child takes with them back to their home or to another placement.

**Passports**

Obtaining the necessary documents to apply for a passport for a child looked after can be a lengthy process. If you wish to take a child abroad you should discuss this with the child’s social worker well in advance. The social worker is responsible for obtaining the necessary information and signatures.

If a child is accommodated under Section 20, the parent will need to sign the application; if there is a Care Order or Interim Care Order in place, the Service Manager will sign.

You should be aware that children who are subject to care proceedings may not be taken abroad and that the Service Manager must give written permission for any foster child to be taken abroad on holiday.

**Motor insurance**

As a foster carer you are required to have fully comprehensive motor insurance for all cars used in connection with your fostering and the policy should also include a business use category. We recommend that all your insurance providers are notified in writing that you are a foster carer.

**Pocket money**

Within the All Inclusive Allowance there is a suggested Pocket money amount based on the child’s age. Please see the link below. Rates are reviewed on an annual basis.

Pocket money issues can be discussed with your supervising social worker and the child’s social worker.

*Foster care allowances 2014-15*

**Savings**

You should open a savings account for each child in your care if this has not already been done. If the required documentation for opening an account is not immediately available you should set aside the money, keeping a clear record of the amount.

You should save a small amount per week per child from the fostering allowance; this is in addition to the child's pocket money.
When the occasion arises (e.g. birthdays and festivals), the child should be encouraged to deposit any money received in their savings account. You will be asked to show the savings book or account to the supervising social worker periodically and the amount saved will be recorded. The savings book should accompany the child when they leave the placement. Particularly for older children, the savings will be used to help when they begin to live independently. Children should also be encouraged to save regularly from their pocket money for holidays and larger items, as this will assist them with budgeting in later life.

**Taxation of foster carers**

Special tax arrangements apply to all foster carers who receive income from local authorities for providing foster care to children and young people up to 18 years old (21 if the young person is disabled). In April 2004, HMRC introduced a tax threshold for foster carers. If you receive less than the threshold you will pay no tax on the money you receive from your local authority.

HMRC have extended the income tax concessions to include Staying Put ex-foster carers.

Further information and advice can be obtained from Fostering Network. *The Fostering Network*

**Housing Benefit**

If you need to claim Housing Benefit to help you pay your rent there are specific rules concerning foster carers.

A child or young person is counted as a member of the claimant’s household if they are a foster child placed by a local authority or voluntary organisation, which means that you will not be penalised for having a spare room occupied by a foster child, and that housing benefit will be paid for that ‘extra’ room.

Fostering allowance, adoption allowance and Special Guardianship payments paid by local authorities or voluntary organisations are **not** counted as income when calculating Housing Benefit or Council Tax Reduction.

Special rules apply where a young person remains living with their foster carer beyond the age of 18 years under a ‘Staying Put’ arrangement.

*Further references:*
*Staying put policy*
6. Support for foster carers

This section will be further updated following workshops planned in 2015.

Supervising social worker

Supervising social workers (SSWs) are based in the Fostering Service. All foster carers have an allocated supervising social worker who will visit regularly and be a central point of reference for advice, support and guidance. SSWs have a dual role of supporting foster carers undertaking the fostering task and ensuring that the fostering regulations and standards are met. Your SSW is there for you to help with any difficulties you may encounter when fostering. This worker is separate from the child’s social worker and is an experienced specialist in family placement social work.

Role of supervising social worker

Your SSW will visit you regularly to undertake a formal ‘supervision’ as required under the fostering regulations. Supervision is an opportunity for you to discuss how the placement is going; consider any specific difficulty or problem and how this may be managed; and generally ‘offload’ to a trusted professional. The SSW will also need to ensure that you are continuously developing your understanding and practice as a foster carer and remain compliant with regulations.

These visits can be arranged in advance at mutually convenient times to best suit you and your family. At least once a year however the SSW will need to make an unannounced visit to your home. This is a requirement under the fostering regulations and is part of the child protection system.

Many foster carers find the routine visits very helpful and have a list of subjects to discuss ready and waiting for the worker’s arrival. Some things cannot wait however, and you can contact your worker at any time via the Fostering Service. If they are unavailable and the issue is urgent you will be able to speak to a Duty worker or the Fostering Team Manager.

Supervisory and support visits

SSWs visit foster carers at home at least every six weeks but visits may be more frequent depending on the foster carer’s needs, for example:

- for newly-approved carers
- where there are difficulties with a placement and the carer needs more support
- when there are concerns about the standards of care provided and further monitoring is needed.
Where partners are jointly approved as foster carers, the meetings should include both wherever possible. If the second foster carer has other commitments such as work, they will not need to be seen on every occasion, but will he/she will need to attend some meetings and the annual review.

SSWs have a role in supporting your whole family so will arrange through you to speak to your sons and daughters about their feelings about fostering and any difficulties they may be experiencing. They will also be asked to contribute to the Annual Review.

During the visit, the SSW will discuss:

- Placement issues including the child's wishes and feelings; health; education; behaviour management; developmental progress; identity issues; contact; care plan; life story work, working with the child's social worker; how you are managing the placement and any additional support that might be required; any equipment required
- Household issues such as holiday plans, issues concerning the impact of fostering on your sons and daughters, health and safety issues, your support network, update of your checks e.g. DBS and health assessments
- Your professional development and your role as a foster carer, including attendance at training and support groups; training needs, resources.

During the visit, the SSW will look at your daily/weekly recording sheets, giving advice and support as necessary with regard to recording.

From time to time the SSW will also want to see the child's savings book. Visits will be recorded by the SSW on the supervisory visit form and a copy of the form sent to you for agreement and signature. In between visits, SSWs are available to you on the telephone and by e-mail, should you require support, advice or wish to report an incident.

An important aspect of the SSW’s role is to support your professional development through regular discussion in the supervision sessions; by facilitating your attendance at training; and supporting you to complete your personal development plan (PDP) as part of the Annual Review and the Training, Support and Development Standards.

Unannounced visits

At least once per year, SSWs are legally required to carry out an unannounced visit in order to ensure that:

- you are providing a high standard of care
- the home environment is safe and suitable
- the child is safe and well.

Unannounced visits may also take place if there are concerns about the child’s safety or welfare or your ability to care for the child. Please be aware that all rooms in your house and any outbuildings and garden will need to be seen as part of this. The unannounced visit will usually be made by your SSW but not exclusively.
Joint visits with the child’s social worker

In order to encourage partnership working, at least one visit between statutory reviews will be a joint visit with the child’s social worker. The focus of the visit will be on the implementation of the child’s Care Plan and will allow you to discuss the child’s progress and the impact of the plan on their development and wellbeing.

Other responsibilities

If there is a child protection conference or CLA review pending, SSWs will assist you to prepare for attending and contributing to the discussion and usually attend these meetings with you. Your supervising social worker can help you understand the views and perspective of the social worker and other professionals and also liaise with them on your behalf if required.

Your supervising social worker will offer you support through any process following a complaint or allegation made against you. In these circumstances their role is limited to providing you with information and being a listening ear but they are unable to be your advocate. Independent support will be provided from other sources. See the section on Allegations for more details.

SSWs are responsible for completing the report for the foster carer’s Annual Review and presenting this to the Fostering Panel or Practice Manager. Further to a significant change in circumstances in the household, an allegation or if there is a recommendation to change your approval, the SSW must submit a report to either the Fostering Panel or Practice Manager as appropriate.

Child’s Social Worker

Every child or young person looked after must have an allocated qualified social worker responsible for ensuring that West Sussex’s legal duty to the child is being met. This includes ensuring the child:

- has a care plan setting out how their assessed needs will be met now and in the future
- is in a placement that is able to meet their needs
- their welfare is safeguarded
- their health and education are promoted
- is receiving a high standard of emotional and physical care which meets their assessed needs.

The social worker’s main tasks are to:

- work to achieve the goals set in the care plan
- visit the child in their placement and see him/her alone and together with their carer at regular intervals
- maintain links for the child with his/her birth family (if part of the care plan) by arranging contact
- help and support birth parents in the best interests of the child
ensure that carers have all the available information about the child and that all paperwork is completed and signed

work with carers to promote the educational, health and developmental needs of the child

carry out direct work with the child, including life story work, to help them understand and come to terms with their circumstances

co-ordinate the involvement of other professionals and organise specialist support, where this is necessary

prepare a child to move on, this could be to move their birth family, another substitute family or to live independently.

In order to carry out their responsibilities, the child's social worker will need to visit you on a regular basis to observe the child in their home environment and to discuss how the placement is going. The social worker is required to visit during the first week of the placement and thereafter, at not more than six weekly intervals. You can help by preparing a child for their social worker's visit and by providing the time and space for the social worker to spend time with the child on his/her own.

If the child is matched with you as a long-term carer, managers may agree that visits may take place at intervals of not more than three months after the first year. Social workers are also required to visit more often if requested to do so by the child or foster carer, and may visit more frequently where there are concerns about the child’s progress or the placement is at risk of breakdown.

The social worker is a key professional with whom you are likely to develop a close working relationship. There should be a significant exchange of information between you and the social worker on each visit and by telephone in between visits as required. You should update the social worker about the child's day-to-day and educational progress, behaviour, health, contact issues and relationships with friends and within your foster family.

The social worker should pass on details of developments to you, for example, events within the birth family or forthcoming legal proceedings.

**Duty**

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

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

If the duty social workers are temporarily engaged with another enquiry and the matter is urgent, you should request to speak to the Team Manager.

**Out of Hours service**

West Sussex Out of Hours Service (OOH) deals with any emergencies with regard to children that arise outside of office hours.
You should contact OOH if there is an urgent issue, such as the foster child being missing; a serious accident or where the child is at risk of harm or harming others. You need to have the OOH number at hand:

From 5pm to 9pm weekdays and 9.30am to 5pm weekends and Bank holidays please call **01903 270300**.

You can also call the Emergency Duty Team on **0330 222 6664**, 5pm to 9am weekdays and anytime weekends and Bank holidays.

However, if immediate assistance is required, you should first call the police on 999 and then inform OOH.

**Support Groups**

Support groups provide an opportunity for you to meet with other foster carers, to share experiences and knowledge and offer support. They provide a useful forum to meet other foster carers and hear presentations from professionals from specialist services about their work and how they can support you in your caring role. Please ask your supervising social worker for more details.

**Buddying**

The buddying scheme links experienced foster carers with newly approved carers in order to provide them with someone who understands the role and their initial uncertainties from a carer's perspective. This support is often provided during assessment. Please ask your supervising social worker for more details.

**United Foster Carer Association**

The United Foster Carer Association (UFCA) receives funding from the County and is affiliated as an Association to the Fostering Network. It is a voluntary group run by and for foster carers. All West Sussex foster carers automatically become members and are welcome to attend meetings and access the benefits of membership of the national network.

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

The Association also provides individual support and advice to carers who are new to fostering; feel isolated; or are having difficulties. Attending coffee mornings and social activities provide an opportunity for to meet with other foster carers and share different ways of resolving the many challenges which carers will encounter.
During the year, the Association arranges a number of trips and outings for fostering households, and sends newsletters out on a regular basis. UFCA can be contacted on 07917 804040.

The Fostering Network

Fostering Network is a national charity working with the aim of supporting foster carers and improving the lives of children in care. In West Sussex, all approved foster carers become a member of Fostering Network.

Fostering Network provides a range of support for carers, including:

- training courses
- advice on practical and legal matters
- finance and welfare benefits
- a wide range of books and leaflets for foster carers and social workers.

The Fostering Network also offers an insurance scheme covering legal costs that might be incurred by foster families, for example should there be an allegation or investigation into their care.

Fosterline

Confidential advice on fostering matters can be obtained from Fosterline, a government funded service run by Foster Talk. Fosterline provides confidential, impartial, advice information and signposting on the broad range of issues of concern to foster carers and those interested in fostering.

Fosterline can be contacted on 0800 040 7675 between 9am and 5pm Monday to Friday.

Health of foster carers

The health and emotional well-being of carers is important to the Fostering Service. We recognise that fostering children can be physically and emotionally challenging and wish to support foster carers to remain fit and healthy to meet the needs of their family and children looked after.

Stress

Stress is the feeling of being overloaded with responsibilities and demands. A certain amount of pressure can be positive in that it can motivate and improve how people perform. However, too much or prolonged pressure can lead to stress, with symptoms such as difficulty sleeping, headaches, problems with concentration, irritability, mood swings and lack of appetite.
This in turn can lead to health problems such as high blood pressure and depression.

All families experience life challenges, whether welcomed such as births of grandchildren, or challenging, such as ill-health or financial problems. Caring for a fostered child or children will also bring practical and emotional challenges that are important to recognise and acknowledge are having an impact on your wellbeing. You may feel under pressure to meet their expectations or feel frustrated that others are not doing what they should be doing. You may have direct or indirect contact with the child’s birth family who may be critical of your care and make complaints or allegations against you. Your supervising social worker understands this and can act as a sounding board, to allow you to ‘off-load’ and regain your perspective and balance. We understand that foster carers are human too!

Admitting to feeling stressed is not a sign of failure and a timely request for assistance can avoid an escalation of problems and ultimately placement breakdowns.

West Sussex County Council is committed to helping its employees, members and foster carers, manage this balancing act. Right Management Workplace Wellness offers a number of sources of support and advice:

**Employee helpline:** a freephone helpline staffed by specially trained advisers, available 24 hours a day, 365 days a year, as many times as necessary. Providing advice and support on a number of issues including; emotional, personal, relationship, family, legal, financial, work, career and others for example, consumer issues, diet, smoking, health and support groups. This service is available by phoning: **0800 1116 387**.

**WorkplaceWellness website:** providing information on the service provided to WSCC and sources of information and support available. Username: ‘WSCCuser’ and insert the numbers shown into the box then click on Login.

Practical support can be offered by other foster carers through the peer group or Association or your back up carers providing regular breaks for you, and on occasion respite care can form part of the care plan.

Scheduling in regular breaks, such as evenings out may help you renew your energy at you schedule in regular breaks, such as evenings out.

**Lifting and handling**

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

If a child needs to be lifted on a regular basis, advice should be sought from an Occupational Therapist via your supervising social worker.
**Smoking**

Research has highlighted the dangers of passive smoking. The dangers apply not only if someone is in the same room as the smoker, but even if they smoke elsewhere, as the smoke adheres to clothing. Children are more sensitive to the effects of second-hand smoke because their lungs and airways are smaller. It makes them more prone to asthma, respiratory tract and ear infections. Additionally, children living in smoking household are more likely to smoke themselves when they are older.

If you smoke you cannot care for:

- Children with disabilities
- Children under five
- Children with certain health problems, for example asthma or other respiratory conditions
- Children who come from non-smoking households
- Older children who have asked not to be placed in smoking households.

When foster carers give up smoking, there will be a period of 12 months before a child under five is placed with them.

If you do smoke you should undertake to follow the guidance from the National Safety Council on reducing children’s exposure to smoke by:

- Not smoking around the child, or allowing anyone else to do so
- Not allowing anyone to smoke anywhere in the house or car.

Further references:
*Smoking policy*

**Training**

The Fostering Service provides a comprehensive training programme to assist foster carers to learn and improve their skills. Every foster carer is required to complete a Training Support and Development Standard portfolio within 12 months of approval. An important aspect of the supervising social worker’s role is to support you to complete these standards and to further develop your skills through a personal development plan (PDP) which forms part of your annual review.

