THE

FOSTERING

HANDBOOK
Foreword

Welcome to Norfolk County Council’s Fostering Handbook.

I hope you will find this helpful and a useful guide through the joys and challenges ahead.

While the Handbook cannot cover every eventuality, it has been designed to give you an understanding of your role and tasks, the context in which you will be working and some practical information about how you can contribute successfully to a child’s welfare and development.

I hope it will complement the working relationships that you develop with all those involved with the children entrusted to our care and the training that is available.

The Handbook has been published online, so that you can be sure you are reading the most up to date information. However, if you do not have easy access to a computer, it is also available in a traditional paper version.

All the local policies and guidance have been collected together in a separate section and you will need to read these with this Handbook. Reference has been made to specific policies and guidance within the text where they are relevant.

Thank you for embarking upon this vital task, helping to make a lasting difference to the lives of Norfolk’s looked after children and young people.

Signed:
## A quick look at what is in the Handbook

### Section 1: The fostering task

<table>
<thead>
<tr>
<th>What is fostering?</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do foster carers do?</td>
<td>8, 9</td>
</tr>
</tbody>
</table>

### Section 2: Who’s who, responsibilities and expectations

<table>
<thead>
<tr>
<th>The team around the child in care and what they do</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Services</td>
<td>11</td>
</tr>
<tr>
<td>The looked after children’s service</td>
<td>15</td>
</tr>
<tr>
<td>The fostering service</td>
<td>15</td>
</tr>
<tr>
<td>Children’s Services’ staff</td>
<td>17</td>
</tr>
<tr>
<td>Other professionals and colleagues</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expectations</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A general introduction to the law</td>
<td>26</td>
</tr>
<tr>
<td>The law for foster carers</td>
<td>37</td>
</tr>
<tr>
<td>Policies and local guidance</td>
<td>38</td>
</tr>
<tr>
<td>Messages from children about what they want from carers</td>
<td>38</td>
</tr>
<tr>
<td>What foster carers can expect from</td>
<td>44</td>
</tr>
<tr>
<td>Children’s Services</td>
<td></td>
</tr>
<tr>
<td>What Children’s Services can expect of foster carers</td>
<td>46</td>
</tr>
</tbody>
</table>

### Section 3: Being in care

<table>
<thead>
<tr>
<th>Why children come into care</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categories of abuse</td>
<td>50</td>
</tr>
<tr>
<td>Routes into care</td>
<td>52</td>
</tr>
<tr>
<td>How they come into care</td>
<td>54</td>
</tr>
<tr>
<td>Initial information</td>
<td>55</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A quick guide to the forms, planning and placement processes</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits by the social worker</td>
<td>63</td>
</tr>
<tr>
<td>The looked after review system</td>
<td>64</td>
</tr>
<tr>
<td>Preparing for going home or independence</td>
<td>65</td>
</tr>
<tr>
<td>Short breaks</td>
<td>67</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What it is like to be in care</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messages from children</td>
<td>68</td>
</tr>
<tr>
<td>Messages from parents with a child in care</td>
<td>73</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What happens after leaving care</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research findings on reuniting children with their family</td>
<td>76</td>
</tr>
<tr>
<td>The experiences of adults formerly in care</td>
<td>77</td>
</tr>
</tbody>
</table>
Section 4: Anyone can do this, can’t they?
Why fostering is different

<table>
<thead>
<tr>
<th>What’s different about looking after children in care:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal status of the child</td>
<td>80</td>
</tr>
<tr>
<td>Working with the child’s family</td>
<td>80</td>
</tr>
<tr>
<td>Feeling different</td>
<td>80</td>
</tr>
<tr>
<td>Recording</td>
<td>80</td>
</tr>
<tr>
<td>Returning a child to their family</td>
<td>80</td>
</tr>
</tbody>
</table>

Psychological and emotional differences

| The stages of normal child development              | 80|
| Trauma                                              | 83|
| Attachment                                          | 90|
| Loss and grief                                      | 93|

The impact of trauma and attachment difficulties upon a child’s development, education and life chances

| ‘Every Child Matters’ outcomes                     | 96|
| The fostering task revisited                      | 97|

Section 5: Putting it back together

Part 1: Healing the wounds

| Introduction                                       | 100|
| Healing insecure attachment patterns              | 100|

| Welcoming a child into your home                   | 101|
| What should you be called?                         | 103|
| Creating self esteem                               | 105|
| Creating security and self control                 | 106|
| Creating self awareness                            | 106|
| Managing anger                                     | 107|
| Assertiveness                                      | 107|
| Negotiation and conflict resolution                | 108|
| A step by step approach                            | 108|
| Supporting foster carers in this task              | 109|

Healing trauma

| Establishing safety                                | 109|
| Healing physical wounds                            | 110|
| A note on female genital mutilation                | 111|
| Healing emotional wounds                           | 111|
| Should we talk about it?                           | 111|
| Memory disruption                                  | 112|
| Encouraging communication                          | 114|
| Dealing with shame and guilt                       | 116|
| Dealing with anger                                 | 117|
| Forgiveness                                        | 117|
| Finding tranquillity                               | 117|
### Part 2: Not just surviving, but thriving

**Introduction**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>127</td>
</tr>
<tr>
<td>What you are expected to do</td>
<td>127</td>
</tr>
<tr>
<td>Getting a child prepared for school</td>
<td>128</td>
</tr>
<tr>
<td>Starting a new school</td>
<td>129</td>
</tr>
<tr>
<td>The Designated Teacher for Looked after Children</td>
<td>129</td>
</tr>
<tr>
<td>School admissions</td>
<td>130</td>
</tr>
<tr>
<td>School absences</td>
<td>130</td>
</tr>
<tr>
<td>Supporting educational achievement</td>
<td>131</td>
</tr>
<tr>
<td>Personal education plans</td>
<td>131</td>
</tr>
<tr>
<td>Emotional health and well-being at school</td>
<td>132</td>
</tr>
<tr>
<td>The Virtual School for Looked after Children</td>
<td>132</td>
</tr>
<tr>
<td>Supporting young people leaving care</td>
<td>132</td>
</tr>
<tr>
<td>Exclusions</td>
<td>132</td>
</tr>
<tr>
<td>Foster children with special educational needs</td>
<td>134</td>
</tr>
</tbody>
</table>