**Personal Development Plan**

The Personal Development Plan (PDP) assists you and your supervising social worker to keep track of your development. PDPs are used as a tool to review your training needs and areas of personal development, in order to help you update your knowledge and skills. The first plan is often developed with foster carers during assessment and presented to the Fostering Panel when seeking approval. Personal development is then reviewed every year at the foster carer’s Annual Review, with goals being identified for the coming year.
7. Record Keeping

All foster carers are required to record information about the children and young people in placement with them on a regular basis using the recording sheets for daily or weekly recording provided by the Fostering Service.

Why must you keep records?

Recording is an important part of your role as a foster carer. You are in a key position to hear directly from the child about their likes, dislikes, worries and wishes. Your daily contact with significant people in the life of the child or young person will also mean you are aware of important events in their lives, such as contact with their family, progress in school, achievements, new friendships and any difficulties including any changes in their health and emotional wellbeing.

In the past, important information and memorabilia about a child’s life was sometimes lost due to changes of placement whilst in care. To avoid this, you should ensure that information is gathered and held safely, for example, photographs, certificates, information about immunisations and health, contact with family, friends or significant relationships children have made and any progress during the placement. This information may be extremely valuable to a child in the future when they want to access it and make sense of their life in care.

The information recorded by you is also useful for providing the CLA Review with evidence of how the care plan is being implemented and the outcomes of this. Keeping a log may also help you manage any difficult behaviour by recording what triggered it, how long it lasted and how it was dealt with,(ie Antecedent, Behaviour, Consequence) as this may highlight patterns and provide clues for managing it in the future. Information held by you may also be required by the court when deciding on the child’s future.

Recording is also important as part of safe caring. It can be a record of a significant conversation with the child or a record of an incident or conflict within the foster home and can be referred back to if an allegation or complaint is made or there is an investigation at a later date. It is a record of how you acted in response to a situation and can show how you managed a situation, what action was taken, and communications with other professionals working with the child or young person.

What should you record?

Achievements/progress including everything - no matter how small - that shows progress for the child.
Significant events:
- Any changes in behaviour, concerns or incidents at home or outside the home.
- Information or complaints that have a serious potential impact on the child and the fostering household and other carers;
- Any comments the child makes that give cause for concern. Wherever possible, use the child’s own words.
- Any action taken to deal with an emergency, for example professionals contacted for advice, the time of contact and the person’s name and phone number and the advice given.
- Dates when the child is away from the foster home (for visits to family, friends, and other foster carers, at school or when/if they are missing).

Health & Wellbeing:
- Any significant changes in the child’s health and any medical or dental appointments;
- Details of any medicines given to the child (prescribed or otherwise) include anything given or taken by mistake (these should be recorded on the Prescribed Medication Form or First Aid/Accident Log);
- What action was taken to deal with a possible emergency including giving first aid;
- A note of any unusual bruises, scratches, wounds, sores, and lumps (using the ‘Body Map’) and the reasons, whether accidental or self-injury and any witnesses to what happened;
- Any explanation given to you either by the child, parent, teacher or anyone else about any bruising or marks on a child’s body. Please be aware of the Child Protection procedures.

Contact and effect upon child:
- The date and times of visits, telephone calls from the child’s relatives and friends and any changes in behaviour prior to the date of contact or afterwards;
- The words used by the child in describing their views about contact with family or significant others. This is helpful for social workers assessing the quality of contact and the effect upon the child.

Education/Leisure and use of time during the week:
- If a child or young person has a particular hobby, sport or interest, however small – it is helpful if it is noted and encouraged to increase their self-confidence and resilience
• If a young person is not in school it is also helpful to note how and where they are spending their time, including any overnight stays with friends or family.

**Guidelines for record keeping**

• You must keep separate records in separate files on each child or young person in your care. The record will include your daily/weekly records and children looked after documents provided by the social worker, including the care plan, placement plan, records of statutory child looked after reviews, delegated authority form and safer caring form.

• It is helpful to record regularly and accurately. Recording does not need to be lengthy and brief notes are fine unless the situation warrants more detail.

• For any new placement, recording should be daily using the foster carer diary/weekly sheet. Use an Incident Report sheet to record any significant events preferably on the day of the event or very soon afterwards.

• Records should state what happened in a factual way giving the date, time, what the child or young person said or did or what took place.

• You should clearly state what part of the record is their opinion. It is also good practice to record the child’s or their parent’s viewpoint.

• Children or young people are allowed access to records held on them so you should bear this in mind when recording, using language that is fair, non-judgemental and does not discriminate against the child or their family.

• You should not be too concerned if they get behind in recording, but should summarise and note the date of the record. It may not always be necessary to make long notes, but records must be detailed enough to enable you to recall events accurately at a later date.

• It is good practice to share recording with the child or young person.

• This can be a positive way of resolving differences or sorting out any misunderstandings. You should make a note of any disagreements about the facts. This may result in you deciding to amend the record or simply noting that there is a disagreement and arrange for the young person to sign it if appropriate.

• Children looked after should be encouraged to keep their own diary.

• You are advised to look over recording prior to meeting with the supervising social worker to highlight any issues that have arisen and present at supervision.
**Keeping records safe**

Information held by you is confidential and comes under the Data Protection Act 1998. You can hold and record information on fostered children, but you hold this on behalf of the West Sussex Fostering Service and should be kept securely in a lockable box or filing cabinet.

If you hold records or information on your computer you should ensure that these are password protected, or preferably encrypted. Further work in West Sussex is required regarding providing foster carers with laptops and a secure network.

No records relating to a child should be kept by you after a child has moved on (except personal diaries) and should be returned to the child’s social worker or your supervising social worker or should move with the child if they go to a new foster carer. The supervising social worker will assist you with this change and any transfer summary that is required for the new carer.

**Confidentiality**

Understanding and managing confidential information is an essential competence for foster carers.

As a matter of rule personal information about the child/young person and their background should not be shared with your wider family or friends. The child’s information is confidential and should only be shared on a ‘need to know basis’ with those professional workers who are directly involved with the child. Although family and friends will be aware that the child is fostered you should not share anything other than general information about them. Many foster carers find that regularly meeting other foster carers provides a good outlet for talking about the reality of the fostering role and the issues raised for them in caring for their child, without necessarily sharing details of the child’s background.

Some children do not want others to know that they are fostered. You can help them by agreeing a ‘cover story’ which they can use to respond to personal enquiries.

**Photography for Children Looked After**

Children looked after need to have a record of their time in foster care with photos being of particularly importance in recording key events and activities. They may have big gaps and few photos from other times in their lives. You have a key responsibility in helping a young person to develop pride in themselves which can be aided by having a photographic record.

The use of photography should be discussed at placement planning meetings. The child’s social worker should ensure you are aware of any issues there may be for a child in relation to photography, for example the possibility of it triggering memories of previous abuse.
Even if there are not specific issues of concern in relation to use of photography in a child’s past, you need to be sensitive to the feelings of the young person about being photographed or videoed. Obviously photos should only be taken if a young person is happy for you to do so, and you must not take photos of a young person unclothed.

You should obtain a photo album for the child placed or establish a folder on your computer for their photos that could be downloaded on to a memory stick, CDROM or DVD, or printed off as required for them if they move on.

Older children should be encouraged and supported to take photos of key events such as holidays, birthdays, days out and pictures of important people in their lives.

If you have any queries about this subject please feel free to raise with your supervising social worker who will give further guidance as necessary.

Photographs of children looked after must not be posted by carers on social media or internet sites, and children looked after should be strongly discouraged from doing this as it could place children at risk of exploitation or abuse, and it could jeopardise the security of their placement.
8. Safe caring

Why you need a safe caring policy

All families have a set of informal rules and boundaries that, although unwritten, are understood by family members and which provide a structure that help families to run smoothly and cope with everyday difficulties. When a fostered child joins your household these informal rules may need to be adjusted and written down in order help the child looked after settle into the placement more easily; to keep children looked after safe, keep yourself and your family safe from allegations.

Children looked after may come from families where there was no real structure to family life or boundaries on behaviour and their pre-care experiences may affect their behaviour. Children who have experienced abuse may display sexualised or aggressive behaviour that your family rules do not cover, or where normal ways of dealing with the behaviour are not appropriate because of the risk of allegations being made against you.

Children who have a history of abuse may make false allegations against carers because:

- the situation reminds them of a pre-care experience of abuse
- they are trying to regain control of their lives
- they have misinterpreted an innocent action.

Therefore, the Fostering Service expects you to draw up a Safe Caring Plan (SCP) so that you can care for children in a safe way that minimises the risk of abuse to the child and protects them and their families from allegations. Many children looked after welcome “house rules” as it helps them to understand how the household operates and makes it easier for them to find their place within the family.

A safe caring policy will ensure that:

- children looked after are kept safe from abuse and neglect
- you and your family are kept safe from false allegations
- all children in the household are kept safe from abuse by other children.

Safe caring policies need to be developed once you are approved and reviewed each time a child is placed and as part of your annual review. The supervising social worker will be able to assist with this. The whole family should be involved in agreeing and reviewing the policy, as this enhances their understanding of the reasons behind it and commitment to it. In addition you and your partner should attend Safer Caring training.
What can you do to protect yourself?

You should have clear house rules set out in your SCP, which are agreed jointly by your family and apply to all members of the household. The health and safety checklist should also be adhered to ensure the physical safety of children. In addition, the safer caring policy should include the following guidelines, which will protect the children in the household from abuse and your family from the risk of false allegations.

- No-one in the household should walk around in nightwear or underwear
- Adults and children should all wear dressing gowns
- Ask for a child’s permission before giving them a kiss or a hug (Children who have been sexually abused may need an explanation as to the difference between a cuddle which is sexual in nature and one which is purely an expression of affection)
- Knock and ask permission before entering private areas such as bedrooms
- Close or lock the bathroom and toilet door while in use
- Avoid games involving tickling or wrestling as their purpose could be misinterpreted by a foster child
- Encourage foster children to call you by your first names; this means that you will be clearly distinguishable from other people who have looked after the children and about whom the children may make allegations
- Ask permission from the child before taking a photo or video as these may have formed part of the abuse they experienced. You should never take photos of children while in the bath or undressed
- The family should have a policy about how disagreements are sorted out, for instance some will do this via a family meeting

Given that men are more likely to be accused of sexual abuse, male foster carers should exercise caution and avoid carrying out personal care tasks, such as washing and dressing children alone. Lone carer males should encourage children to wash and dress themselves if possible.

Supervision

As you may not be aware of all of a child’s history, children should be supervised while playing together and this should take place in a living area, rather than a bedroom.

Leaving a young person alone at home

The law does not prescribe any age at which a child can be left alone. The NSPCC suggests that no child under the age of 13 should be left unsupervised for more than brief periods. After this age, it is a step which needs to be considered in the context of the young person developing independence skills. Leaving a child alone overnight is another milestone and this should not be considered until they are 16.
Before leaving a child alone, you must make a judgement about his/her competence and reliability, but you will be unable to do this until the young person has been in the placement for some time. The social worker’s opinion may also be helpful in deciding whether the young person is ready for this step.

Allowing a young person to go out alone

Deciding when a young person should go out alone is again a judgement based on his/her maturity. However, there will also be considerable peer pressure to allow it, whether the child is ready or not. Before allowing a child to go out alone for the first time, for instance walking to school or to the shops, you must ensure children are aware of all the relevant dangers including traffic or talking to strangers. They should be educated about how to keep themselves safe and what to do in an emergency or if, for instance, they miss the bus home.

This area can be problematic for carers who are fostering young people who were used to few or no boundaries while living with their birth parents.

Wherever possible you should impose house rules about when young people can go out (for instance not on a school night) and when they must return. Young people must also inform you where they are going and with whom. You should also help the young person to explore the possible risks that they could encounter.

However, there will be times when answers about where they are going are less than the truth and when they do not comply with the rules about the time to return. You may be concerned that they are putting themselves at risk but equally unable to physically stop them from leaving. These are not easy situations to resolve. Having an argument may mean the young person will not return to the placement at all, thus placing himself/herself at even greater risk.

In coping with this situation, the relationship that you build with the young person is extremely important. If they are able to maintain channels of communication, the young person is more likely to consider acting on what you are saying. This means avoiding conflict and argument, but explaining calmly how worried you are about the risks he/she is being exposed to and ensuring that they have appropriate information about drugs, alcohol and sexual health. You should also make clear that whatever happens you will be there for the young person.

You should also discuss their concerns with your supervising social worker, who may be able to offer additional support and advice.

Awareness of limits

You should be aware of your limits; if you are becoming stressed and losing your patience with a child, it is essential that you speak with your supervising social worker immediately. Stressed carers can sometimes
physically or emotionally abuse a child and it may be that they need additional support. Admitting to having difficulties is not a sign of weakness.

**Good communication**

Good communication within the family is essential to ensure that issues and problems are dealt with before they become serious. It is very important to discuss emotions. Children looked after who have been abused can evoke very strong feelings, such as anger or even disgust. Some children may behave in a sexually provocative way towards you. This may make you feel anxious and guilty, but the feelings themselves are not harmful to the child as long as you do not respond in any way which takes advantage of the child or betrays the trust that has been placed in you. Although difficult, it is essential for you to talk to your partner (if they are joint carers) and the supervising social worker to receive support to deal with this.

You should also talk to your own children about safer care and stress that they need to tell you about any unusual incidents or behaviour which make them feel uncomfortable.

Birth children and children looked after can sometimes be sexually attracted to each other. It is preferable to avoid placements where the carers’ own teenagers are of a similar age to children looked after. This issue should be openly discussed with teenagers to remind them they must regard any child placed in the household as a brother or sister.

Openness and honesty with the supervising social worker is essential because they can act as a sounding board for solving problems and can also support you more easily if there is an allegation.
9. Allegations and complaints

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

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

What are complaints and allegations?

An allegation is an accusation of physical, sexual or emotional abuse or serious neglect, which if true may have caused the child to suffer significant harm.

A complaint can mean anything from a small criticism to a serious concern about the standard of care a child is receiving whilst looked after.

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

- Minor disputes between carers and children looked after will be dealt with via West Sussex’s complaints system
- Complaints that raise issues about the standard of care provided by the carer will be dealt with under care standards procedures
- Allegations that involve possible harm to a child looked after will be dealt with under West Sussex’s child protection procedures.

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

How are complaints investigated?

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

Before a formal complaint is made, it will be dealt with informally at local level (level 1 of the complaints procedure) through discussions between the child, their social worker, the foster carer and their supervising social worker in order to resolve them.
If no resolution can be found, the complaint may progress to level 2 (formal complaint dealt with by the Complaints Unit) and an independent advocate will be identified to support the child throughout the complaints procedure.

Serious complaints that may raise concerns about a foster carer’s practice or parenting style, for example inappropriate behaviour management techniques, will be dealt with under West Sussex’s allegation management procedure.

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

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

**How are allegations investigated?**

Regulations state that allegations should be investigated quickly and fairly. Most should be resolved within one month, but some may take longer where they are particularly complex. Carers are usually not told initially that an allegation has been made against them. This is because discussion and further enquiries may be made before first discussing the allegation with the carer. Once they have been told about the allegation, the supervising social worker will ensure that the carers are kept informed about the progress of the investigation.

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

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

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

If the decision is that the investigation should proceed, the meeting will agree how it will be carried out and who is responsible for which tasks. If the allegation is serious the police will be involved. The meeting will also consider whether the child should be moved.
As part of the investigation, interviews will be carried out with the foster carers, child and other relevant people. The child may have a health assessment, depending on the nature of the allegation.

The meeting may decide whether:

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

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

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

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

Information about the investigation will be kept on the carer's file until their normal retirement age or for 10 years, if this is longer.

**What are the reasons for complaints and allegations?**

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

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

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

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

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

Why does West Sussex take allegations and complaints seriously?
• As has been stated, a few foster carers do abuse children.
• Parents have a right under law to complain and the Fostering Service has a duty to investigate; children have been removed from their homes into what is a supposedly safer environment and the Fostering Service must ensure that this is so
• In the past children have not been believed when they have disclosed abuse; therefore it is essential that children are listened to and any concerns investigated.

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

Support
Having a complaint or allegation made against them is a distressing experience for foster carers. There is support available:
• The supervising social worker will give you as much support as possible; however, they are also responsible for the welfare of the child
• An independent advocate via the Fostering Service will be available to carers and their families if required
• Members of the United Foster Carers Association (UFCA) will be willing to give support and advice if approached – see the Support section of this handbook
• Fosterline is a helpline run by Fostering Network and can provide independent advice – see the Support section of this handbook
• Foster carers should have legal insurance and can access this via
Fostering Network – see the Support section of this handbook.
If children are removed from the placement whilst allegations are being investigated, foster carers may continue to receive a fostering retainer fee at the discretion of the Fostering and Adoption Service Manager until an outcome is reached.
10. Types of Foster Placement

‘Short Term’ Placement
When a child first becomes ‘looked after’, it is not always clear how long they may need to be in a foster home. Where there is a prospect that a child may return to their birth parent or parents, or where there are strong links with the family, the care plan may be for an eventual reunification with the family. In these situations it may not be appropriate to plan for permanency through fostering and the status of the placement will remain ‘short term’, even though this may mean anything between one night to a number of months.

Long Term fostering and permanent care
Children thrive best in homes where they can develop a sense of permanency. Within four months of becoming looked after the care plan must identify the plan for permanency. Where children are not able to return to their birth families or people connected with them - and where adoption in not appropriate - consideration will be given to achieving permanency through long term foster care.

Since 2011 and the introduction of ‘Staying Put’, foster carers are now encouraged to consider the possibility of the young person staying in their care beyond 18 years old and until they reach 21 years of age.

Short Break Care
Short Break carers provide specialist short break provision for disabled children and young people and their families up to the child’s 18th birthday. The purpose of the breaks is to offer the child new experiences and give parents a break from caring. The child stays with the short break carer for short period of time, usually on a regular and planned basis. Placements can be at any time weekdays, weekends and/or time during school holidays and the carers can be linked with more than one family.

Parent and Child Placements
Sometimes, West Sussex needs to make arrangements for children and one or both of their parents to live in a fostering household for a period of time. The parent remains the child’s main carer and this arrangement is known as a Parent and Child placement. The purpose of the placement is to contribute to an assessment of the parent’s capacity to care for their child. This may be prior to care proceedings or be part of a Court plan.
A parent and child placement may also offer stability and support for young women who become pregnant when looked after, or who need to come into care because their family is unable or unwilling to provide the support they need. The baby benefits from being brought up in a family environment and the young mothers gain from the support and advice offered by the foster carer. It also enables teenage mothers to complete their education or training.

**Family and friends foster carers (connected persons)**

The Local Authority has a statutory duty to support children to live with their own family wherever possible. Where a child cannot remain with a birth parent, s/he may decide to make their own arrangement for their child to be cared for by another family member or friend, in which case this is a private arrangement (and may come under Private Fostering Regulations).

However, where the Local Authority places the child with family or friends (called ‘Connected Persons’) following an initial positive viability assessment, the child will be temporarily fostered subject to the completion of a full fostering assessment, presented to the Fostering Panel and Agency Decision Maker within 16 to 24 weeks. Family and friends foster carers are given support and supervision as any other foster carer.

Further references:
*Family and friends policy*

**Respite Care**

Fostering is a 24 hour job and there may be times when you need to have a break, to perhaps recharge your batteries or address a personal family issue. As a foster carer you may be asked to offer ‘respite’ to a child cared for by another foster carer. Periods of respite care should be planned, including a visit to your home by the child and for you to be given all relevant information about the child’s day to day routines, needs and any risk assessments.

Respite should be kept to a minimum as children can be very unsettled by change. As part of your fostering assessment you will have been encouraged to think about who in your family or social network may be best able to support you in your fostering task. As the child or young person will get to know them, it will be a more natural arrangement for them to stay overnight or for short periods when needed.

Where this is not possible or appropriate, other approved foster carers may offer one off or regular periods of ‘respite’ for the child so that their carer can have a break or attend to other matters.
**Staying Put**

Most young people do not leave home until they are ready, often into their twenties. Young people who are looked after become adults at 18 years and are therefore no longer ‘in care’. Historically this has been the point where they move on from their foster placements, often before they have the skills and maturity to manage independently. ‘Staying Put’ enables young people and their foster carers to enter into an arrangement for the young person to remain with the foster carers beyond the age of 18 years old up to 21 years of age.

Further references:
*Staying Put policy*

**Treatment foster care (Leapfrog)**

Treatment foster care is specialist foster carer for children with complex emotional and behavioural difficulties who are 3 to 6 year old. These children need highly structure and nurturing families in which to grow and learn. Also known as Leapfrog, our therapeutic team provides foster carers with a high level of training and support, including on-call support. The programme aims to improve children’s functioning across all areas of development. It places a particular emphasis on supporting the development of emotional and behavioural regulation and empathy – core components for success at school and in relationships.

**Fostering Early Support Programme (FESP)**

FESP aims to support families in resolving their difficulties and prevent young people remaining in care unnecessarily, with the focus on children aged 10 to 16.

When a young person is on the FESP programme, the Family Resource Team and foster carer will work intensively with the family in a solution-focused way. They aim to improve relationships so that the young person can return home within an agreed timescale. The expectation is that work will begin on getting the young person home from the outset unless circumstances dictate otherwise.
11. Other related services

Adoption

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

Once it is decided that a child is unable to return to their birth family, the Care Plan may become that he/she is adopted. The care plan, alongside the Child Permanence Report will need to be presented to the Agency Decision Maker, who will make a recommendation that it considers the child should be placed for adoption.

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

Once the child is placed with the family, the adoptive parents will need to apply to the court for an Adoption Order usually after 10 weeks. The court hearing can be either contested or uncontested. If the order is contested, then before making the order the court has to decide that the welfare of the child is best served through adoption and therefore dispense with the need for the birth parent's consent.

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

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

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

Special Guardianship

For some children, adoption is not a suitable option for permanent care. This may be the case for older children and those being looked after by family and friends carers. A Special Guardianship Order (SGO) maintains a balance between the need to provide carers with the legal basis to care for the child in a stable care arrangement without severing the legal relationship with their parent.
The SGO gives the guardian parental responsibility for the child until they reach 18 years of age. The guardian can make most of the day to day decisions for the child, apart from changing the child’s surname, taking the child abroad for more than three months or allowing the child to be adopted.

Foster carers are able to apply for an SGO when they have cared for a foster child for longer than 12 months and have the consent of the Local Authority. Once granted, the child will cease to be looked after, though the local authority will have a duty to support the care arrangement through Special Guardianship support services.

Special Guardianship can be a preferred option for some long-term fostered children because it gives them security and removes any stigma that is attached to being in care. It also means that they can retain relationships with their birth family, which may be important for asylum-seeking or older children who do not want to lose their parental relationship, but need an adult who can make decisions on their behalf. The child’s views will always be sought where Special Guardianship is being considered.

Long term foster carers may be asked by their Supervising social worker whether they would consider applying for an SGO. In thinking about this option, foster carers should consider the amount of support they will require to look after the child, both currently and in the future. The Fostering Service can offer support packages, including training, help with contact, therapy services and finance.

Foster carers can apply to the court for a SGO with the consent of their local authority or if the child has lived with the carer for a year immediately preceding the application. The carer must give the local authority three months’ notice in writing of their intention to apply. After this time has elapsed the application can be submitted to the court, which will ask the local authority to prepare an SGO report. At the subsequent hearing, the court will consider on the basis of the information it has received whether to grant the SGO. It may also decide to make a Child Arrangement Order, specifying the arrangements for contact with the birth family and other significant people.

Unlike an Adoption Order, an SGO can be discharged or varied. However, parents who wish to do so would have to convince the court that there has been a significant change in their circumstances before the court would agree to allow an application.

**Supported Lodgings scheme**

West Sussex has a Supported Lodgings scheme which provides accommodation for young people between 16 and 21 years who may not be in care, although many are care leavers.

The purpose of providing supported lodgings is to enable young people to develop the necessary life skills to prepare them for independent living in a safe and supportive environment.
12. Procedures for placing children

What happens when a child needs a foster placement

When a child's social worker requires a foster placement, they contact the Access to Resources Team (ART) in Children’s Services, which is the single point of referral for all children's placements (including residential and those with independent agencies) in West Sussex. Unless a child has specific needs that can only be met through specialist residential care, ART will always try to find a suitable West Sussex foster carer in the first instance. At the core of the Fostering Service is a principle that foster carers will work with us to ensure that most children can be placed in-house and that costly placements in the independent sector are kept to a minimum.

ART consults with the Fostering Service about appropriate vacancies. Subsequently, identified foster carers will receive a call from the Central Duty Desk. Where possible referral information will be emailed but in the case of emergency placements sometimes only basic information will be supplied. Frequently, social workers will simultaneously be exploring other options, such as the child’s family members, so foster carers should be aware that a placement that they have been contacted about may eventually not be required.

Emergency placements

Sometimes, children will require a foster placement out of hours because of an emergency situation. Where this is the case, the matter will be dealt with by the Out of Hours Service. West Sussex has a list of foster carers who are able to take children at very short notice overnight and will only look after the child for a short period before they are returned home or moved on to a more suitable placement.

Matching children with foster carers

West Sussex’s Fostering Service takes great care in carefully matching children with foster carers who can meet their needs and provide them with a stable home environment. Good matching is also important to ensuring placement stability, which is a major factor in improving outcomes for children looked. The Fostering Service will always try to match the child with the right foster carer at the beginning rather than move the child later.

When matching, the Fostering Service will take the following criteria into account:

- whether the placement is consistent with the carer’s terms of approval and that the carer has the necessary skills and experience to meet the child’s needs
- A risk assessment
- Up-to-date information from the Supervising social worker
• whether the placement is close enough to the child’s home to support contact and allow them to remain at their present school
• whether a sibling group can be kept together
• whether the placement matches the child’s cultural and religious background or if the carer will be able to meet these needs
• the impact of the placement on the fostering household, including other children placed there.

Matching decisions are made using information about the child from their assessment and information about the carer from their Form F.

It is rare that all these criteria will be met – there will be discussion about how any shortfalls can be met, and what support the foster carer will need in order to meet the child’s needs. This will be a discussion between the Supervising social worker, foster carer and the child’s social worker prior to placement. Where there are any difficulties in finding a suitable match, the Fostering Service will consider using an exemption.

**Accepting a placement**

Foster carers need to make an informed decision about whether to accept a child for placement. There is an expectation that available foster carers will accept most referrals within their approval range. Where a child has more complex needs or is outside of your preference range, discussions will take place to consider what additional support can be provided in order that a placement can go ahead. You have a right to receive as much information as is available before agreeing to the placement.

These are some possible questions:

• Basic information with regard to age, gender, cultural and religious needs
• What is the family background and why does the child need to be looked after? Is this the first time they have been looked after? If a previous placement broke down, what was the reason?
• What is the legal status of the child?
• Has a risk assessment been carried out for this placement, for example is it necessary to keep your address confidential from anyone in the birth family?
• Are there siblings and where are they now?
• What is the care plan? What is the expected length of the placement and when is it needed?
• Does the child have any specific needs, for example health issues, allergies, medication, appointments, disability, dietary requirements, language support? Do they have difficulty in managing their personal hygiene?
• Are there any behaviour issues? Is there a history of running away, self-harming, aggression, harming animals, sexualised behaviour, offending or fire setting? Is there a history of abuse and have they been known to abuse others? Does the child display any behaviour that could be considered a risk to your family? If so, how are these risks going to be managed?
- Where does the child go to school? Do they have special educational needs?
- What are the contact arrangements, how often and with whom?
- Are there other professionals involved, for example CAMHS, the Youth Offending Service? What is the name and contact details of the social worker?
- Has the child made any allegations and the outcome of the investigation?
- What are the child’s routines, likes, dislikes, favourite toys, talents and hobbies?

Having received the available information, you should consider how you are able to meet this child’s needs. It is always necessary to discuss this with your supervising social worker or in their absence the duty social worker or manager. You may need to consider the impact of the proposed child on your family/household. Your family circumstances may need to be considered, for example you may be planning a holiday abroad during the period when the child may be with you which could require a move for the child.

**Preparing for the child**

Ideally, when a placement is planned, you and your supervising social worker should discuss the preparation required for the child’s arrival. This will involve:

- The purpose and desired outcomes of the placement for the child
- Making sure you have received copies of assessments, care plans and placement plans and any other relevant information about the child from their social worker
- Checking sleeping arrangements and carrying out a health and safety check to ensure that the home environment is safe and suitable for the child being placed; Reviewing the SCP and management of any risks
- Identifying what work needs to be done with the child to implement their care plan and any equipment or resources that will be required to meet the child’s needs, including their cultural, religious or linguistic needs
- Looking at whether arrangements need to be made for the child to be registered with a GP or joining a new school
- Arranging the date of the placement planning meeting.

Where a placement is planned, arrangements should be made for the child and family to meet you prior to the placement. They should also be given a copy of your family profile. Sometimes, however, due to the urgency with which a child needs to be looked after, there is insufficient time for this to happen.

The child’s social worker is responsible for bringing the child to placement; for emergency placements out of hours, this will be done by the duty social worker. Normally, where a child is changing placements, their previous carer will also be involved in the move.
Unless the placement is made in an emergency, the social worker will organise for the child to have a health assessment. The assessment should take place before placement, but if this is not reasonably practicable, then it should be as soon after the placement as possible and you may be asked to accompany the child.

You should also receive the following documents from the child’s social worker either at the start of a planned placement or within five days of an emergency placement:

- Care plan
- Placement plan
- Referral and information record (if not received prior)
- Copies of assessments
- Copies of court orders

**Placement planning meeting**

A placement agreement meeting must be held before the child's arrival in the placement or within three to five working days afterwards for an emergency placement.

The meeting will be arranged by the child’s social worker and attended by:

- the social worker
- the child or young person (if appropriate)
- the parents (where appropriate)
- the foster carer
- the supervising social worker.

Social workers may need to invite other professionals in some circumstances, for example health visitors, in order to share important information about the child with the carer. If this is a placement move, the child’s previous foster carer may also attend.