**Health**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>136</td>
</tr>
<tr>
<td>Processes</td>
<td>136</td>
</tr>
<tr>
<td>Health assessments</td>
<td>136</td>
</tr>
<tr>
<td>Foster carer’s responsibilities for health</td>
<td>137</td>
</tr>
<tr>
<td>Medication and first aid</td>
<td>138</td>
</tr>
<tr>
<td>Immunisations</td>
<td>139</td>
</tr>
<tr>
<td>Serious injury or illness and hospitalisation</td>
<td>140</td>
</tr>
<tr>
<td>Consent to medical treatment</td>
<td>140</td>
</tr>
<tr>
<td>Young people aged 16 and 17</td>
<td>141</td>
</tr>
<tr>
<td>Young people aged 15 and under</td>
<td>141</td>
</tr>
<tr>
<td>Death of a child in care</td>
<td>141</td>
</tr>
<tr>
<td>A healthy lifestyle</td>
<td>143</td>
</tr>
<tr>
<td>Nutrition</td>
<td>143</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>A balanced diet</td>
<td>144</td>
</tr>
<tr>
<td>Food and diversity</td>
<td>145</td>
</tr>
<tr>
<td>Exercise, activities and hobbies</td>
<td>146</td>
</tr>
<tr>
<td>Sleep</td>
<td>147</td>
</tr>
<tr>
<td>Sleep and mental health</td>
<td>148</td>
</tr>
<tr>
<td>Things foster carers can do to encourage sleep</td>
<td>148</td>
</tr>
<tr>
<td>Sunbeds</td>
<td>148</td>
</tr>
<tr>
<td>Smoking</td>
<td>149</td>
</tr>
<tr>
<td>Alcohol and drugs</td>
<td>150</td>
</tr>
<tr>
<td>Sexual health</td>
<td>153</td>
</tr>
<tr>
<td>Normal sexual behaviour in children</td>
<td>153</td>
</tr>
<tr>
<td>Talking about sex</td>
<td>155</td>
</tr>
<tr>
<td>Being safe</td>
<td>156</td>
</tr>
<tr>
<td>Managing disclosures of previous abuse</td>
<td>156</td>
</tr>
<tr>
<td>Whistleblowing</td>
<td>157</td>
</tr>
<tr>
<td>The home risk assessment</td>
<td>158</td>
</tr>
<tr>
<td>Rules about car seats</td>
<td>158</td>
</tr>
<tr>
<td>Overnight stays</td>
<td>159</td>
</tr>
<tr>
<td>Bullying</td>
<td>160</td>
</tr>
<tr>
<td>The safe use of televisions, DVDs, mobile phones and the internet</td>
<td>166</td>
</tr>
<tr>
<td>What to do if your foster child goes missing</td>
<td>169</td>
</tr>
<tr>
<td>What to do if your foster child is in trouble with the police</td>
<td>171</td>
</tr>
<tr>
<td>Equality and diversity</td>
<td>175</td>
</tr>
<tr>
<td>Being comfortable in your own skin</td>
<td>175</td>
</tr>
<tr>
<td>Cultural background</td>
<td>176</td>
</tr>
<tr>
<td>Language</td>
<td>176</td>
</tr>
<tr>
<td>Religion</td>
<td>177</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>178</td>
</tr>
<tr>
<td>Disability</td>
<td>180</td>
</tr>
<tr>
<td>Respecting difference and challenging discrimination</td>
<td>181</td>
</tr>
<tr>
<td>Maintaining contact with parents and family</td>
<td>182</td>
</tr>
<tr>
<td>The importance of contact</td>
<td>182</td>
</tr>
<tr>
<td>Finding lost relatives</td>
<td>182</td>
</tr>
<tr>
<td>Facilitating contact</td>
<td>183</td>
</tr>
<tr>
<td>The foster carer’s nightmare</td>
<td>186</td>
</tr>
<tr>
<td>Independence and the transition to adulthood</td>
<td>188</td>
</tr>
<tr>
<td>What ‘independence’ means</td>
<td>188</td>
</tr>
<tr>
<td>Developing the capacity to choose</td>
<td>188</td>
</tr>
<tr>
<td>Involving children and young people in decision making</td>
<td>188</td>
</tr>
<tr>
<td>Involving children in the community</td>
<td>190</td>
</tr>
<tr>
<td>Child employment</td>
<td>190</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Teaching skills for daily living</td>
<td>191</td>
</tr>
<tr>
<td>Getting a national insurance number</td>
<td>192</td>
</tr>
<tr>
<td>The transition to adulthood</td>
<td>193</td>
</tr>
<tr>
<td>Life story work and life reviews</td>
<td>193</td>
</tr>
<tr>
<td>Pathway planning</td>
<td>194</td>
</tr>
<tr>
<td>‘Staying put’ care</td>
<td>195</td>
</tr>
<tr>
<td>Further and higher education, training and employment</td>
<td>196</td>
</tr>
<tr>
<td>Leaving the foster carer’s home</td>
<td>197</td>
</tr>
<tr>
<td><strong>Bringing a placement to an end</strong></td>
<td></td>
</tr>
<tr>
<td>Moving to another placement</td>
<td>199</td>
</tr>
<tr>
<td>Moving back to the child’s own family</td>
<td>200</td>
</tr>
<tr>
<td>Should I keep in contact after the child has left?</td>
<td>200</td>
</tr>
<tr>
<td>Unplanned endings to placements</td>
<td>201</td>
</tr>
<tr>
<td>Looking after yourself</td>
<td>202</td>
</tr>
</tbody>
</table>

**Section 6: All about you**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision and reviews for foster carers</td>
<td>204</td>
</tr>
<tr>
<td>Other forms of support</td>
<td>206</td>
</tr>
<tr>
<td>Respite for foster families</td>
<td>206</td>
</tr>
<tr>
<td>Accreditation and training</td>
<td>207</td>
</tr>
<tr>
<td>Money</td>
<td>209</td>
</tr>
<tr>
<td>Insurance</td>
<td>212</td>
</tr>
<tr>
<td>Recording and record keeping</td>
<td>213</td>
</tr>
<tr>
<td>Grievances, representations and complaints</td>
<td>217</td>
</tr>
<tr>
<td>Coping with allegations against you</td>
<td>220</td>
</tr>
<tr>
<td>Termination of a foster carer’s registration</td>
<td>222</td>
</tr>
</tbody>
</table>

**Want to find out more?**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading list</td>
<td>223</td>
</tr>
</tbody>
</table>

**Looking for something?**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you want to know about this, go to</td>
<td>224</td>
</tr>
</tbody>
</table>

**Separate folder with a copy of all policies and local guidance**
Section 1: The fostering task
What is fostering?

A few families in our society are unable to look after their children because of personal difficulties and pressures upon them, whilst some others might need someone else to support them in bringing up their children by giving them a temporary break from the daily tasks of looking after their children.

Norfolk County Council has the responsibility for providing substitute care for those children who need it in Norfolk – you may hear the term ‘corporate parent’ being used to describe this – and fostering is the means by which the Council fulfils this responsibility to the majority of children who cannot stay at home.

The County Council as a whole has the legal and moral duty to look after the children in its care. This duty is shared between the county councillors and the Council’s employees. It is sometimes described as ‘corporate parenting’.

Foster carers provide the day to day care to these children by offering themselves, their home and sometimes their own wider family to look after someone else’s child full time.

The period of time that a child needs to be away from home will vary, but whether it is for a short break or for much longer the task for the foster carer is to give the child a safe, secure, relaxed and happy experience.

However, most of the children being looked after by foster carers, especially those who cannot return home, will have had a range of unusual and damaging experiences and they will bear the effects of these. You can read more about this in Section 4.

Foster carers do not work in isolation. They are part of a large team of people and other professionals, who are all there to help the child resolve and overcome the disadvantages of their home life and early experiences. It is the professionals who have the knowledge and responsibility to do this, but foster carers play a vital role within the team around the child, working with the professionals and acting upon their advice in a very practical and immediate way. Section 5 will give you information about how to do this.

Sometimes the effects of this can be surprising, for the experience of being in a different family can be very confusing for the child. Apart from the different attitudes, rules and routines, the child who has experienced constant abuse at home may find a more relaxed and loving home quite unnerving at first. For them the abuse is normal, because they have not experienced anything else. Foster carers can help by broadening their horizons and giving them a different experience of life. This will not always be easy or straightforward, but will ultimately be beneficial. Even children who only have short stays with a foster carer may look back later in life on their stay and realise it was one of the few times they were happy. They can then use this experience later on to work out how they can find more happiness in their life.
What do foster carers do?