The purpose of the meeting is to make sure that you have as much information as possible in order to care for the child to the best of your ability. The meeting will:

- discuss and agree detailed arrangements for the child’s care and record this on the placement plan; this will include care decisions that have been delegated to you (delegated authority) and those for which you must seek permission from the social worker;
- consider any particular challenges or risks related to the child’s care and plan and agree how these will be managed;
- consider any particular support needs you might have related to this placement and how these will be managed;
- provide you with a chance to explain to the child any routines or rules followed in the fostering household;
- make sure you have been given copies of all relevant documents;
- obtain signed consents to the placement from parents where the child is being accommodated under section 20 and for medical treatment;
- consider and agree how the child will be moved to the placement;
• set the date for the first statutory review.

Permanency Planning

Where a child is not to return to their birth parents care the Local Authority must develop a plan to meet their long term, permanent, care. This could include returning to birth families or moving on to adoptive placements. The plan for permanence needs to be set out by the second Statutory Review, four months after the child has become looked after. In order to avoid delay a ‘twin track’ plan may be developed and plans for, say reunification to family, will be pursued alongside that of adoption or long term care.

As a foster carer you may be asked if you will consider offering the child a permanent home, through adoption, a Special Guardianship Order or a formal long term fostering arrangement. This is a significant decision which needs information and careful consideration.

Introducing a child to long term foster carers

This describes the process by which a child is introduced to their new adoptive or long term family. As the first stage of a new lifelong relationship, it is important to ensure that it is carefully planned and facilitates the bonding between the child and his/her new family. For this reason a placement planning meeting is held which includes all those involved; social workers, foster carers and adopters or long term carers.

What are the aims of the introduction process?

Introductions enable the children to transfer their attachments to the new family at their own pace, giving children and the new family time to get to know each other and feel comfortable together. It is also an opportunity to help the new family feel confident in caring for the child and for the new carers to find out about the child’s day-to-day care and routines.

What are the timescales?

Timescales for introductions vary according to the age and particular needs of the child, and the time period tends to lengthen if the child is older.

What happens during introductions?

Before they meet their new family, you (as their current foster carer) and social worker will be involved in preparing children for the move, firstly by talking to them in general terms. Once the match is agreed, there will be a family profile which includes photos and information about the new family, which you can use to talk to the child and answer their questions about the move.

The process of introductions can include the following, but will be individualised according to the needs of the child:

• Visits by the new family to the child in your home at different times of the day, such as meal times, bath and bedtimes
• Outings for the child with their new family, including you for the first one
• A first visit to the child’s new home
• Further longer visits by the child to the new home possibly including an overnight stay for an older child
• An introductions review meeting to assess whether any changes need to be made to the plan
• Leaving toys and other personal items in the new home.

Social workers are actively involved at all stages of the process, either by visiting or maintaining contact by telephone.

What can help the introductions go well?

Introducing a child to their new family can be a time-consuming and emotional experience for everyone. You are advised that you should not plan any other major activities during the period of introductions. All involved should adhere to the plan and ask for a review if there are concerns that it is not working or there are any disagreements.

You may find yourselves in the position not only of dealing with your own feelings of grief, but of having to support the foster child, the new family and your birth children with their feelings about the move. This can be very emotionally draining and you should not be afraid to ask for support for yourself if you need it.

For the process to work well, everyone needs to be flexible and sensitive to the feelings of all involved. Sometimes the pace of the introductions needs to be changed in the interests of the child or the new family. Changes to the plan will always be done following consultation with everyone involved, and in a planned way.

Contact and the role of the foster carer

Contact is one of the most challenging aspects of fostering a child. ‘Contact’ is the term used for the way that children keep in touch with their families from whom they are separated. Contact can be direct and indirect, through letters and phone calls. Direct contact usually involves activities, perhaps in a Family Centre, park or outing. Occasionally contact takes place in the foster home, with your agreement.

For younger children, where the plan may include possible return to family, visits may be frequent and intensive, several times a week. Foster carers are expected to facilitate this by ensuring the child is prepared for contact and support them when they return. You may be asked to transport the child to and from contact but not necessarily to stay. Usually contact with younger children is supervised by a professional worker, occasionally it may be appropriate for the foster carer to do this. However positive the contact there will be an impact on the child and can be distressing for the carer who needs to support them in as neutral a way as possible.

Where the decision is made that the child cannot return to their families’ care, contact may be reduced or stopped altogether. With the social worker’s support, the foster care can help the child understand and come to
terms with this decision, enabling them to engage with the permanency in another family.

Older children may have less frequent contact, particularly if the plan is for them to remain in foster care until adulthood. Each situation is different and will be discussed in detail in planning meetings and reviews.

For older children the purpose of contact is to reassure the child of the wellbeing of their family members; that they remain in their thoughts and to hear about significant family events. Research has shown that the majority of children do resume their relationship at some level with their birth family when they leave care. Maintaining some level of contact, albeit negative at times, will help the young person to make their own decisions about the level of contact they wish to continue into adult life.

As a foster carer you will be expected to keep a record of contact dates, times and any significant observation of the child’s demeanour before and after contact. Bearing in mind that your recordings may be used in court or contribute to planning decisions it is important to record any significant comment made by the child, ensuring that you quote their exact words and context in which they said them.
13. Care Plan

The Care Plan is a key document for every child looked after.

Making plans for children in care is essential. This ensures that the child, family, you and other professionals share information and views and have a common understanding of the plan and their role in it. If, for instance, the goal is that the child should return to his/her birth family, it makes sure everyone is working towards this end. In addition, courts must be satisfied with the Local Authority’s care plan before granting a care order. Each child should have a care plan before becoming a child looked after. Foster carers must receive a copy of the care plan.

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

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

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

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

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

Placement plan

The placement plan is the part of the Care Plan and sets out how you will care for the child and how the placement will meet their needs. This includes the child's day-to-day needs as well as how longer term plans for permanence will be achieved. For example, you are likely to be involved in facilitating contact between the child and the family, which may assist in the
process of the child being reunited with his/her family. You will also be delegated certain day-to-day tasks such as taking a child for medical appointments or leisure activities. In addition, you may have tasks such as helping a child resolve specific behaviour difficulties.

Children, parents and you and the child’s social worker should all contribute to the placement plan and delegated authority at the placement agreement meeting. Ideally, it should all be agreed before the placement is made, but if the placement is made in an emergency it must be completed within five days and you must be given a copy. The Safer Caring Plan should also be updated to reflect the new placement.

**Belongings**

When children arrive in placement, they may bring clothing, toys or other possessions with them. Whilst these may not appear of monetary value they will have a meaning for the child. This includes the sense of smell so some items of clothing, blankets etc, may need to remain unwashed for a time. Care should be taken to pack away items that the child may have outgrown rather than be disposed of without the agreement of the social worker. Belongings should remain with the child during the placement and taken with them when the placement ends.

It is helpful for you to draw up a list of the child’s belongings at the start of the placement, possibly with the involvement of the child, dependent on their age and understanding. This will ensure that nothing will be lost when the child moves on. A copy of the inventory list should be passed to the child’s social worker for reference.

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

Young people who were care experienced frequently refer to moving between placements using black bin bags and how this practice made them feel worthless. It is therefore important to remember that children’s belongings should be packed in suitcases; bulky items can be packed in ‘market’ type bags with handles. Bin bags must never be used.

**Special occasions**

Children looked after should be able to celebrate special occasions, such as birthdays and festivals. However, you must bear in mind that different families, cultures and religions have varying attitudes to how these should be marked. You can find out from parents what their views are and where the practice of the child’s family is very different from that of your family, you should discuss with the social worker their views on how to celebrate the occasion. The decision should be based on the needs and wishes of the child.

Achievements by the child looked after, for instance success in academic examinations should also be rewarded and celebrated in your home.
**Child Looked After (CLA) review**

A child’s Care Plan needs to be regularly reviewed to make sure it remains relevant because the child's circumstances change over time. Regular reviews make sure that the child’s Care Plan is being acted upon and progressed and that the plan remains right for them. As a minimum, the first review must be completed within 20 working days of a placement starting, the next within 3 months of the first review, and subsequently at intervals of no more than 6 months.

Significant changes to the Care Plan can only be made at a statutory CLA Review, and there may be circumstances where the review may be brought forward to deal with any major changes in the child’s life.

Reviews are chaired by an Independent Reviewing Officer (IRO) to ensure that the Care Plan and the work carried out is looked at objectively by someone who is not involved in the case. The same IRO will chair all reviews of an individual child, as far as this is possible.

To make sure the review focuses on the child, social workers will try to keep attendance to a minimum. The child will always be invited to attend from the age of four, depending on their age and understanding, and an advocate may be asked to attend to help them get their views across in the review meeting.

Also present at the meeting will be yourself and your supervising social worker, birth parents and the child's social worker. A representative from the child's school and other people who work with the child may also attend if it is thought necessary, but normally these people will send written reports.

Reviews are frequently held in the foster home, as this helps the child or young person feel more at ease. However, in some cases there may be practical reasons or risk factors which mean that another venue is preferable. The timing of the review is planned to meet the needs of the child, for instance so that they do not have to miss school.

Children and young people should be prepared for their reviews by their social worker and yourself so that they understand the purpose of the review and feel able to participate. To do this, they will be asked to complete a consultation form that allows them to state their wishes, feelings and views and have input about who should attend the review and what issues they would like to discuss.

Following the review, a copy of the discussion, the decisions and who is responsible for carrying out specific tasks will be circulated to you and other attendees.

Where it has not been possible to carry out the wishes and feelings of a foster child, you and the social worker have a responsibility to help the child understand the reasons for this.

You may feel apprehensive about speaking at reviews or other meetings, especially if you are a new foster carer. However, your contribution is essential because of your day-to-day knowledge of the child. Supervising social workers will be able to help you think in advance about the information you need to share and how to present it at the meeting. For
instance, even if the placement has been a difficult one, it is important to balance information about challenging behaviour with positive details about the child. Supervising social workers will also be present at the meeting and be able to support you. Before the review you may find it useful to write a list of points you would like to raise during the meeting.
14. Children’s voice

Children's rights

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

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

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

The Fostering Service especially takes note of Article 12 of the United Nations Convention on the Rights of a Child (1989) ‘The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.’

These rights are reflected in the way that Children’s Services works with foster children in the following ways:

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

West Sussex has a dedicated team whose role it is to ensure that children and young people's views are heard and services consider their views and allow them to inform policy and practice. The team co-ordinates the Children in Care Council, a training team of young people in care who train professionals and carers, an inspection team of young people who inspect residential and Independent Foster Agencies, and other opportunities for children looked after that encourage and support children looked after and young people, as well as care leavers, to be involved in service development in West Sussex.
Children Looked After Engagement Team

The Young Peoples Service have a Children Looked After Voice Team, whose role is to make sure that children’s voices are heard and that they have opportunities to feedback, so that this information can be used in shaping social care services. The team is responsible for helping to develop strategies to communicate with young people, to have an opportunity to share their experiences with other young people in care, and to actively shape the services provided for them, through social action, training and campaigning.

Examples of such strategies and opportunities include:

- the Children in Care Council
- interviewing staff
- consultation events
- inspecting services for children and young people
- Young people in care training professionals and carers what it’s like to be in care from a young person’s point of view
- monitoring and evaluating policy and strategies such as Children and Young People’s Plan.

The above programmes assist young people with issues such as employment, education, training and the development of life skills, as well as having a feeling of empowerment in their care. Much of this work is carried out via forums such as Children in Care Council, where young people are able to represent the views of children looked after.

The Children Looked After Voice Team allows the views of children and young people to be heard at a local, regional, national and international level at meetings and conferences, works with statutory partners, carers and voluntary organisations to organise, shape and deliver activities and services.

The Children Looked After Voice Team can be contacted via the child’s social worker or the supervising social worker. Alternatively you can contact them direct on 033022 23314, email cicc@westsussex.gov.uk, or check out www.yourspacewestsussex.co.uk/cicc to find out more.

Children's guardians

Children's Guardians are qualified social workers with training and experience of working with children and families. They are appointed by the court to represent the rights and interests of children and are independent of West Sussex, the courts and everyone else involved in the case. They work for CAFCASS (Children and Family Advisory and Support Service), whose function is to safeguard and promote the welfare of children involved in family court proceedings.
Children's Guardians are responsible for writing a report, setting out their view as to what is best for the child. The report must also tell the court about the wishes and feelings of the child.

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

The Guardian will inform the Court of the child's wishes and feelings. However, they may not necessarily agree with what the child wants and will set out their view about what plan would best meet his/her longer term needs. They may not agree that what our child wants is best for his/her long term needs. Equally, the court will take into account the Children's Guardian's recommendations, but may not follow them as it will also need to consider the evidence presented by other interested people, including parents.

During child care proceedings the Children's Guardian will want to meet with you to find out your views and also meet the child. The child’s social worker, with your assistance, will to help the child to understand the purpose of the meeting.

**Youth advocacy**

*Information on Youth Advocacy will follow soon.*

**Website**

West Sussex has a website for young people, which has a section for young people who are looked after.

*Your Space West Sussex*
15. Culture and Identity

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

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

Identity

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

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

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

Your role

Working with the foster child's social worker and supervising social worker, you play a crucial role in helping children make sense of their past and in helping them improve their self-esteem. This involves helping them develop positive feelings about their social identity, such as their race and culture. It also means assisting them to overcome the effects of abuse and neglect.

To carry out this role you need to know as much as possible about the child. The information should be supplied by the social worker, but it is important to obtain as much information as possible from the parent, who is the person who knows the child best.
Some actions you can take:

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

Life story work

How does understanding the past help children?

Everyone who has lived and grown up in the same family throughout their childhood will probably take for granted all that they know about themselves and their family. This body of knowledge evolved naturally as they grew up and represents their understanding of where and how they belong to their family and wider community. Children are able to maintain their culture, religion and language just by living as part of their birth family, and their sense of belonging will have been extended by personal memories and family history, customs and stories. This is the foundation on which self image and identity is built.

Foster children will have moved away from their birth family and may even have moved several times. Unless steps are taken to help them keep memories and information about their origins safe it can easily become lost over time, leaving children confused about their past and identity. Where children live with foster families who do not reflect their cultural and
If a child has had a particularly unhappy past, foster carers may be tempted to try to protect them by encouraging them to forget the past. However, children need to understand why they are separated from their family and why previous caregivers are now unable to care for them. It may dispel feelings that they are somehow to blame for the separation, allowing them to accept the past and move forward into the future with more positive hopes and aspirations.

**What is life story work?**

Life story work is a way of working that can help children separated from their birth families to maintain a good sense of their life journey and identity. It includes three main parts:

• Gathering treasured objects, photographs, videos and mementoes
• Creating a written story, explaining the reasons for the child's moves and information about birth family members
• Communicating the story to the child in a meaningful way.

Life story work can offer children the opportunity to gain access to important information, express their wishes, feelings and fantasies, accept difficult areas of their life and experiences, learn new ways to understand themselves and increase personal confidence and self-esteem.

It can also help you to gain a better understanding of the child you look after.

A wide range of people can contribute to the creation of a child's life story, including you, birth family members, social workers and teachers.

**What is your role?**

You are a key person in the life of a child who is looked after and are in the best position to collect and collate day-to-day information. It is expected that you will attend training which will help you support the child in engaging in the life story work and in dealing with any emotional issues which it raises. You should be aware that carrying out life story work can raise strong emotions in the child.

You are also expected to contribute to the work by:

• Taking photographs and/or videos of special occasions and creating photo albums for children that include text setting out the date, names of people and their significance to the child; please see the section on photographs
• Making a memory box or scrap book for children containing various types of memorabilia, such as a special toy given to them by a parent, their hospital identification wrist-band from the time of their birth, a memento from a holiday, birthday cards, pieces of schoolwork, a first tooth
• Recording information about the child's development, for instance when they walked, talked; what toys and food they liked;
information about the school they attended; their illnesses, holidays and birthdays
- Encouraging the child to collect significant items
- Undertaking parts of the work in consultation with the life story worker (normally the child’s social worker).

**Caring for a child of a different heritage to your own**

Where you are caring for children of a different ethnicity or religion, you will need to understand the importance of background and culture so that you can help the child build a positive identity. There are many ways to do this, for example you can provide opportunities for children to meet others from similar backgrounds and to practise their religion, both in a formal place of worship and in the home.

It is important to keep the child’s heritage alive in his/her everyday life, for example through discussion, food, clothing, books, internet, television channels, contact with family and friends and life story work. You may also need to help children cope with racism and other forms of discrimination.

Some young people may have entered the UK unaccompanied by an adult and are fleeing conflict in their country of origin. These young people will be seeking asylum and will be subject to immigration rules.
16. Understanding Behaviour

Attachment

Many children are unable to communicate their needs other than via their behaviour. Attachment is the term used for the emotional bond between the child and the adult/s who are caring for them. Attachment behaviour starts from birth, when the newborn develops a means of engaging their caregiver in order to survive.

Ideally children have secure attachments with their caregivers where the carer is in tune with their needs and able to meet them consistently. However, children placed with foster carers are more likely to have formed insecure attachments with their birth parent or carer as a result of the reasons (such as neglect or abuse) which have led to them being in care.

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

Secure attachment

In positive attachment relationships, children have available and supportive caregivers who anticipate and respond to their needs. In infancy if a child is hungry, they will be fed, if their nappy requires changing it will be changed, if they are upset, they will be comforted. This provides children with the security of knowing that their needs will be met and gives them the confidence to explore their environment and to spend time away from their carer, knowing they can return. In this way, they learn to trust and to become self-reliant; this in turn develops their ability to learn and increases their self-esteem. Children who have experienced secure attachments are more resilient when faced with life's stresses or challenges.

Insecure attachment

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

Even very young children learn to develop behaviours which help them survive. They may shut down emotionally and become very self-reliant; alternatively they may be constantly demanding of attention; or they may try to be in control by crying incessantly, having temper tantrums or being defiant.
For children who have not experienced security and trust, building mutually satisfying relationships is difficult and children may have problems in making and sustaining friendships as they have not learnt how to understand another person’s feelings. For them, relationships tend to be about what they can get out of them, rather than what they can give. Their inability to trust can mean that they are unable to discriminate and will greet strangers as great friends, while their fear of closeness can lead them to respond to their carer with anger and defiance. Many foster carers will have experienced placements where children appear to settle in immediately without missing their previous foster carers, but whose behaviour begins to become more problematic after a period of time.

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

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

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

**Resilience**

Resilience can be described as ‘a set of qualities that enables people to withstand the impact of adversity’; for children looked after, it is ‘normal development under difficult conditions’.

Resilience can offer a child a ‘cushion’ against difficult life experiences and help them to thrive in spite of difficulties. Some children are naturally resilient, but for others, the quality can be developed if they receive the right kind of support from professionals and you, as their foster carer. Protecting children against adversity may not always be possible, but increasing their resilience is one way of helping them to overcome setbacks and improve their life chances.

Because of their high level of need stemming from pre-care experiences, children looked after particularly need support to develop their resilience, so that they can overcome their negative early experiences and improve outcomes in their future lives.

Resilience is developed through:

- a sense of belonging
- good self-esteem
• a sense of self efficiency

Promoting resilience in children looked after

Resilience in children looked after can be built by ensuring stability so that the child can develop positive, nurturing relationships, feel in control of their lives and allow them think about their future in a positive way. This is done through:

• supportive relationships with at least one adult, normally their foster carer
• supportive relationships with family, especially siblings and grandparents
• a committed adult other than a parent who takes a strong interest in the child and who can act as a mentor or role model
• the capacity to develop and reflect on their life experiences
• talents and outside interests and hobbies
• positive experiences of school
• positive friendships
• the capacity to think ahead and plan for their lives.

School is particularly important as this is where children develop socially and emotionally and where they develop important relationships with both peers and adults. Achievement and attainment at school, both academic and in other activities, helps to build confidence and self-esteem, and enables children to learn new skills.

Involvement in an activity that a child has a particular skill, talent or interest in has been shown to have a significant impact in raising resilience. Taking part in activities can enhance the child’s sense of attainment and provide a positive experience and support from peers.

Contact with important figures in the child’s life so that they are able to remain connected to their past and make sense of their experiences is important for building their resilience. This is especially important with siblings and friends, as these relationships often provide the most emotional support. Life story work can also help them make sense of their pre-care life.

You are a crucial part of promoting resilience. Foster placements need to offer the stability of a secure base that provides the child with an opportunity to develop good relationships and attachments. Apart from their parents, a child looked after’s relationship with their foster carer is likely to be the most important relationship with an adult, and it is the quality of care received by the child in placement that provides the most opportunity for building and promoting resilience.

Abuse

The majority of children who become looked after have experienced some level of emotional trauma, separation and loss. Children may also have experienced physical, sexual or emotional abuse.
Child abuse of all forms occurs in all cultures and social groups and can involve boys and girls of all ages from babies to teenagers. Children with disabilities are more vulnerable to abuse as they are more dependent on adults for their personal care needs; they may also be less able to communicate what has happened.

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

**Abuse - definitions**

Abuse is defined under the following headings:

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

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

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

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

**Neglect:** This is the persistent failure to meet a child's basic physical, emotional and psychological needs with the result that his/her health and development is seriously threatened. Neglect may occur during pregnancy as a result of maternal substance misuse and/or failure to attend regular antenatal appointments. Afterwards it can include failing to provide adequate food, shelter and clothing; failing to protect the child from physical or emotional harm or danger; or failure to access appropriate medical care or treatment.

The latter is particularly relevant for disabled children who may need to attend a higher number of health related appointments.

**Sexual abuse:** This can involve inappropriate touching, penetrative sex, including buggery, or oral sex. It also includes making children watch sexual activities or participate in making pornographic material, prostitution and under age sexual activity.

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

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

The needs of the child
This section will be added further to staff and foster carers receiving training.

The role of the foster carer
This section will be added further to staff and foster carers receiving training.

Content below will be reviewed and amended as part of developing this section.

Restraint
There may be times when the behaviour of children or young people poses a serious risk and the carer will need to take action to prevent serious injury to the child or others or serious damage to property.

Restraint should only be used as a last resort and where all other methods of de-escalating the situation have failed and only by foster carers who have received the appropriate training. Foster carers should be aware that the Fostering Regulations only allows the use of physical restraint in order to prevent injury or significant damage to property and that any restraint used must be “Reasonable and Proportionate to the situation”. Foster carers should be aware that use of restraint will always need to be reported and may be investigated depending on the circumstances of the case.

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

You can help children in the following ways:

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

**Complex behaviour**

Children looked after often display complex behaviour. This can involve children taking items without permission, being unable to tell the truth and competing with other children in the family for attention.

**Incidents in the foster home**

Sometimes, conflict between you and a young person you are looking after can escalate and you may decide to call the police to deal with an incident.

Research shows that children looked after are more likely than their peers to enter the criminal justice system, and often for very low level offences. It is West Sussex’s policy that wherever possible, children looked after are not criminalised unnecessarily and that restorative justice approaches such as conferences or mediation are used to deal with incidents in placements where appropriate. This is in line with the new duty set out in the Fostering Service Regulations and the National Minimum Standards. It is now a duty for placements to minimise the need for police involvement and avoid criminalising children.

The Fostering Service will work with you to increase the use of restorative justice approaches for children looked after. The purpose of this approach is to:

- keep children looked after out of the criminal justice system where this is not an appropriate response
- give them an opportunity to consider the impact of their behaviour on others
- promote placement stability and improve relationships between children looked after and carers.

When deciding on whether to involve the police, you should consider all the relevant facts of the incident, the circumstances of the young person and the vulnerability of others in the placement. The following guidance is based on the Crown Prosecution Service guidance.

Consideration should be given to involving the police where:

- the offence is violent or sexual in nature
- the offence can be described as a hate crime
- the victim of the offence is particularly vulnerable
- any damage or harm caused is deliberate and substantial
- the offence is part of a series of offences
- informal measures to prevent offending behaviour have been unsuccessful
- there is a high risk of the young person causing serious harm.

In general, the police should not be involved where:
• there has been minor harm or damage done and this has since been put right
• other appropriate action or sanctions have been taken
• there is genuine remorse or an apology made to the victim
• the behaviour is a symptom of an illness that cannot be medically controlled
• it is an isolated incident that is out of keeping with the young person’s character
• the young person was under undue stress at the time or was clearly provoked.

Any decision regarding involving the police or not should be clearly recorded in the daily/weekly log and the incident report record and discussed with the young person’s social worker and the supervising social worker.

If you require immediate assistance, for example a child is behaving in such a way that they are endangering themselves or others or a birth parent is behaving aggressively, the police should be summoned first, followed by a call to the social worker or the Out of Hours Service.

From 5pm to 9pm weekdays and 9.30am to 5pm weekends and Bank holidays please call 01903 270300.

You can also call the Emergency Duty Team on 0330 222 6664, 5pm to 9am weekdays and anytime weekends and Bank holidays.

Incidents outside the foster home

If a child or young person is arrested, the foster carer should obtain as much information as possible about the reasons, inform the officer that the child is looked after and provide him/her with details of the allocated social worker.

The foster carer should inform the social worker, duty worker or Emergency Duty Team, if the incident occurs outside of office hours.

If the young person will be interviewed, an appropriate adult will need to be present; for children looked after this will normally be the foster carer but this can be negotiated with the child’s social worker and/or the Volunteer Unit of Youth Offending Service.
18. Missing from Care

Research shows that children looked after are more likely to go missing than other children. Running away is usually a sign that something is not right in a child’s life but the reasons can be complex. Sometimes, children looked after are running back home rather than running away from their placement.

The Fostering Service has a missing person protocol in place for dealing with children who run away and you must be aware of your role in preventing running away behaviour and locating and safeguarding missing children. This means you need to be involved in planning to reduce the risk of children looked after running away and responding when a child goes missing from placement.

Reasons for running away

Push factors include:

- abuse or neglect
- family breakdown
- poor relationships with parents/carers
- domestic violence
- parental substance misuse or mental health problems
- bullying and harassment
- young person’s own mental health or substance misuse problems
- teenage pregnancy.

Pull factors include:

- running back home from care placements
- running away to be nearer friends or family members
- being persuaded to leave home by adults as part of the grooming process
- previous incidents of running away.

Prevention

As part of the care planning process, the risks of a child running away from a placement will be made clear to you and the placement plan will set out agreed strategies to reduce this behaviour and state what action needs to be taken in the event the young person runs away.

It is important that you talk to children you look after to gain some understanding as to why a child may wish to run away from placements; it may be that something can be done to address the factors that trigger running away behaviour.

Where there is a concern that a child may go missing from the placement, a plan should be made in advance about what action will be taken and this will be explained to the child. You will also be clear on the basis of this plan what action you should take.
Responding to incidents
Whenever a child goes missing, you need to carry out a missing children risk assessment in order to:

- distinguish between unauthorised absences and genuine missing episodes
- identify any factors that may make the child more vulnerable whilst missing, for example history of sexual exploitation
- help decide on what action to take, for example notifying the police.

Following the risk assessment, you will have a good idea of what missing category the child comes under and the appropriate response.

Categories of missing

Unauthorised absence: This refers to children who absent themselves from the placement for a short period and then return; their whereabouts are known or can be quickly established through contact with family or friends, and the children are not considered to be at risk. Sometimes children stay out longer than agreed as a boundary testing activity, which is well within the range of normal teenage behaviour. Generally, these children should not be reported as missing unless there are factors that make them more vulnerable, for example:

- their age; the younger the child the more concerning the absence
- where they are and who they are with; is the child in danger of being abused or exploited or in contact with a person who poses a risk to children?
- how long they have been away; any child who is away from the placement without permission for more than 24 hours will be considered missing
- the presence of factors that may increase their level of vulnerability, for example learning difficulties
- a history of prolonged or frequent absences that may increase risk of harm.

When you first become aware of the child being missing, you should carry out your own search and enquiries to try to locate them. If in contact with the child, you should persuade them to return. While children remain absent, the situation and level of risk should be continually monitored and the risk assessment repeated. If they do not return to their placement within 24 hours, they may be deemed to be missing.

All incidents of unauthorised absences must be reported to the child’s social worker and a record made by you of the absence.

Missing: This refers to children whose whereabouts are unknown and who are considered to be at risk. Where a child is missing, you should make reasonable enquiries (as you would with your own child) as to his/her whereabouts and inform and consult the social worker or Out of
Hours Service. If the child cannot be located the police should be informed.

The police will require the following:

- A description of the child and a recent photograph
- When the child was last seen and with whom
- Family addresses and known acquaintances
- The reason why the child is considered to be at risk
- The name and address of the child’s GP and dentist.

**Absconded**: If a child or young person is the subject of a criminal court order requiring them to remain at a particular address and they run away from that address, this will be a criminal matter and the child must be reported as missing to the police.

**Abducted**: If a child is unlawfully removed from the care of anyone who is legally looking after them, whether it is a parent or yourself, the child must be reported as missing to the police. This includes any child who is removed from placement by parents or others contrary to the care plan. Where the child is subject to a care order, emergency protection order or in police protection, social workers may consider seeking legal advice on obtaining a recovery order.

From 5pm to 9pm weekdays and 9.30 to 5pm weekends and Bank holidays please call **01903 270300**.

You can also call the Emergency Duty Team on **0330 222 6664**, 5pm to 9am weekdays and anytime weekends and Bank holidays.

**Locating the child**

Although the police have lead responsibility for locating a missing child, you may have vital information that could help and it is important that they share any information they have. Runaways may try to contact friends whilst missing or use email or social networking accounts.

For foster children, enquiries should be made with the child’s immediate and extended family or any other network of friends.

**Recording**

You should keep accurate records of:

- date and time of the child going missing or absenting themselves
- any relevant circumstances or incidents
- category of absence
- action taken to locate or contact the child
- whether the police were informed and if not, reasons for this
• details of any conversations and agreed actions taken with social workers and police.

Completed risk assessments should be kept on the child’s file and a copy given to the police and the allocated social worker.

**Return**

All children who go missing in West Sussex will be offered a return interview with their social worker. Giving children this opportunity to talk allows them to discuss any concerns that they have and looks at why they run away. This way, a strategy can be put in place that aims to stop the behaviour. It is also an opportunity to explain the risks of running away. If the child has concerns about the foster placement these can be discussed and addressed, if necessary. The child’s IRO will be notified of the missing episode and may decide to convene a planning meeting to look at why they ran away. Children will also be interviewed by the police to make sure they are safe and well.