Generally speaking, foster carers are there:

- to provide an alternative home for as long as the child needs it, by agreement with Children’s Services’ staff

- to be there for the child and to provide the day to day nurturing, care and handling of the child’s behaviour, according to the national standards and the policies and expectations of Children’s Services

- to make life as normal as possible for the child whilst they are away from home, including keeping contact with the child’s family and friends, if this is desirable, enabling the child to keep up their hobbies and leisure interests and to continue at the same school, if this is feasible

- to work as part of a team to promote the best interests of the child and to contribute to the fulfilment of the aims set by Children’s Services for the child’s health, education, social and emotional development

- to work with Children’s Services’ staff, other professionals and the child’s family to enable the child to be reunited with their family, if this is desirable

- to work with Children’s Services’ staff and other professionals to give the child the greatest chance of a stable and happy future if the child cannot return home

- to offer short breaks from bringing up their children to a family, where they need this kind of support

- to represent the child’s views and interests in any discussion that the foster carer is involved in about the child’s future and well being, especially if the foster carer believes reasonably that the child’s interests are not being understood or pursued.
Section 2: Who’s who, responsibilities and expectations
The team around the child in care:  
Who’s who and what they do

If you are ever baffled by people’s titles or come across strange sounding titles made up from a series of letters and wonder what they mean, this is the place to find out.

But first some words about the context in which the various professionals you will meet work.

Children’s Services

The County Council carries out its duties towards children mainly through its employees in Children’s Services. The functions that are now performed by Children’s Services used to be the responsibility of the former Social Services and Education Departments, but these have been amalgamated and joined with an expanded Early Years Service to give a more integrated and comprehensive service to children in Norfolk.

Some examples of Children's Services' functions are:

- services to safeguard children (child protection)
- services to severely disabled children and children with sensory needs
- services to children with behavioural difficulties
- adoption and its support services
- services to children in its care and those leaving care, including unaccompanied children seeking asylum in this country
- developing and supporting nurseries, childminders, pre-school groups, after school clubs and children’s centres
- placing children in residential schools, who are not in care
- providing a range of specialist advice and support to schools
- assessing children in schools who have special educational needs and providing services and resources for them
- providing alternative education to those children who cannot attend school or have been excluded from school
- providing an educational psychology service
- providing a range of extracurricular activities to extend and support children’s study.

The County Council is not the only organisation of course that is responsible for services to children. There are a range of voluntary organisations and other services, such as the health service and the police, who also help children. Efforts have been made in recent years to bring these organisations closer together by sharing their knowledge and pooling the skills and expertise that they have within them for the benefit of children. The County Council’s Children’s Services is only a part of the group of organisations meeting the needs of children in Norfolk and increasingly professionals and
practitioners from different backgrounds are found working together from the same base.

Because it is such a large organisation, Children's Services has been split into 3 operational divisions; West and Breckland, City and South, (covering Norwich and South Norfolk), and North and East, (covering North Norfolk and Great Yarmouth).

Within these operational divisions, the services are provided across the county through ‘clusters’ of schools and ‘locality teams’, which together provide a wide range of services within a small geographical area. Children’s centres, primary schools and high schools work together to provide education and services to the community out of school hours, whilst the locality teams bring together a variety of skills and knowledge from different professions and disciplines, such as social workers, health visitors, school nurses, youth workers, early years workers, parent support advisers and other practitioners giving advice, information and guidance.

The map below will give you an idea of the organisational structure of Children’s Services.
through the school clusters and locality teams. These have been called the ‘universal’ services, because they are there for every child.

However, a minority of children will need additional help to fulfil their potential. These services are organised according to the complexity and severity of the need:

- where the need is temporary and does not need to be dealt with by someone with a special expertise in that field, such as a bereavement, a minor disability, money difficulties caused by unemployment or difficulties following a divorce, the services will be provided by a nominated ‘lead professional’. This will not necessarily be a social worker, but could be an early years’ worker, a health visitor or a school teacher, depending upon the nature of the problem. The lead professional will be chosen following a ‘common assessment’ of the problem by the professionals and practitioners who are involved with a family.

- where the need is complex and longstanding or urgent and it requires a particular expertise, it will be dealt with by the specialist teams within Children’s Services. Examples of this kind of need would be a child protection investigation and the implementation of a safeguarding plan, providing services to a child with a severe disability or multiple disabilities, providing a statement of special educational need and children who need to be in care.

Diagram showing the hierarchy of need based on numbers of children

<table>
<thead>
<tr>
<th>Number of children/young people</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>Specialist teams and assessment</td>
</tr>
<tr>
<td>5000-6000</td>
<td>Locality teams, universal services, common assessment framework and teams around the child</td>
</tr>
<tr>
<td>35,000</td>
<td>Universal Services – early years, schools, support to parents, advice, information and guidance, child health services</td>
</tr>
<tr>
<td>170,000</td>
<td>Children in care/ 24 hour residential care</td>
</tr>
<tr>
<td></td>
<td>Child protection/ stated children/ children with severe disabilities</td>
</tr>
<tr>
<td></td>
<td>Children with less severe needs – homelessness, bereavement, minor disabilities</td>
</tr>
</tbody>
</table>
Children’s Services have an out of normal office hours service (the Emergency Duty Team), which covers the evenings and nights, weekends and bank holidays, so there is a 24 hours, 365 days a year service.

You can contact the Emergency Duty Team by telephoning: 0344 800 8014.

This team deals with emergency referrals and situations. Foster carers can contact this team outside office working hours to report matters such as a child who has gone missing, the emergency hospitalisation or death of a foster child, a child protection matter or other serious incident for which they need support. The service operates from 5.30pm to 8.45am Mondays to Thursdays and at weekends, and from 4.30pm on Fridays until 8.45am on Mondays.

The team’s workers will not become involved unless there is a significant issue that cannot wait to be resolved until office hours. Their social workers will not know all the details relating to your foster child, but will have access to their records and be able to deal with an emergency or pass on significant information that cannot wait. A report of any referral and any action taken will be sent to your child’s social worker the next day or on the following Monday, if you contacted them at a weekend.

The fostering service also runs its own support lines specifically for foster carers, which are staffed 24 hours a day by members of the family placement teams.

If you want to speak to one of the duty family placement workers in the family placement teams out of hours, please phone: 01603 306338.

All first time calls to the County Council from the public are dealt with in one place by one team on one number in the Customer Service Centre. They will transfer you to the person you want to speak to, so if you have lost a specific number or you do not know who to contact, you can always find out by contacting this number at County Hall:

You can contact the Customer Service Centre by telephoning: 0344 800 8020.
The looked after children’s service

The Children Act 1989 introduced the term ‘looked after children’ to refer to children in care. It was intended at that time to overcome the stigma that was perceived to be attached to being in care. The Act also introduced another term – ‘accommodated’ – which referred to children for whom the local authority provided accommodation. Both terms refer to children in care and you may hear them being used interchangeably.

There are 6 specialised ‘corporate parenting fieldwork teams’ across the county (2 in each division) with responsibility for looked after children and for those leaving care. You will find more information about these responsibilities in the section on the law.

These teams are staffed by social workers, family support workers and leaving care workers, who find accommodation for our children in care, arrange services for them and support them throughout the time they are in care.

The people who look after our children in care on a daily basis are foster carers and the Council’s residential homes. In future our residential homes will concentrate more on providing specific assessments and support in the short term or during a crisis rather than long term care. Children's Services also has responsibility for recruiting and supporting adopters through its adoption services and placing children for adoption. All of these services are combined into one section.

Sometimes Children’s Services use private fostering agencies to place children with a family and also privately run children’s homes for long term care, especially where children need highly specialised services. There are a number of voluntary adoption agencies also who can place children for adoption as well as the County Council. Increasingly children are helped to stay with their family by enabling another member of the family to look after them. This is called ‘family and friends care’.