Children who return to the placement should receive a positive response. You should not act punitively towards children who have been missing, but should try to understand the reasons and communicate that they are willing to listen to any concerns the child has. A missing child can cause a great deal of anxiety and anger. Telling children calmly about the worry they have caused can help them understand the effect of their actions on others and also communicate that there are people who are concerned about them.

Further references:
*Guidance for foster carers on missing children*
19. Children’s Health and Wellbeing

The Children Looked After Health Team

The role of the CLA Health Team is to ensure that the health needs of all children who are looked after by West Sussex are met and to maintain health records for each of them. The CLA Team carries out initial and review health assessments and is also available to give advice to you about any aspect of a child’s health and wellbeing.

The CLA Health Team is also involved with foster carer training. They are the link between health and social care with the aim of ensuring that children and young people achieve the best possible health outcomes.

You are welcome to contact the CLA health team or individual CLA nurses with regard to any health concerns about a child or young person in your care. If unable to assist, the nurse will be able to give you advice as to where to access appropriate guidance.

A PDF entitled Children’s Health – A Guide for Foster Carers is a more comprehensive version of this section of the handbook. If you would like a copy, please speak to your supervising social worker.

Further references:
Children’s Health – A Guide for Foster Carers

Health assessment and health care plans

It is a statutory requirement that every child looked after should have a health plan that is part of their Care Plan. When a child becomes looked after, they must have a health assessment on which the health care plan is based and this assessment must be reviewed on a regular basis.

- Initial health assessments are carried out within the first 28 days of a child/young person coming into care
- Review health assessments should be carried out at least once every six months up to a child’s fifth birthday. From 5-18 years of age review health assessments are conducted annually.

Initial health assessments are carried out by a Community Paediatrician and the review health assessments are undertaken by the children looked after nurse and at times by the Heath Visitor/School Nurse, unless the child is placed at a distance from West Sussex - in which case arrangements are made for assessments to be carried out by the CLA Nurse in the area where they are placed.

You and social workers are responsible for ensuring children are able to attend assessments. You may be asked to take children to these health assessments and to encourage reluctant young people to attend. They should take the child’s Personal Health Record (formerly the Red Book) with them.
Depending on their age and level of understanding, children cannot be assessed/medically examined and treated without their or the person with parental responsibility’s consent.

It is understandable that some children may not want to have a health assessment. They can view it as intrusive, particularly if they feel well and do not need to see a doctor or nurse. It may make them feel different from other children. However, many children in public care may have received poor medical care in the past and they may have undiagnosed health conditions.

The health assessments are designed to ensure that children looked after receive the same health advantages as their peers and to make sure they enjoy good health in the future. Sometimes an explanation and reassurance can convince the child or young person of the benefits.

These health assessments are in addition to universal services provided by a health visitor or school nurse and as it is a statutory requirement, it is essential that you ensure children and young people are encouraged to attend.

Following the health assessment as a foster carer you will be sent a copy of the Health Care Plan. It is important as there may be actions on the plan that are your responsibility as a foster carer.

**Dental Care**

All children and young people looked after are required to have regular dental check-ups (every six months is recommended). If they are not already registered with a dentist reasonably close to your home, you should make it a priority to arrange this.

You can reinforce the need for good dental hygiene by ensuring that children brush their teeth twice per day with fluoride toothpaste, advising of the benefits of refraining from sugar in both drinks and snacks between meals and educating them about the reasons why looking after their teeth is important.

**Hair and skin care**

Each child’s Placement Plan/Placement Information Record should show how their hair and skin care needs are being addressed; with a view to encouraging and supporting them to adopt a positive and healthy lifestyle.

In the absence of such a plan, the following must be adhered to:

- Where children have special needs or there are health care concerns regarding their hair or skin, specialist or professional advice must be sought and recommended treatment provided
- Children must be provided with combs, brushes, oils, shampoos, creams and other hair or skin care products suitable to their needs, age and understanding
• Children’s daily routine should include opportunities, with support if necessary, to cleanse themselves and brush and/or comb their hair
• Children’s hair must be cut and styled by reputable hairdressers or stylists
• Children who need or choose to shave or remove facial or other body hair should be supported to do so and given allowances for the purchase of suitable oils, creams or shaving materials.

**Hearing**

Indications that our child may have a hearing problem include:

- Turning up the TV
- Shouting rather than speaking
- Not responding to you if facing in the opposite direction
- Have difficulty in correctly forming words.

It is important that hearing problems are diagnosed because they can lead to delayed speech and language development. It may also cause listening and attention problems which affect behaviour. This can cause problems with educational achievement.

If you suspect our child has a hearing impairment, you should discuss this with the child’s social worker, GP, health visitor, CLA nurse or school nurse as a hearing test and/or a referral can be made to the audiology department.

In order to prevent future hearing loss, you should ensure children do not listen to music at high volume on ipods and similar devices.

**Medical consent**

Foster carers cannot sign medical or dental consent forms as they do not have parental responsibility. Forms will be signed by a parent (if the child is looked after in a voluntary arrangement between the department and the parents) or by the Service Manager if there is an interim or full care order in place.

Young people who are over the age of 16 are capable of giving their own consent. Young people aged 12-15 who are considered to be of a sufficient age and understanding can give medical consent on their own behalf. This is called Gillick competence, which means that the doctor considers that the young person has the maturity and intelligence to fully understand the nature of the treatment, the options, the risks involved and the benefits. Children under the age of 12 cannot give their own consent and this must be given by their parents or anyone else with parental responsibility.

**Consent for specialist treatment**

Some children looked after have very specific health conditions that require specialist and invasive treatment or treatment that carries inherent medical
risks to the child. Only a parent or someone with parental responsibility can consent to such treatment. If the child is subject to a care order, the Service Manager will give consent on behalf of the child’s social worker. In these cases, social workers and foster carers will liaise with medical staff about the options for treatment in order to get as much information as possible for a decision to be made and the child’s social worker to then seek consent from the Service Manager.

**GP and hospital appointments**

When parents sign the consent form either when the child is first accommodated or prior to the short break arrangement commencing, they delegate consent to the foster carer to take children to the GP and hospital appointments. However, this does not include immunisations, for which consent must be obtained from the parent or social worker as above. The question of medical consent will be discussed at the placement agreement meeting where any further medical consent may be delegated to foster carers. All agreements will be recorded in the placement or delegated authority plan.

**Medication**

Where necessary, you will be trained in the management and administration of medication for individual children, in particular if you are caring for a child with complex health needs. You should keep a record of any training and competency paperwork.

If it is agreed as part of their placement plan, older children may administer their own medication but you, as a reasonable parent, should ensure that medication is taken at the prescribed times.

The Fostering Service has a medication record that must be completed by you to note when medicines are administered.

Prescribed medication should be kept in original containers, clearly marked with the name of the person to whom they belong. They should be kept out of reach of all children in the household or in a lockable cabinet. Once the course of medication has finished, any that is remaining should be safely disposed of or taken to the local pharmacy for disposal.

For short break care there may be circumstances where parents will need to discuss and arrange alternative medication with the child’s GP to avoid invasive procedures.

**Over-the-counter medication**

The placement plan may give carers permission to administer First Aid and over-the-counter medication or vitamin supplements. In any case if the child is in discomfort or pain, the foster carers must act as a 'reasonable parent'. This means they could administer over-the-counter medication in accordance with the manufacturer’s instructions, taking particular care that is recommended for the age of the child in question and also is compatible
with existing medication. If the condition persists, the advice of the GP needs to be sought.

Carers must record the details of any medication or treatment they give a child or young person.

NB: Aspirin must not be given to children.

Hygiene/Infection control

The Fostering Service may not be aware of any infectious conditions which children and young people may have. It is therefore important that hygiene precautions are applied universally and particularly when coming into contact with bodily fluids including blood, urine, faeces, vomit, semen and breast milk. This also has the advantage as not singling any one person out as a 'problem'.

Everyday hygiene precautions should include:

- Avoiding direct skin contact with blood or other body fluids by wearing disposable gloves where possible; if they are splashed on the skin they should be washed off immediately with soap and water
- Seeking immediate medical help if an injury is sustained involving a needle or blood is splashed into the eyes or mouth or onto broken skin
- Not sharing towels, flannels, razors or toothbrushes
- Washing soiled clothes in a hot wash cycle
- Covering cuts and grazes with a plaster or other dressing
- Disposing of disposable nappies, tampons and sanitary towels double wrapped in polythene bag prior to disposal (your local district or borough council can be contacted to collect disposable pads and nappies if required)
- Wearing disposable gloves when clearing up any spillages of bodily fluid and washing and drying hands after removing them
- Keeping surfaces, toilets and bathrooms clean and any blood or other bodily fluids promptly wiped up with diluted bleach and a disposable cloth
- Teaching children to avoid contact with other people's blood and to wash their hands before meals and after using the toilet.

Personal hygiene

Some children looked after may find it difficult to maintain an acceptable level of cleanliness. This can be because they were neither taught nor encouraged at home how to wash and clean their teeth and parents may not routinely have provided them with clean clothes and bedding.

Sometimes poor hygiene relates to abuse where children have feelings of such low self-worth that they do not take care of themselves. As a result, they may have suffered bullying at school because of their appearance.
You can help by introducing routines with regard to bathing and providing them with clothing they are proud of, which helps children improve their self-image.

**Sex education and relationships**

One of the many expectations of you is to assist in the ongoing education of children and young people looked after with regard to sex and relationships. This includes both discussion of the facts and providing opportunities to discuss worries about relationships.

All schools, infants, juniors and senior have a sex and relationship policy which has been agreed by school governors and senior members of staff. It explains what and how children are taught in PHSE (personal, health and social education) classes. As a foster carer, it is important for you to have a copy of this policy and be familiar with its content, so that whatever is taught in school can be followed up at home.

You are encouraged to attend the “Personal Relationships & Sexual Health” training which helps develop their skills and confidence in speaking to children of all ages about sex, relationships and growing up.

The CLA nurse is also able to give advice to you at any time and speak to children and young people during their statutory health assessments. For the over 10s, there is a section of the assessment that concentrates on sex and relationships that is covered in an age appropriate and sensitive manner. The nurse is also able to supply leaflets and booklets to give to children and young people and that may help you initiate discussions.

Young people may also get confidential advice on sex and relationships from their local GP/sexual health clinic and sexual health outreach nurse. The sexual health clinic can provide advice and access to treatment around sexuality transmitted infections, contraception through a drop in clinic or appointment system.

**Child sexual exploitation**

Sexual exploitation is a form of sexual abuse whereby children and young people under 18 are manipulated or forced into taking part in sexual activities through blackmail e.g. threats of violence, exposure of their actions or in return for something e.g. food, accommodation, drugs alcohol, cigarettes, affection, gifts, money etc. in most cases, the abuser will have power of some kind of the young person because of their age, gender, intellect, physical strength and/or emotional resources.

The signs of CSE may be hard to spot, especially because victims of CSE often do not recognise that they are being exploited. Common signs that a young person is being exploited are:

- Going missing for periods of time or regularly returning home late
- Regularly missing school or not taking part in education
- Appearing with unexplained gifts or new possessions
• Associating with other young people involved in exploitation
• Having older boyfriends or girlfriends
• Suffering from sexually transmitted infections
• Mood swings or changes in emotional wellbeing
• Drug and alcohol misuse
• Displaying inappropriate sexual behaviour

If you are worried that a child looked after may be affected by sexual exploitation, please speak to your supervising social worker, call the duty team or Sussex Police on 101 or in an emergency, dial 999.

**Accidents and illness**

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

As soon as practically possible you must contact our child’s social worker or their manager who will be responsible for informing parents of the situation. If the incident happens outside office hours the Out of Hours Service must be contacted.

From 5pm to 9pm weekdays and 9.30am to 5pm weekends and Bank holidays please call **01903 270300**.

You can also call the Emergency Duty Team on **0330 222 6664**, 5pm to 9am weekdays and anytime weekends and Bank holidays.

As soon as possible you and your supervising social worker should record the details of the accident, how and when it occurred using the accident incident reporting form.

Minor accidents or sickness should also be reported to our child’s social worker and your supervising social worker with information about how you dealt with the incident.

You should ensure you have a First Aid kit and regularly check its content and ‘use by’ dates and replenish it accordingly. As well as having a kit in the house, there should be one in the car and you should always take one on holiday with you.

It is mandatory for you to attend a First Aid course and that you update your training every three years.

**Allergies**

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

Many children suffer from asthma, hay fever and eczema, which may be made worse by contact with airborne substances such as pollen, animal fur or house dust mites. You will need to know about these conditions and any prescribed medication and the information should be available on the Placement Plan and discussed at the Placement Agreement Meeting. You
may also receive training on the use of epi-pens. Social workers and you will need to ensure the school is aware of the allergy and how it is managed. Some allergies are mild but others can be life threatening. Some children are extremely allergic to peanuts, penicillin or insect stings, all of which can potentially be very serious. Where this is the case, all those in regular contact with the child need to have written instructions provided by a medical specialist as to how to respond to incidents. As soon as they are capable, children need to be taught to avoid foods or substances to which they are allergic and what to do in an emergency.

**Blood-borne diseases**

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

Further guidance on this can be found within the Children’s Health leaflet.

**Caring for Babies**

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

In addition, an increasing number of babies who are looked after are affected by the mother's misuse of alcohol and drugs. This means a child might be born with neonatal abstinence syndrome (NAS) caused by withdrawal from drugs or foetal alcohol spectrum disorder (FASD). In the longer term, children born with NAS may have developmental problems including physical, social and behavioural difficulties.

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

Caring for a baby with this disorder requires considerable patience as they suffer from sleep disturbance, a poor sucking reflex and are oversensitive to stimulation such as touch, noise and light. They are also difficult to comfort and console.
Some babies who have a milder form of the disorder may not be diagnosed at birth and if you suspect our foster child has FASD you should discuss this with the social worker and health visitor.

As with NAS, you should ensure the child has a calm and soothing environment and expect that feeding and other activities will take longer than with another child. For any further help and support in caring for a baby with NAS please contact the children looked after Nurse or Health Visitor.

**Bedtimes**

Bedtimes can sometimes be a fraught time for foster carers. When living with their birth family children looked after may not have had a bedtime routine and may have been allowed to stay up too late. In addition, children looked after may fear going to bed due to nightmares and worries or because this is when abuse occurred.

Sleep tips for infants:
- Develop regular daytime and bedtime schedules
- Create a consistent and enjoyable bedtime routine
- Establish a regular ‘sleep friendly’ environment
- Encourage baby to fall asleep independently and to become a ‘self-soother’

Sleep tips for toddlers:
- Maintain a daily sleep schedule and consistent bedtime routine
- Make the bedroom environment the same every night and throughout the night
- Set limits that are consistent, communicated and enforced
  Encourage use of a security object such as a blanket or stuffed animal.

Sleep tips for preschoolers:
- Maintain a regular and consistent sleep schedule
- Have a relaxing bedtime routine that ends in the room where the child sleeps
- Child should sleep in the same sleeping environment every night, in a room that is cool, quiet and dark – and without a TV.