Children with disabilities have their own service, where social workers provide the fieldwork service as well as residential care and foster carers who provide short breaks and longer term care.

The fostering service

The fostering service is part of Children's Services but separate from the corporate parenting fieldwork teams. However, staff in both services work closely together in the interests of the child in care.

The fostering service is there for foster carers. Its purpose is to:

- recruit, assess and approve foster carers,
- train them, and
- help foster carers to support our aims for each child in care through...
• regular supervision
• reviews and annual appraisals
• support groups for carers (Network Groups)
• specific groups for foster carer’s children.

The fostering service must have a **statement of purpose**. This is a document which sets out the aims and objectives of the service and describes its structure and facilities. It also includes details about the staffing arrangements and who is who.

It must be kept up to date and reviewed at least once a year. Any foster carer or potential foster carer or child placed with them, or the child’s parents must be given a copy of the statement of purpose if they ask for one.

You can read the **statement of purpose** online by clicking on this link.

The fostering service must also produce a guide to the service for children, which is appropriate to their age and understanding. This too must be reviewed annually and a copy sent to every child who is placed by the fostering service, as long as they are old enough to understand it, and to all of the service’s foster carers.

**You should therefore always have an up to date copy of the statement of purpose and the child’s guide.**

The Office for Standards in Education, Children’s Services and Skills (OFSTED) inspects the fostering service to make sure that all the standards and regulations are being met.

The inspection reports are available online at http://www.ofsted.gov.uk/inspection-reports/find-inspection-report or if you wish, you can obtain a copy from the fostering service.

A copy of the fostering regulations, guidance and national minimum standards can be found online by clicking on the title or the fostering service will give you a copy, if you ask for one.

As part of the inspection, OFSTED inspectors may want to visit a few carers in their homes or may want to meet a group of foster carers. The inspectors may also look at records and foster carer files. If they visit you, they will want to look at the quality of the service you receive and the quality of the placement you are providing. They are not there to inspect you directly, but they will want information from you that can be used to assess how well the fostering service is enforcing the standards.
Children’s Services’ staff

Social Worker

“When people are made vulnerable – by poverty, bereavement, addiction, isolation, mental distress, disability, neglect, abuse or other circumstances – what happens next matters hugely……Good social workers can and do make a huge difference in these difficult situations.”

(Facing up to the task: the interim report of the Social Work Task Force, 2009).

Social workers are qualified people who work with children and families, the elderly and people with a mental illness or a physical or learning disability to improve their circumstances. Unlike the health professions, which focus mainly on the individual, social workers try to see the causes of their distress or dependency within the context of their families, neighbourhood and wider community. They aim to offer support, take control when necessary and bring about personal change in order to make a difference to vulnerable people’s lives. While social workers can mobilise a variety of resources for families, it is the quality of the relationships social workers make with people that is key and is most valued by people receiving a service from them.

In general, social workers:

• offer information, advice and advocacy
• help people negotiate with other services, such as housing and benefits
• provide counselling and other psychotherapeutic support
• provide practical guidance and help
• refer people to other services for assistance
• make important decisions about people’s liberty and where they live.

They work in a variety of settings – such as voluntary organisations, hospitals and the courts, but most social workers work for local authorities in either children’s services or adult services. There are some independent social workers and some private social work agencies. There is a trend for social workers to work somewhere other than in local authorities, which may gather pace in the future.

A further distinction that you might come across is between fieldwork and residential social workers. ‘Fieldworkers’ are based in offices and usually visit their clients in their homes or wherever they are living. Residential social workers are employed to work in the various residential establishments and are not expected to carry out their functions in the client’s home.

Anyone who calls themselves a social worker must have a social work qualification and be registered with the General Social Care Council (see online at www.gscc.org.uk ). Every registered social worker will have their own register number.
No one else can use the title of social worker. It has been known for some unscrupulous people to try and pass themselves off as social workers, but if you have any doubts about a person’s claim to be a social worker, you can:

1. ask to see their identity card, which is issued to all Children’s Services’ staff to confirm they work for the County Council, and, if you are not satisfied with this,
2. ask them for their General Social Care Council register number, which you can then use to check their authenticity with the General Social Care Council.

Social workers are bound by their own professional code of conduct, which includes a commitment to confidentiality; but unlike the traditional professions of medicine and law, social workers are not entirely independent. Those who are employed in local authorities especially have to work within the context of the legal obligations placed upon their employer and the resources that are provided to enable them to do their job. When social workers are making decisions about a child’s future, they will not only be using their professional knowledge and judgement but also having regard to what is possible within the law.

**The Looked After Child’s (LAC) Social Worker**

‘Corporate parenting’ is a difficult concept to grasp, especially, we are told, for the children who are in care. It is through the child’s social worker that corporate parenting is personalised and given a human face.

Every child and young person in care needs at least one individual to whom they are ‘special’, who retains responsibility for them over time, who is involved in the plans and decisions that are made about their life and who is ambitious for them to fulfil their potential. Normally the child’s social worker is seen as being the most suitable person to discharge this duty.

The child’s social worker is responsible for watching over the whole programme of care for the child, for furthering his or her interests and for meeting their need for a continuous and trusting relationship with a representative of the ‘corporate parent’.

The child’s social worker should be an advocate for the child within the system, but this has to be balanced with the need to set boundaries for the child and sometimes the limitations imposed upon the corporate parent by policies and resources.

How these responsibilities are carried out will vary with the aims of the placement. If it is expected that the child will go home, the child’s social worker’s tasks will include helping and supporting the parents and keeping them and their child in contact with each other. It will also include working with the foster carer to prepare the child for going home.
If the child is staying in care, the child’s social worker’s tasks will also include making sure that the child knows about their natural family and history. It may involve trying to trace lost parents or relatives for the child.

Social workers will also help older children in care to leave home and support them in the community while they establish themselves as young adults.

They help them with finding accommodation, further education or training, employment and generally help them to manage by offering advice about managing money, paying rent and other general support.

**Family Support Workers (FSW’s)**

Family support workers are unqualified staff, working under the supervision of a qualified worker. They may have relevant qualifications in other subjects or a good general experience of life, but they are there to assist the social worker with responsibility for the case by doing a range of practical tasks.

They will do things such as visit the child, perhaps take them out and help them to take part in activities and facilitate contact with their family. Family support workers will also become important people in children’s lives.

**Assistant and Team Managers**

Each team is managed by team managers and assistant team managers, who are responsible for the day to day work of the team, the recruitment of staff and development of the team’s business.

The assistant team managers in particular will know the details of your foster child’s case and background through supervising the child’s social worker. They will also be involved in the big decisions about the child. Supervision is the process through which there is some independent oversight of the case and emotional support provided to the social worker. This is a very important tool that is used in social work to help social workers cope with the emotional pressures and stresses that arise from the nature of the work they do.

The same supervision process is available to foster carers.

You may meet the managers at various types of meetings because of their involvement in the decision making processes.

**Advanced Practitioners**

Advanced practitioners are social workers who have several years of experience after qualifying and will probably have a further qualification in social work. They have a caseload and work directly with clients, but in addition they also have a responsibility for developing standards of practice and knowledge within the team.
**Family Placement Social Worker (FPSW)**

Just as the child’s social worker is there for the child, the family placement social workers are there for the foster carer and their family. They are qualified social workers and are your direct link with the fostering service and Children’s Services.

Family placement social workers:

- visit regularly and make at least one unannounced visit a year
- supervise and do an annual review and appraisal with the foster carer
- ensure that foster carers are given opportunities for their professional development, including training
- help foster carers when a child is being prepared for a move and to adjust after the child has left
- participate in planning for the child
- make sure that you have the information and equipment you need.

They also liaise with the child’s social worker, help ensure that appropriate placements are made and act as an advocate for the foster carer. You should discuss any difficulties you are having with them in the first place.

If you should receive any complaints about you, your family placement social worker will be the person to tell you about this and support you through any investigation process.

**Carer Support Worker**

These are unqualified staff that assist and support the family placement social workers.

They will carry out a variety of tasks under the supervision of a qualified worker.

**The Foster Panel**

The foster panel has oversight of the key decisions made about foster carers. It is made up of social work representatives and independent members with other areas of relevant expertise.

Its responsibilities are to consider:

- applications to become a foster carer, to recommend whether or not a person is suitable to be a foster carer and if so, the terms on which the approval is to be given
- the first review of newly approved foster carers and any other reviews referred to it by the fostering service and to recommend whether they are suitable to remain as foster carers
- changes to the terms of a foster carer’s approval
• oversee the conduct of assessments carried out by the fostering service on people applying to become a foster carer
• monitor and advise on the procedures for undertaking reviews of foster carers
• give advice and make recommendations on any other matters or cases referred to it by the fostering service.

The foster panel can only make recommendations. These are then sent to the agency decision maker for a final decision to be made. The agency decision maker is a senior manager within Children’s Services.

You can find more information about the recruitment of the members of the panel and its functions in Children's Services’ Fostering Panels Policy and Procedure.

The Fostering Network

The Fostering Network is a national charity supporting everyone involved in fostering. It works to improve the service to children in care and to be the voice for foster carers.

More information can be found at www.fostering.net

We pay for foster carers to join the Fostering Network, so that you will get legal insurance, regular information on fostering, specialist publications and training and access to independent advice and mediation.

If you need some independent advice, phone Antonella Parker at the Fostering Network on 01379 608977. It is free, because this service is paid for by Norfolk County Council.

Fosternets (Norfolk Foster Carer Educational and Support Community)

Fosternets brings together foster carers and the children’s workforce across Norfolk County Council. It provides access to:

• Norfolk’s policies and procedures on fostering
• discussion forums on issues related to fostering
• training and events
• help and support with information technology.

More information can be found at www.fosternorfolk.net. Foster carers are automatically given a password to enable them to get access to this website as soon as they have been approved.
**The Independent Reviewing Officer (IRO)**

Independent reviewing officers are employed by the Council, but have no management responsibility for a child’s case, nor any day to day involvement; to this extent they are independent. They chair the reviews of a child’s progress and ensure that the child’s plan is implemented. They should make sure that all views are heard about the child’s needs and future and any dissent noted. You will meet independent reviewing officers at the child’s reviews.

**Independent Visitor (IV)**

Independent visitors are volunteers from a lay background, who are approved by the Norfolk Independent Visitors Service to visit, advise and befriend a child in care. They frequently bring additional life experiences and skills to the team around the child.

They must not be connected with the local authority and they do not invite the child in care to their home, but take them out during the day. Typically, they will see the child once a month and they are expected to make a long term commitment to the child. This can often be for several years and sometimes this is the most stable relationship a child in care experiences.

Children’s Services has a duty to consider whether a child in care would benefit from having an independent visitor, where a child in care has not been visited by either parent or other person with parental responsibility during the preceding 12 months, or where communication with their family has been infrequent. An independent visitor can also be appointed where it is considered to be in the child’s interest, for example where the child is unable to go out independently or has difficulty in making relationships.

However, it is the child’s choice as to whether they have an independent visitor or not.

Where an independent visitor is appointed for a child living with a foster carer, the independent visitor should complement the foster carer’s efforts and work with the foster carer for the child’s benefit.
Other people who may be involved

**The Designated Teacher for Looked after Pupils**

A Designated Teacher promotes the educational achievement of looked after children on the school roll, acts as an initial point of contact with the school and works closely with foster carers, social workers and other professionals to promote the child’s educational achievement.

**Special Education Needs Coordinator (SENCO)**

This is a teacher who has responsibility for ensuring that the needs of children with special educational needs are met and for keeping in touch with carers who are looking after a child with special educational needs.

**Children’s Services Coordinators**

These are employed by the Norfolk Psychological Service to promote the education of all looked after children through advice, assessment, teaching and counselling where a looked after child has particular educational difficulties.

They cover 4 separate areas across the county.

**Psychologists**

Educational psychologists are employed by the Council to assess the behavioural and special educational needs of children in school and to advise schools about difficult pupil behaviour. They provide individual therapy to children in care as well.

Psychologists are also employed in the health service to provide individual counselling and therapy for a range of behavioural disorders and help people recover from trauma.

**Norfolk’s Virtual School For Children in Care**

The aim of the ‘Virtual School’ is to track the progress of looked after children through school and give them the specific support they need to succeed.

The concept is for all looked after children placed by Norfolk to be treated as if they are at a single school. The school has a head teacher and a governing body, a small professional staff plus 1 key stage 4 teacher and 5 support assistants giving individual help to looked after children.

The staff work with schools to help them improve looked after children’s education but they can also help with such things as free entry for children and their carers to museums and overdue library tickets being charged to the Council rather than the pupil.
When matters regarding a child’s welfare are taken to court, a ‘children’s guardian’ is often appointed to oversee the child’s interest in court. Guardians are qualified social workers who are independent of the local authority.

A guardian will appoint a solicitor to represent the child in court and will present a report to the court, saying what he or she believes to be best for the child.

When drawing up the report, the guardian will interview all those involved in the child’s care and will want to talk to the child’s foster carers about the issue.

The County Council’s own solicitors give advice about legal matters relating to child care and represent the local authority in court.

They will offer advice to social workers about the law relating to children.

However, they can only act on behalf of the County Council in its interests. They cannot advise or act for foster carers in their private matters. If, for example, a foster carer wants to bring an action against the local authority, they must go to their own solicitor.

Children’s Services work very closely with the police in child protection matters. For example, the police are automatically invited to every case conference when a child is at risk of significant harm.

Foster carers may become involved with the police if a child they are looking after goes missing or commits an offence.

Any child under the age of 17 who is being questioned by the police about a criminal offence should be accompanied by an ‘appropriate adult’ to make sure they are being treated properly and fairly whilst in the police station. If a parent is not available for a child in care, this would normally be the child’s social worker, but in some circumstances it could be the foster carer.
Personal advisers

Young people who are looked after must be provided with a personal adviser as they move towards adulthood to act as a focal point for the transition to adulthood.

While it is the local authority’s responsibility to choose the right person for this job, the young person could ask for their foster carer to be their personal adviser.

The foster carer would continue to function as the personal adviser, even after the placement has finished.

Child and Adolescent Mental Health Service (CAMHS)

This is part of the health service and provides help and treatment to children and young people who have emotional, behavioural and mental health difficulties.

They have a range of different staff – such as psychiatrists, psychologists, mental health workers, family therapists, psychotherapists, and art therapists – that provide different treatments. These may be talking therapies or medicinal treatments.

The service is confidential.

They are available for consultation through your family placement social worker.

In Care Council

Norfolk has its own council for looked after children. It is made up of young people who are in care or have been in care.

They have published a children’s charter.

Occupational Therapists (OTs)

Children’s Services employ occupational therapists to work with disabled children. They will do assessments of physical and mental health needs, provide any equipment or aids that are needed and support the family.
Expectations

A general introduction to the law

Children’s Services’ employees have to act in accordance with the legislation and rules set down by Parliament in statutes. Statutes are the acts and regulations passed by Parliament that describe the functions of Children’s Services. This is why they are sometimes referred to as ‘the statutory services’.