Sleep tips for school-aged children:
- Teach school-aged children about healthy sleep habits
- Continue to emphasize need for regular and consistent sleep schedule and bedtime routine
- Make child’s bedroom conducive to sleep – dark, cool and quiet
- Keep TV and computers out of the bedroom
- Avoid caffeine
- Nightlights can help children who may be afraid of the dark; having the comfort of a toy can also help them feel more secure.

Contact the children looked after nurse, health visitor and school nurse for support and advice.
Play

Play underpins the development and learning of children of all ages and stages. It helps them to develop intellectually, creatively, physically, socially and emotionally.

Children play in different ways; sometimes it may be boisterous and at other times quiet and reflective. Children can play alone or with others where they learn the skills needed to negotiate and share.

Children should be provided with opportunities to play both indoors and outdoors which reinforce and extend their learning. Most children will play naturally but some may need support and encouragement, in particular those children who have not had the experience of their parents playing with them from birth.

You have a very important role in providing different play opportunities for children placed in your care. Through play you can help children to gain a sense of their own abilities and to feel good about themselves.

Exercise

Integrating exercise into their life is as important for children as healthy eating. Although children will do sport as part of the school curriculum, you should ensure that they have regular physical activities, such as trips to the park, swimming and bike riding during their leisure time. You may find it helpful to research what is offered by your local leisure centre.

Alcohol and drugs

Misuse of alcohol and drugs can lead to many problems and can have a negative effect on relationships, health and safety.

Drugs can include illegal street drugs such as heroin, cocaine, LSD, amphetamines; other drugs such as benzodiazapines can be obtained legally on prescription but can be misused. Household substances can also be used as drugs, including gas, glue and aerosols. So-called ‘legal highs’ are also now readily available and can be just as potent as their illegal counterparts.

It is very difficult to pinpoint symptoms of drug use as they can vary from person to person and are often the same symptoms you might see in any teenager. It is therefore necessary not to make assumptions if someone is displaying any of these. It is much better to try and have a conversation with the young person, or to ask for specialist help around discussing this.

Signs may include:

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

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

Given the prevalence of alcohol and drugs in society, young people will inevitably come into contact with them. Talking to them at an early age can help them make the right choices. You also need to think about how you will respond if the young person admits to using drugs; it is important to stay calm and not to panic.

More information about this can be found in our Children's Health Guide. Any concerns should be raised with your supervising social worker.

**What to do in an emergency**

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

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

As soon as they safely can, you should inform the social worker or telephone the Out of Hours Service and record the incident and the actions taken.

From 5pm to 9pm weekdays and 9.30am to 5pm weekends and Bank holidays please call **01903 270300**.

You can also call the Emergency Duty Team on **0330 222 6664**, 5pm to 9am weekdays and anytime weekends and Bank holidays.

**Cot Death**

Cot death is a term commonly used to describe a sudden and unexpected infant death that is initially unexplained. The equivalent medical term is 'sudden unexpected death in infancy' (SUDI). Some sudden and unexpected infant deaths can be explained by a thorough postmortem examination and other investigations. Cot deaths that remain unexplained after a thorough examination are usually registered as sudden infant death syndrome (SIDS). Sometimes other terms like sudden infant death, sudden unexpected death in infancy (SUDI) or unascertained may be used.
To reduce the risk of cot death there are a number of key steps you can take:

- Cut smoking in pregnancy – fathers too! And don’t let anyone smoke in the same room as the baby.
- Place the baby on the back to sleep (and not on the front or side).
- Do not let the baby get too hot, and keep your baby’s head uncovered.
- Place the baby with their feet to the foot of the cot, to prevent them wriggling down under the covers.
- Never sleep with the baby on a sofa or armchair.
- The safest place for the baby to sleep is in a crib or cot in a room with its carer for the first six months.
- Settling the baby to sleep (day and night) with a dummy can reduce the risk of cot death, even if the dummy falls out while the baby is asleep.
- Establish breastfeeding before starting to use a dummy.

If the baby is unwell, seek medical advice promptly.

**Food**

Before coming to the placement, many foster children may have been used to a diet which included a lot of ‘junk’ food. Some may have experienced food deprivation or meals so irregular that they were not sure when they would next eat. Others may have a limited range of foods which they are prepared to eat; yet others may either eat too much or too little.

If you have concerns about a child’s eating, further advice can be obtained from the children looked after nurse, health visitor or school nurse.

**Eating Disorders**

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

**Foster children who smoke**

You should ensure that children understand the dangers of smoking and encourage and support them to stop. If they must smoke, they should do this outside the home.

It is illegal for children under the age of 18 to buy cigarettes and if you are aware that a shop is selling them, you should speak to the proprietor.

The children looked after nurse can provide advice about stop smoking and can refer the child/young person or yourself for Stop Smoking support.
Attention Deficit Hyperactivity Disorder (ADHD)

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

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

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

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

Autism

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

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

For instance people living with autism have difficulty:

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

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

Foster carers caring for children living with autism will need to find out specific information about each child in order to be able to meet their needs. Further information can be obtained from [www.autism.org.uk](http://www.autism.org.uk).

**Mental and emotional health**

In 2004, a survey by the Office of National Statistics of the mental health of children and young people looked after by local authorities found significantly higher levels of mental health problems or emotional difficulties in this group compared with their non-looked after peers. Children looked after and young people are four or five times more likely to have at least one type of child mental health disorder than other children.

To help identify those children looked after who need extra support and services due to mental health, emotional and behavioural problems, you will be asked as part of the child/young person’s health assessment to complete a BAAF Carer report form. The CLA health team may also use a variety of tools to access emotional wellbeing; these include the Strengths and Difficulties questionnaire (SDQ) and the Adolescent Mood Scale. This will assist the CLA team in deciding what action to take this may include a referral to CAHMS/CAHMS LAAC.

If you are looking after a child or young person with mental health or emotional difficulties, you should discuss this with the social worker and supervising social worker and raise it as part of the review health assessment for the child/young person.

**Self-harm**

Self-harm is when somebody intentionally damages or injures their body. It is a way of coping with or expressing overwhelming emotional distress. Sometimes when people self-harm they intend to die but often the intention is more to punish themselves, express their distress or relieve unbearable tension. Self-harm can also be a cry for help.

Treatment for people who self-harm will usually involve seeing a therapist to discuss their feelings and thoughts and how these affect their behaviour and wellbeing. If they are badly depressed it could also involve taking antidepressant medication.

In most case, people who self-harm do it to help them cope with unbearable and overwhelming emotional issues, caused by problems such as:

- Social factors such as being bullied, having difficulties at work or school, or having difficult relationships with friends or family
- Trauma such as physical or sexual abuse, or the death of a close family member or friend
- Mental health conditions such as depression or borderline personality disorders.
These issues can lead to a build-up of intense feelings of anger, hopelessness and self-hatred.

Although some people who self-harm are at a high risk of ending their lives, many people who self-harm do not want to end their lives, in fact, the self-harm may help them cope with emotional distress so they don’t feel the need to kill themselves.

There are many different ways people can intentionally harm themselves, such as:

- Cutting or burning their skin
- Punching themselves
- Poisoning themselves with tablets
- Misusing alcohol or drugs
- Deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa)

Social workers should let you know if a young person being placed with you has a history of self-harming and what strategies should be put in place to limit harm, for example understanding triggers. You should also know about any work being carried out with the young person by CAMHS or the LAAC team.

In the event of a medical emergency, you should be aware of the guidance issued by the NHS on what action is taken by A&E departments when a young person is admitted following an incident of self-harming.

http://www.publications.nice.org.uk/self-harm

You should record any incidents of self-harming on the incident report sheet and notify the allocated social worker within 24 hours. Records should also show what action was taken, for example first aid administered or admission to hospital.

**Child and Adolescent Mental Health Service (CAMHS)**

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

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

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

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

**Cycle safety**

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

The following will help children to ride safely:

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

**Teaching children to protect themselves**

The best way to protect children is to help them develop the means to protect themselves from abuse. As part of sex education, they need to learn how to say ‘no’ to abuse and how to avoid situations that might put them at risk.

**Masturbation**

Some children masturbate as a way of comforting themselves or releasing tension. In others it may be a sign that they have been sexually abused, which may mean they do not understand the boundaries of acceptable sexual behaviour and have a very confused view of sex and adult relationships.

Where children masturbate in public, try to respond in a calm and matter of fact manner; explain that this is something that should only be done in private and discuss ways in which they may achieve this. This should be discussed with the social worker and supervising social worker who can provide helpful and useful reading material.

Advice can also be sought from the children looked after nurse.

**Privacy**

Like adults, children want their privacy to be respected. In your home, privacy should be seen as a two way process, where children should knock
on bedroom doors before entering and other members of the family should do the same for the child. Children who are looked after also have the right to feel they can safely leave their possessions, which will not be touched or examined in their absence. If there are reasons why these rules should be broken, you should discuss this with the social worker.

Letters / phone calls
A child looked after has a right to send and receive mail privately unless a specific decision has been made to screen it due to the risk of harm. This decision should be made in a statutory child looked after review and the reasons explained to the child.

The child also has the right to receive or refuse any calls made during reasonable hours as determined by you. Within reason the child should be allowed to make phone calls, depending on the time, duration and cost of such calls. There may be situations where the child is at risk and this merits the restriction of calls or even that you listen to the conversation. These actions should be discussed with the social worker before being put into practice.

Further references:
Children’s Health – a guide for foster carers
20. Child Protection

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

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

Child Protection Conferences

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

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

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

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

Child protection plan

A child protection plan is drawn up at a child protection conference where professionals agree that a child is at risk of suffering or is likely to continue to suffer significant harm.
The plan is a written record for parents and professionals, setting out what work needs to be undertaken to reduce child protection concerns and meet the child’s needs. It also sets timescales and who is responsible for undertaking specific pieces of work. The plan ensures that professionals from different agencies work closely together in protecting the welfare and safety of the child.

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

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

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

**West Sussex Local Safeguarding Children Board**

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

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

West Sussex follows the West Sussex Safeguarding Children Board child protection procedures available at the Board’s website.

[West Sussex Safeguarding Board](#)
21. Education

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

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

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

The Fostering Service aims to ensure that all children looked after make the most of their educational opportunities and are supported to achieve their highest academic potential.

Virtual School for Children Looked After

Every local authority has to have a specialist team, known as a ‘virtual school’ whose role is to monitor and promote the educational achievement and progress of children looked after. In West Sussex, this is the responsibility of the West Sussex Virtual School for Children Looked After. The team consists of educational professionals, including teachers, a teaching assistant and some input from an educational psychologist. It is led by the ‘Headteacher of The Virtual School’.

The role of the team is to:

- provide specialist advice and support to children looked after, their foster carers and their social workers
- liaise with West Sussex’s Education Department, social workers and carers and with other local education authorities to ensure children looked after have access to the most suitable school places
- work closely with schools via designated teachers so that schools are able to support children looked after and meet the specific duties in promoting their education
- track and monitor attendance and progress throughout the child’s education via the Personal Education Plan (PEP) process and a regular data collection from every school
- maintain a roll of all children looked after and ensure schools are aware of any child looked after on their roll
- advise teachers and other professionals on possible actions, interventions and best practice in achieving good educational outcomes for individual children
- work in a multidisciplinary manner
- ensure all CLA have a PEP in place and are receiving adequate support as identified in their PEP
- link with schools regarding the use of the Pupil Premium to ensure children looked after are able to benefit from the extra funding and make sure the pupil premium spend is reviewed at the child looked after’s review by the Independent Reviewing Officer.

All children looked after in West Sussex are on the 'virtual' school roll, even though they are physically spread across the schools in the county and beyond. As a single school may have only one or two children looked after on their register, staff will be less familiar with the particular difficulties they experience. The members of the Virtual School have the expertise to help children who are in care to overcome any obstacles to academic achievement, thus their improving educational outcomes. The Virtual School also provides termly training to the Designated Teachers on their roles, responsibilities and good practice.

**Designated teacher**

The designated teacher is a dedicated staff member who looks after the interests of children looked after in the school and makes sure the school policies are inclusive and do not further disadvantage them.

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

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

West Sussex also has three lead designated teachers in primary, secondary and special school who offers advice and support to new designated teachers. Designated teachers work with social workers, Lead Nurse for children looked after and her team, and the head of West Sussex Virtual School for Children Looked After.

**Pupil Premium Plus**

Children looked after attract Pupil Premium funding which previously was at the same rate as children from low-income families, but in future they will attract a higher rate of funding – the ‘pupil premium plus’.

From April 2014, children in care will attract £1,900 additional funding per pupil from their first day in care. It will be the responsibility of the Headteacher of the Virtual School for Children Looked After to agree, allocate and monitor the pupil premiums.
Educational psychologists

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

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

Exclusions

Exclusion occurs when the Headteacher has decided that as a result of a pupil’s behaviour he/she can no longer attend the school either permanently or for a specified period of time (fixed term exclusion). The exclusion has to be in accordance with the school’s behaviour policy and West Sussex guidance on exclusion.

In most cases exclusion, be it fixed-term or permanent, will be the last resort after a range of measures to improve a pupil’s behaviour have been tried.

A school can only permanently exclude:

- In response to serious breaches of the school’s behaviour policy or
- If allowing the pupil to remain in school would seriously harm the education or welfare of the pupil or others in the school.

Exclusion of children in care should be an absolute last resort. They should only be excluded in the most exceptional circumstances and not without discussion to ensure that there is suitable alternative provision.

If you are concerned that a child is at risk of exclusion or that the school regularly seeks to send a child home without implementing a variety of school intervention strategies a meeting should be arranged with the school Designated Teacher, child’s Social Worker and yourself as the foster carer to discuss and agree support strategies and alternative approaches.

It is vital that schools and social workers work together in partnership with other professionals, trying every practicable means to maintain them in school.

What happens when a pupil is excluded from school?

Where a child in care is excluded for a fixed period of time it is recommended that the school should ensure alternative educational
provision is made from day one of the exclusion. Before a child is re-admitted back into school after exclusion, a re-integration meeting is usually held with the senior leadership team where the young person, accompanied by you and the child’s social worker, agree a programme of targets and support.

Where a pupil is permanently excluded, the local authority is responsible for their education and to allocate a new school or education provision.

If you have concerns about exclusions please contact:
West Sussex Virtual School for Children Looked After: 01903 839200.

**Pastoral Support Plan (PSP)**

This is a time-limited programme of action and support for pupils at risk of permanent exclusion. The PSP is drawn up by teachers, parents, social workers, foster carers and other professionals and covers those areas of the curriculum, behaviour and home life that may be affecting the pupil's work and attendance at school. It aims to assist individual pupils to improve their social, emotional and behavioural skills. As a result of a PSP, pupils should be able to better manage their behaviour and/or improve their attendance.

For children looked after, the PSP forms part of their Personal Education Plan (PEP) and Care Plan. If the child has special educational needs and already has an Individual Education Plan, the actions should be included in this.

The PSP aims to be creative in finding solutions to any problems the child is encountering, for instance modifying the national curriculum to allow time for specific learning activities, help with the development of social skills and anger management, changing the child's class or school, part-time attendance at school and part-time at the Alternative Provision College, giving the child a mentor.

The PSP should set out precise targets and identify rewards that can be achieved if they are met and sanctions that apply if certain behaviour occurs. You will need to work closely with the school to help the child achieve the identified targets.

**Personal Education Plan (PEP)**

A Personal Education Plan (PEP) is a document describing a course of action to help our foster child or young person reach his/her full academic and life potential. It helps you, the child’s social worker and school to work together to promote the child’s educational attainment. The PEP is part of the child’s care plan and every foster child should have a PEP within 10 school days of becoming looked after or after joining a new school. It is reviewed every six months around the same time as their statutory LAC review until Year 11, when it is replaced by a pathway plan.

The PEP is agreed and reviewed at a special meeting attended by the designated teacher, social worker, yourself and child. It should be linked to
other educational plans, such as Special Educational Needs (SEN) statements, individual behaviour plans and pastoral support plans.

The PEP process should ensure that arrangements to support the child’s education are in place, as well as minimising disruption and broken schooling. The PEP will be informed by assessments of the child's educational progress, his/her attitude to education and the support received from school, you and the child’s social worker.

**Special educational needs**

A child may have learning difficulties caused by:

- A physical disability
- A sight, hearing or speech impairment
- Behavioural, emotional or social problems
- A medical or health problem
- Difficulties with reading, writing, speaking or numeracy.

If a child does not make sufficient academic progress, a statutory assessment of SEN can be requested by the school or the social worker. A statutory assessment is a detailed, multi-disciplinary investigation to find out what the child's special needs are and how they can be met.

If the local authority agrees that the request meets the criteria, an assessment will be carried out and this may (if it is considered to be in the child’s best interests) lead to a statement of educational needs which sets out the type and degree of help the child requires and where this can be best provided. Support may include extra support from a learning support assistant, speech and language therapist, specialist teachers, physiotherapists, occupational therapists and medical professionals.

Resources may include special arrangements such as transport or special equipment. West Sussex has a policy of inclusion, as children usually benefit from being educated in mainstream schools. However, a very small number of children may be educated in special schools. Statements are reviewed annually.

Schools provide help for children with SEN in a number of forms and they will match the level of help to the needs of the child and for the length of time necessary. In addition, the school can ask for specialist advice from, for example, an educational psychologist, speech and language therapist or other health professional.

If you are concerned about your child's learning, you should speak to the school and the social worker about this. Each school has a designated teacher for children looked after who is responsible for ensuring the needs of children who require additional help are met. Details of any plan made under a statement of education needs will be incorporated into the child’s PEP.

You can obtain support about special educational needs and any other education issue from the West Sussex virtual school for Children Looked After (see previous section under ‘Education’).
Dyslexia

Dyslexia refers to a combination of difficulties a person may have in connection with written language which affects aspects of reading, writing and/or spelling. People with dyslexia may also have difficulty with organisation and memory. Dyslexia can affect people with all levels of ability.

Signs of dyslexia in younger children can include:

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

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

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

Alternative Provision College (APC)

The APC is a school providing education for children who cannot attend school for various reasons, such as exclusion, medical treatment, school phobia or while arrangements are made to prevent permanent exclusion.

The APC provides education in a way best suited to children’s individual needs, which includes individual tuition, working in small groups and support to re-integrate into mainstream school. Each pupil has a plan which includes an expected date of return to school or transfer to other provision.

As a foster carer you should liaise and work with the APC in the same way as any other school as each APC has a Designated Teacher for children looked after who is responsible for ensuring the regular school attendance and appropriate pathway through the regular Personal Education Plan meetings and in supporting him/her in the process of returning to mainstream education.
22. Placement endings

Placements can end for a number of different reasons, some of which are planned while others are unplanned, for instance if there is a placement disruption. However, most placements end positively with children returning home to their birth families, moving on to independence or moving to an adoptive or long-term foster placement.

The process of moving on can be very unsettling for a child looked after, even if it is planned, as they may have mixed feelings about the move. The child may worry about adapting to their new environment, another new set of expectations and rules and whether they will be able to meet these. If they are going home to parents, they may be excited but regret leaving behind people to whom they have grown attached. You should be aware that the uncertainly and anxiety about moving can lead to a deterioration in a child's behaviour, and should be prepared to reassure the child that even though they are leaving they are still cared for and will be remembered.

The Fostering Service aims to ensure placements end in a planned and managed manner so that there is as little disruption as possible for both the child looked after and you. To achieve this, foster carers are expected to give a minimum of 28 days’ notice, but in practice as much as possible, to end a placement. Children looked after will be prepared for placement endings as far as possible and given an explanation for why they need to move on, with support provided to help them with the transition to their new placement. It is an expectation that you are part of this support network. To help children looked after experience as much continuity as possible, the Fostering Service encourages foster carers to remain in contact with children for whom they have cared where this is possible. A disruption meeting will be held for all unplanned placement endings.

As a foster carer you will have helped children from the start of the placement to accept that they will be leaving at some point. In line with the care plan, you will work with other professionals to prepare the child to return to their birth family or move on to independent living. The child’s social worker will draw up a suitable timetable for moves and keep both the child and you informed. The supervising social worker and you will plan for the move and how to prepare the child during supervisory visits. This will be agreed in the statutory CLA review.

If the child is returning home, the child’s social worker may wish to increase the frequency and duration of contact visits, including overnight stays, and this will need to be discussed with you.
23. Preparing for independence

The transition to adulthood can be challenging for all children, in particular children who are looked after by a local authority who are likely to make the transition to independence much earlier than their peers and without parental or family support.

Children looked after are more likely to have experienced loss, lack of stability and may have less self-confidence, with fewer educational qualifications and will be less ready to cope alone. It is even more challenging for children looked after who have disabilities.

Local authorities have a duty to prepare children looked after for when they leave care and to continue to support them towards independence; in particular, local authorities should:

- delay young people’s discharge from care until they are ready to leave
- ensure good quality assessment, preparation and planning for care leavers
- provide high quality personal support and clear financial arrangements for young people leaving care.

They will be allocated a social worker and/or a personal advisor to give them support up to the age of 21, or 25 if they remain in higher or further education.

When the care order is discharged on the young person’s 18th birthday, many young people will remain with their foster carer under a ‘Staying Put’ arrangement. Other young people’s plans could include a move into:

- supported lodgings
- supported living (ie YMCA or Foyers)
- tenancies leading to full independence.

Your role

Foster carers can provide care for young people looked after up to the age of 18 in accordance with their Care Plan, as well as preparing young people for independence. It is an expectation that foster carers are fully involved in the pathway planning process so that you can contribute information and help to plan for the young person’s future.

You will be expected to promote and build the young person’s confidence in developing independent skills. You will encourage the young person to learn basic skills they will need for independence and social workers to assess a young person’s ability to manage their lives on leaving care within the pathway planning process.

Preparation for independence will include:

- providing opportunities for the young person to learn and practice skills
- promoting financial responsibility and increasing independence
- encouraging the young person to recognize the importance of achieving their independence skills before moving on
• encouraging the young person in their chosen educational, training or employment option
• being open and realistic about their future support once they reach 18.

To care for themselves, young people need to have knowledge and understanding about:
• Health issues, including personal care and sexual health
• Education, employment and training
• Budgeting skills, paying bills and benefits advice
• Managing their own accommodation
• Independent living skills, such as cooking (and what constitutes a balanced diet), washing clothes, ironing, sewing and cleaning
• How to manage adult social and sexual relationships.

You will work with the social worker and personal adviser to prepare the young person for independence, emotionally and practically. However, you play a central role as you are in a position to assist young people on a daily basis. Preparation for leaving care should start as early as possible, with you encouraging the young person to take increasing responsibility and make decisions themselves, where this is appropriate.

Young people also need to learn to be responsible for themselves in such ways as arriving at college regularly and on time and completing any necessary assignments.

When it is time for young people to move on, you can help them prepare for this by ensuring that they have the household items they need and by preparing them psychologically for living alone. Depending on the circumstances - and with the young person’s agreement - you can continue to have a role in the young person’s life after they have moved to independent housing by maintaining contact in order to support the young person. Depending on your relationship and circumstances, it can help if you make sure that young people know that they are welcome to visit your home and that you are available to listen and offer advice and support.

The Fostering Service runs a training course on Independence called ‘Preparation for Adult Life’ which West Sussex recommend foster carers attend. Please speak to your supervising social worker for more information.

**Employment**

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

Until children reach the Mandatory School Leaving Age (MSLA), they can only work a certain number of hours per week and only do certain jobs. Children are of compulsory school age until the last Friday in June in the academic year of their 16th birthday. After this they have reached the MSLA and they can apply for their National Insurance Number and work full-time.
No child under 13 years of age can work, except in television, theatre, modelling and similar activities, in which case they need to have a performance licence.

Children over 13 may have part-time employment as long as it is not in a setting which may be harmful to their health or wellbeing.

Further guidance on Child Employment can be found on the government website:
https://www.gov.uk/child-employment/minimum-ages-children-can-work

The foster carer and employer must jointly apply for an employment licence from West Sussex County Council, as a young person is not insured without one. Children do not need a work permit for work experience arranged by his/her school.

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

For more information:
Call the child employment team through the Contact Centre: 01243 777100 or email childemployment.entertainmentteam@westsussex.gov.uk

Leaving care service

West Sussex’s support to care leavers is delivered by the Older Child Looked After (OCLA) Teams in partnership with Youth Service provision. The wishes and feelings of young people are central to the service provided and the workers aim to empower the care leaver to make their own decisions about future plans.

A young person’s eligibility for a care leaving service is determined by their age and the length of time they have been a child looked after. A young person who has been looked after for a total 13 weeks including one day over the age of 16 years is eligible for the advice, support and finance. Other young people looked after may also qualify for advice and support.

Each care leaver has an allocated personal adviser and a pathway plan which covers all aspects of their lives including education, employment and training, where they will live, development of social and independence skills and finances. At the age of 16, every child looked after will have a needs assessment and pathway plan (and a transition plan for young people with disabilities). Support will be offered until the young person is 21 years of age and if they remain in further education to 25. The pathway plan for the young person is regularly reviewed to identify the young person’s plans and establish support and services required to achieve their goals.

Care leavers can receive financial support and advice about their entitlements. Up to 18 years the Local Authority are responsible for the provision of accommodation and allowances costs. At 18 young people will be supported to assess relevant benefits. Financial help can include...
supporting educational and employment goals. Additionally, an independent living grant can be accessed via the OCLA teams.

The potential for the young person to remain with their existing foster carer under a ‘staying put’ arrangement may be discussed as part of this process.

**Personal adviser**

The Leaving Care Act 2000 places a responsibility on local authorities to ensure that all young people leaving care are allocated a Personal Adviser from the age of 16 to ensure they receive sufficient support in making the transition to independence. Otherwise, care leavers will be allocated a Personal Adviser to provide a statutory aftercare service that includes continuing assessment and review of their pathway plan. Personal advisors will work with the young person up the age of 21, or 25 if the young person is in an agreed programme of education and training.

The Personal Adviser will be involved in:

- Providing advice and support
- Drawing up and reviewing the pathway plan and ensuring it addresses any changing needs
- Keeping in touch with the young person
- Co-ordinating services and linking with other agencies.

**Pathway plan**

Under the Leaving Care Act 2000 each young person looked after must have a pathway plan from the age of 16 that sets out what services and support will be in place in order to prepare them for when they leave care.

The pathway plan forms part of the care planning process (up to the age of 18) and sets out in detail what needs to happen to prepare the young person for living independently and how they will be supported. It is reviewed at least every six months and continues until the young adult is 21 or 24 (25 if they are disabled) as long as they are still in education or training, applying ‘Second Chance Learning’ initiatives. When drawing up the plan, a number of people will be consulted (as relevant). These include, most importantly, the young person, the young person’s parents and other significant people, the foster carer or placement provider, the school or college, Education, Training and Employment Team, IRO and personal adviser.

The plan will include details of the following:

- Education, training or employment opportunities to be pursued by the young person
- Financial entitlements
- Where the young person will be living
- Relationships with family and friends and how these will be facilitated
- Practical skills and how these will be obtained
- Any additional support which will be needed
• A contingency plan in the event of problems in achieving the designated outcomes.

**Education, Training and Employment (ETE) Team**

ETE Team offers assistance to young people in the transition from school to employment. It provides information, advice and guidance to 13-19 year olds to help them make the most of their educational and vocational choices and development opportunities during their teenage years. A professional and qualified adviser visits every child looked after in their school to provide specialist advice and support.
# 24. Useful numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out of Hours Duty number</strong></td>
<td>01903 270300</td>
</tr>
<tr>
<td><em>(5pm-9pm weekdays, 9.30am-5pm weekends and Bank holidays)</em></td>
<td></td>
</tr>
<tr>
<td><strong>or Emergency Duty Team</strong></td>
<td>0330 222 6664</td>
</tr>
<tr>
<td><em>(5pm-9am weekdays and anytime weekends and Bank holidays)</em></td>
<td></td>
</tr>
<tr>
<td><strong>British Association for Adoption and Fostering (BAAF)</strong></td>
<td>020 3597 6116</td>
</tr>
<tr>
<td><em>(Monday – Friday, 9am-1pm)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Childline</strong></td>
<td>0800 1111</td>
</tr>
<tr>
<td><strong>Children Looked After (CLA) Engagement Team</strong></td>
<td>03302 223 314</td>
</tr>
<tr>
<td><strong>Fosterline</strong></td>
<td>0800 040 7675</td>
</tr>
<tr>
<td><strong>Independent Review Mechanism</strong></td>
<td>0113 202 2080</td>
</tr>
<tr>
<td><strong>Marie Stopes</strong></td>
<td>0345 300 8090</td>
</tr>
<tr>
<td><strong>National Autistic Society</strong></td>
<td>0207 833 2299</td>
</tr>
<tr>
<td><strong>NHS Choices (replaces NHS Direct)</strong></td>
<td>111</td>
</tr>
<tr>
<td><strong>Sussex Police</strong></td>
<td>101</td>
</tr>
<tr>
<td><strong>Talk to Frank (substance abuse helpline)</strong></td>
<td>0300 123 6600</td>
</tr>
<tr>
<td><strong>The Fostering Network</strong></td>
<td>020 7620 6400</td>
</tr>
<tr>
<td><strong>UFCA Helpline</strong></td>
<td>07917 804040</td>
</tr>
<tr>
<td><strong>West Sussex CAMHS LAAC</strong></td>
<td>01273 446795</td>
</tr>
<tr>
<td><strong>West Sussex Child Employment Team</strong></td>
<td>01243 777100</td>
</tr>
<tr>
<td><strong>West Sussex Safeguarding Children Board</strong></td>
<td>03302 225 296</td>
</tr>
<tr>
<td><strong>West Sussex Virtual School for Children Looked After</strong></td>
<td>01903 839200</td>
</tr>
<tr>
<td><strong>West Sussex County Council Workplace Wellness</strong></td>
<td>0800 111 6387</td>
</tr>
</tbody>
</table>
25. Further references

Foster Carer’s Charter
Statement of purpose
Children’s Guide to being looked after
Children’s Pledge
Foster Care Payment and Accreditation Scheme document
Family and Friends policy
Staying put policy
Missing from care guidelines
Children’s Health – a guide for foster carers
Smoking policy
Care leaver’s charter