Key definitions

**Acts of Parliament**: these are the main laws passed by Parliament. Children’s Services must comply with these.

**Regulations**: Acts of Parliament cannot cover every situation or detail of the subject they deal with. To prevent the need for a new act or an existing one to be amended every time a small detail has to be updated, an act will sometimes give the Government power to do this at a later stage. The powers are called statutory instruments and have the full force of law. The detailed requirements relating to a specific Act of Parliament are set out in ‘regulations’. These also must be complied with by Children's Services.

**Statutory guidance**: this is guidance issued by the Government about matters to be dealt with by Children's Services. Statutory guidance must be complied with, unless local circumstances indicate that there are exceptional reasons for not doing so.

**Non statutory Government guidance**: this is guidance issued by the Government to ensure that a local authority’s services are of a high quality and that there is some consistency across the country. It describes things that Children’s Services should do, but allows some flexibility of approach so that local circumstances can be taken into account.

**National minimum standards**: these set out the absolute minimum standards according to which a service should be provided. They can describe physical standards, the way in which systems and processes should be organised and sometimes the way in which staff should behave and be qualified. Inspectors will judge the quality of a service and whether the regulations are being complied with by these standards.

**Policies, procedures and practice guidance**: these are all forms of guidance produced by Children's Services itself to ensure that staff know what they are doing, comply with the legal requirements and provide a high quality service.
Although social workers and other staff have to work within the law, some of the legislation is worded in a general way to allow professionals to use their own judgement and knowledge in specific circumstances; for example, Children’s Services have a duty to investigate any allegation that a child is suffering or is likely to suffer significant harm, but what is meant by ‘significant harm’ is left to the professionals to decide in the circumstances.

Social workers and other staff will therefore work according to the law and their own professional standards, knowledge, experience and judgement.

**Some key concepts and principles in the legislation**

The main legal framework for children is contained in the **Children Act 1989**. There are several important principles in this Act and its guidance that govern our approach to children and families.

**Parental responsibility**

For the first time in our history, the Children Act 1989 introduced the legal concept of parent’s having responsibility for their children rather than having ‘rights’ over their children. It also changed the previous law in that once given, parental responsibility cannot be lost unless a child is adopted.

All mothers have parental responsibility automatically, but there are a variety of ways for fathers to gain parental responsibility. They will gain it automatically too if they are married to the mother when the child is born or if they subsequently marry the mother. Unmarried fathers can gain parental responsibility if the child’s birth was registered after 30 November 2003 and the father was named on the birth certificate with the mother’s consent. They can alternatively apply to the court for a parental responsibility order or make an agreement for parental responsibility through a solicitor with the mother’s consent.

Step parents and second female parents can also make an agreement for parental responsibility through a solicitor or apply to the court.

Other people can be given parental responsibility during court proceedings, such as grandparents who may need to bring up their grandchildren. Parental responsibility is usually granted in this case with a residence order or special guardianship order, specifying with whom the child is to live.

The Act assumes that all those with parental responsibility will share the responsibility and work together in the interests of the child. This means that they are all entitled to information about the child’s welfare and development.
and any other information that they need in order to exercise their parental responsibility. Social workers and foster carers must therefore share important information about how a child in care is getting on with all those having parental responsibility, even if the relationship between these people is fractious or has broken down.

**Supporting children in need**

The legislation assumes that children do best if they are brought up in their family and that legal proceedings should be unnecessary.

In order to achieve this, social workers are expected to create a partnership with parents and wider family and to assist those whose children do not have the opportunity to achieve a reasonable standard of health or development in a variety of ways by providing services, practical assistance, advice and guidance and arranging for other services to be provided to them in accordance with their needs. These services are provided under section 17 of the Children Act 1989 and are sometimes referred to as ‘section 17 services’. These are provided with the parent’s agreement. They can be refused, if a parent wishes.

However, the law recognises that it is not always in the best interests of the child to help in this way. Another key principle is that the welfare of the child is paramount. This means that if the parents cannot change their ways, for example, or their attitudes and actions continue to be in conflict with the welfare and development of their children, then social workers must act according to what is in the best interests of the child.

This can mean that children have to be removed from their parents, either for a temporary period or permanently.

**Coming into care**

Children can come into care ‘voluntarily’, that is, with the agreement of their parents. A young person of 16 years of age can ask to be accommodated in their own right, regardless of their parent’s views.

The local authority must provide accommodation to a child if no one has parental responsibility for them, such as young people seeking asylum, or if they have been abandoned, or if the person looking after them is prevented for whatever reason from providing them with suitable care and accommodation.

Section 20 of the Children Act 1989 is the authority for looking after a child voluntarily. You may see this written in reports or hear it referred to as simply section 20 when a child is accommodated in this way.

Children are looked after by the local authority only if they are in care for more than 24 hours. This can be an important legal distinction if a family is being provided with short breaks from their caring duties.
When a child comes into care, there should be as little disruption as possible. If it is practicable, the child should be placed with someone else in their family or someone they know. This is referred to as ‘family and friends care’. Coming into local authority care should be a last resort. The Act also stipulates that as far as it is practicable children should be provided with accommodation:

- that is near to their home
- that enables them to live with their brothers and sisters
- enables them to continue to attend the same school
- that is suitable to the specific needs of the child, if the child is disabled
- is within the local authority’s area.

The Act also says that when making any decision about a child, the local authority has to take into account the child’s wishes and feelings, any views of parents and other people with parental responsibility and the child’s religion, racial origin, culture and language.

A parent with parental responsibility or any other person with parental responsibility can bring a section 20 agreement to an end at any time by giving notice that they wish to have their child back home with them. If Children’s Services disagree with this, they can only keep the child in their care by getting a care order from a court. This then gives them parental responsibility and this is the only way that the parent’s wishes can be overridden.

Young people over the age of 16 can choose to remain in care against the wishes of their parents or someone else with parental responsibility.

**Court orders**

If Children’s Services want to remove a child from its parents against their wishes, they must have an order from a court giving them the authority to do this. This is obtained in ‘care proceedings’, usually in the Family Proceedings Court.

There are different types of order. The main one is a care order. This gives parental responsibility to the local authority, enabling it to look after and bring up the child. A care order lasts until the child is 18 years old, unless it is either discharged earlier by the court, following a request either from the local authority or a parent or anyone else with parental responsibility, or it is superseded by another order, such as a supervision order or adoption order.

When there is a care order, the local authority shares parental responsibility with others in the family who also have it. The principle of working in partnership with families continues therefore, even though the local authority can override the family’s wishes and views if it thinks it is necessary.

While the court is considering the need for a care order, it will usually make an interim care order or series of interim care orders, depending upon the time it takes to make a final decision. This order enables the local authority to
place a child in their care for a specified time while the proceedings take their course.

The court can only make a care order or an interim care order if it is satisfied that:

- a child has suffered or is likely to suffer significant harm, and
- the harm has been caused by the care given to the child being less than what would be reasonably expected of a parent, or
- the child is beyond parental control.

'Harm' means ill treatment or the impairment of health or development, including impairment suffered as a result of seeing or hearing the ill treatment of another person. This takes into account, for example, the effects on a child of witnessing domestic violence.

There is a further test before an order can be made, which is that even if the above conditions are satisfied an order cannot be made unless it will benefit the child. This is known as the 'no order' principle.

If the court decides not to make a care order, it can instead make a **supervision order**. This places the child under the supervision of the local authority and requires a social worker to “advise, assist and befriend” the child, whilst the child continues to live at home.

**Other court orders**

Sometimes the local authority may need to act very quickly to protect a child. An **emergency protection order** enables it to do this by removing a child for a period of up to 8 days in the first instance. This can be extended for a further 7 days. If the local authority wishes to keep the child in care any longer than this, it must apply for an interim care order or a care order.

Emergency protection orders are useful where investigations into the possibility of a child being caused significant harm are being frustrated and social workers cannot get access to the child or a child needs to be removed immediately for its safety. The court can direct that a medical or a psychological assessment is carried out on the child.

The Children Act 1989 also provides for a child being assessed compulsorily when parents are not cooperating with an investigation by means of a **child assessment order**. This lasts for 7 days, during which time the parent is required to produce the child for an assessment. However, this relies upon the parent's cooperation and the order does not allow the local authority to remove the child from its parent. Child assessment orders have not been used much because of this.

There are other orders that a court can make, which are collectively called **'section 8 orders'**: 
contact orders state who can have contact with a child or young person and sometimes how this should take place. It will last until the child becomes 16 or the court decides that the order is no longer necessary.

prohibitive steps orders prevent someone with parental responsibility from taking specific actions without the court’s permission.

specific issues orders can be made when there is disagreement about a certain way in which the child is being brought up. This could be a matter about schooling or health or religion.

residence orders settle a question about where and with whom a child should live. The order also gives parental responsibility to the person with the residence order. The order continues until the child is 18 years old, unless it is discharged earlier. No person having a residence order for a child can cause the child to be known by a new surname or remove them from the United Kingdom for more than a month without either the written consent of every person with parental responsibility for the child or the permission of the court.

A local authority cannot apply for a residence order or a contact order, because they will already have these powers under a care order.

However, a foster carer can apply for a residence order if a foster child has lived with them for a period of 1 year immediately before making the application and has the consent of the local authority that is responsible for the child.

Foster carers should be aware that other people connected to the child have rights also to apply for the section 8 orders whilst the child is in care and that in some circumstances the child may be able to apply in their own right. If you are ever faced with this situation, you should discuss it immediately with your family placement social worker.

Any parent, guardian, special guardian or any other person who has parental responsibility for a child or any person with a residence order in force can apply for any of the section 8 orders.

A child or young person can ask the court for permission to make an application for any of the section 8 orders in their own right. The court will then decide according to the circumstances whether to allow the application.

Any party to a marriage of whom the child is a child of the family, such as a step parent, any civil partner in a civil partnership or any person with whom the child has lived for at least 3 of the preceding 5 years (not being the foster carer for the child) can apply for a residence order or a contact order. The 3 year period of residence need not be continuous, but must have begun no more than 5 years before or ended more than 3 months before an application.
is made. This condition has now been reduced to 1 year immediately preceding the application for relatives only.

**Special guardianship**

Foster carers can apply to a court to become a special guardian for their foster child, but only if the child has lived with them for at least 1 year immediately before making the application and they have given the local authority with responsibility for the child more than 3 months notice in writing of their wish to apply for an order.

A special guardian is given parental responsibility for the child, but is also entitled to have the final say in most decisions that are made about the child (except for decisions about adoption and other decisions which in law require the consent of more than one person with parental responsibility). Although parental responsibility is still shared with others, the special guardian is given pre-eminent status in decision making.

A special guardianship order provides legal security for a child until adulthood, unless it is discharged earlier. It is intended to provide a sense of permanency for the child without going as far as adoption or completely excluding the parents.

No person can cause a child to be known by another surname or remove the child from the United Kingdom for more than 3 months, as long as the special guardianship order is in force, without either having the written consent of every other person with parental responsibility or the permission of the court.

The social workers in the adoption team can advise you about applying for a special guardianship order and also what support is available to foster carers considering this option, including any financial support.

**Adoption**

Adoption is the most complete and final transfer of responsibility for a child. It is the only way in which a mother can lose parental responsibility for her child. The child is given the surname of the adopting family and any new first names and is treated in all respects as another child of the adoptive family, including rights of inheritance.

Adoption used to be considered a clean break and it still can be, but this is less true today. Fewer babies are placed for adoption. The courts are now much more willing to allow contact with natural family after an adoption order has been made, either in person or by the family being given photos and information about how the child is doing. More children in care are being adopted when it becomes apparent that they will never return to their family. They will often still have links with their natural family and so it can be helpful to them to have some form of continuing contact.

Foster carers can apply to adopt a child they are fostering if the local authority agrees it is in the best interests of the child, and the parents and any other person with parental responsibility consent. There is legal provision to
override the parent’s wishes about adoption, but this can only be done by a separate application to court to obtain an order allowing a child to be adopted. This is known as a ‘freeing order’.

**Leaving care**

The local authority’s responsibilities for looked after children can continue after they have reached the age of 18. Children's Services have a duty to provide advice, assistance and guidance to young people in care after their 18th birthday and to young people who were in care, but ceased to be looked after when they were 16 or 17 years old.

In such cases Children's Services duty continues until the young person is 21, or if they are in further education or training until their 25th birthday.

Young people will be supported by a social worker in the corporate parenting team, who will be responsible for helping with accommodation, financial support, applying for any grants regarding education, training or employment, and offering emotional support and guidance. The local authority can also appoint a ‘personal adviser’ for some of those between the ages of 16 and 25.

Children's Services have to prepare a plan for the young person, known as a ‘pathway plan,’ which describes all the kinds of support and services needed. These services must be provided to the young person if they are included in the plan.

**Some other important legislation**

The **Data Protection Act 1998** sets out the rules for obtaining, handling and storing information about individuals. There are 8 principles to be followed in the Act. In order to comply with them, personal information:

- should be obtained and used fairly and lawfully, whenever possible with the person’s consent
- it must be used only for the purpose for which it is needed
- it must be relevant to the purpose for which it is needed, accurate, kept up to date and not excessive, and
- it must not be kept for any longer than it is needed.

You can find more information about recording and keeping personal information in Section 6.

Like everyone else, foster carers and children in care have a right to see what has been written about them by the local authority’s staff. If they have not already been given a copy, foster carers can ask to see what has been recorded in their files and have a copy of it, according to the rules in Section 7 of the Data Protection Act 1998. Foster carers are not entitled to personal information about the children they have fostered and there may also be some information about them that is still confidential, such as personal references or
legal advice, but generally speaking, most of what is recorded should be given to you without question.

Similarly, children in care can ask to see what has been recorded about them in their files. The Data Protection Act 1998 presumes that any child over the age of 12 is capable of asking to see their personal information and understanding the process, but this is not a fixed age. It can vary according to the child’s level of understanding. Although anyone over the age of 12 has the right to ask for the information themselves, a young person can ask someone with parental responsibility for them to act on their behalf, if they wish. If they are too young to understand or cannot understand, for example, because of a severe learning disability, anyone with parental responsibility for them can apply for the information and explain it to them.

It becomes more and more important for the young person in care to know about their background and family history as they get older, especially if they cannot return to live with their family. It is essential that foster carers let the children they are fostering know of their right to see their personal information.

All formal applications to see personal information under the Data Protection Act 1998 have to be in writing. You can ask your family placement social worker about this in the first place and your foster child can ask their social worker about seeing their file. If you no longer foster, but want to see your own file, you should put your request in writing to the File Access Manager, Room 22, County Hall, Martineau Lane, Norwich, Norfolk, giving your full name and any previous names, your date of birth and a brief description of the information you want to see. Currently the County Council does not charge for this.

Foster carers and children in care can apply to see other types of information that is recorded and held by the Council under the Freedom of Information Act 2000; for example, foster carers may want to see Children’s Services’ procedures and they can use this Act to get a copy. Much of the information that is produced by the County Council is freely available, but if it is not, you can always make a formal application for it under this Act. All applications under the Freedom of Information Act 2000 must be in writing and should be sent to the File Access Manager, Room 22, County Hall, Martineau Lane, Norwich, Norfolk. Usually there is no charge, but the Council can and may charge if there is a large amount of information or it is very expensive to produce.


The Information Commissioner has responsibility for making sure that these Acts are implemented across the country and has powers to enforce them. For example, local authorities can be fined if they breach the rules, especially if personal and sensitive information is lost or sent to the wrong person.
You can also complain to the Information Commissioner if you have asked for information and you think you have been treated unfairly or the authority has not complied with the data protection or freedom of information rules.

All local authorities have a duty to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity and foster good relations between people who may be disadvantaged because of their age, disability, gender reassignment (transsexual people), pregnancy and maternity, race, religion or belief, sex or sexual orientation. Their duties are now set out in the **Equality Act 2010**.

The Act calls these ‘protected characteristics’ and groups of people with these characteristics ‘protected groups’. The local authority is required to:

- remove or minimise any disadvantage suffered by people with these protected characteristics
- take steps to meet the needs of people in these protected groups when they are different from the needs of other people
- encourage people from the protected groups to participate in public life or in other activities where their participation is disproportionately low

This involves, for example, taking account of people’s disabilities, tackling prejudice and promoting understanding between people from different groups. The Act states that sometimes meeting these needs and advancing equality of opportunity may involve treating these groups more favourably.

**The Human Rights Act 1998** and the **United Nations Convention on the Rights of the Child** provide a framework for protecting our human rights, which government and public bodies are legally obliged to respect. You have the responsibility to respect other people’s rights and they must respect yours. Amongst the various rights included in the Act are these that are most relevant to foster carers:

- the right to respect for private and family life
- freedom of thought, conscience and religion, and freedom to express your beliefs
- the right to marry and start a family
- the right to peaceful enjoyment of your property, and
- the right to an education.

The United Nations Convention on the Rights of the Child is an international human rights treaty, which sets out the civil, political, economic, social and cultural rights of children. It is the basis for much of our existing law about children and the rights contained in it have been incorporated into the Children Act 1989.

It requires states to act in the best interests of the child. It acknowledges that every child has certain basic rights, such as the right to life, their own name
and identity, to be raised by his or her parents in a family or cultural grouping and to have a relationship with both parents, even if they have separated.

It also acknowledges that children have the right to express their opinions, to be heard and have their opinions acted on when appropriate, to be protected from abuse or exploitation, to have their privacy protected and it requires that their lives are not subject to excessive interference.

It requires states to provide separate legal representation for a child in any legal dispute concerning their care and asks that the child’s point of view be heard.

States are obliged to eliminate all corporal punishment and all other forms of cruel or degrading forms of punishment of children.
The legal status of foster carers

Foster carers are in an unusual position in that they are not employees of the Council or arguably under contract to the Council, but they do provide a valuable service for the Council. They do not therefore have the same enforceable legal rights as employees or contractors.

However, some rights are written into the fostering regulations, for example in relation to recruitment and termination of their approval and other rights are extended to them through the policies of the Council.

The fostering regulations and national minimum standards

The fostering service is regulated, organised and inspected according to the fostering regulations and national minimum standards. All fostering services must meet these standards.

The latest regulations, national minimum standards and associated guidance were issued in April 2011.

You can obtain a copy of these from your family placement worker or you can read them online on the Department for Education’s website at:-
www.education.gov.uk/childrenandyoungpeople/families/childrenincare/fostercare/a0071234/regs

Limitation on the number of children

Usually the law prevents any foster carer from fostering more than three children at any time, not including their own children.

It is possible to exceed this limit provided:

- all the children are brothers and/or sisters or
- the foster carer is exempted from the limit by the local authority within whose area the foster carer lives.

The exemption can only be given for specific children and will depend upon the particular circumstances and needs of the children. The local authority must notify the foster carer of the exemption in writing, stating the names of the children who may be fostered and any condition attached to the exemption.

If a foster carer looks after more than the usual limit of three children or if the carer exceeds this limit by fostering any child not named in an exemption, provided they are not brothers and sisters, the carer will cease to be treated as a foster carer and instead, the foster carer’s home will be treated as a children’s home. There are separate rules for the running of children’s homes.
Changing a foster child’s name

A foster carer should never change a foster child’s name or cause a foster child to be known by another name.

In the past some foster carers registered foster children at their doctor’s or at a new school with their own surname in order to make the foster child appear to be part of their family, especially if the child was with them long term. The Children Act 1989 put an end to this practice, because it contradicts the right of a child in care to know their own identity and family history. It is also important for all those looking after a child to recognise that the child has a unique history, however distressing, and that it is part of everyone’s job to help the child in care to come to terms with this.

A child’s name can only be changed by adoption or other court order.

Local policies and guidance

In addition to the fostering regulations and national minimum standards foster carers need to be aware of the expectations set out in the Council’s own policies, procedures and guidance. These are designed not only to help and protect staff, but also foster carers. Everyone will be less vulnerable to accusations of not doing their job properly if the policies and procedures are followed.

Reference will be made to individual policies and procedures throughout this Handbook, but they can be found together as an accompaniment to it online or in the separate folder that goes with this Handbook.

Messages from children about what they want from foster carers

There is now a large amount of information about children’s views of being in care and what they want from carers, especially since the offices of Children’s Commissioner and the Director for Children’s Rights were created. There has also been much independent research and consultation with children in care and adults formerly in care.

The message that comes across is that children in care fundamentally want the same things for themselves as other children. They want to be loved and respected, to have a happy life and to be successful. They will expect foster carers to be at least ‘nice people’, who will look after them and give them a better experience than they had at home. It is because of this that children who are in care feel so let down when carers fail to live up to this expectation or even worse, abuse them.

For older children and those in long term care, they will want to be helped to become independent and be able to take their place in society.
“The message that came through consistently and powerfully is that these are children like any others. They have the same ambitions and the same need for a secure and positive environment at home and at school as every child.”

Care Matters: Transforming the Lives of Children and Young People in Care, Annex A. 3.

The authors of Norfolk’s own report into what looked after children thought about care came to similar conclusions. In “Open your eyes to new possibilities”, written in 2007, it was said that

“the aspirations of looked after children and care leavers in Norfolk appear to be no different than their peers. Even though only half of the young people said they intended to go to college, many others talked about professions or jobs where a level 2/3 qualification would be necessary.”

**What children in care want**

Young people in care recognise that they cannot achieve these things without help and considerable support. The Alliance for Child Centred Care conducted some research into what children in care wanted for the British Association of Adoption and Fostering (BAAF) during the consultation on ‘Care Matters’ in 2006 and the most reported comments are reprinted overleaf.
• I need to be able to make sense of what has happened in my life
• I want someone to listen to me and to take part in decisions in my life
• I want someone on my side, someone who believes in me and wants the best for me
• I want choice about the life I live and for someone to help me understand about different placements
• I want to be able to stay where I am living and to be able to develop relationships with my carers that are going to continue and will not be disrupted
• I want contact with my family, especially with my siblings
• I want to be given the same opportunities and chances as everyone else
• I need people who understand why I am sad or may kick off at times
• I need to be supported to do well in school
• I need to be helped to create my life beyond care and leave care behind.

(Reported in the BAAF document in response to the Care Matters consultation)
What children in care want carers to do and not do

In 2007 the Children’s Rights Director for England produced a report of children’s views of the national minimum standards for the care of children. The following comments are reproduced from that report.

**What do children want carers to do?**

- look after their basic needs
- keep them safe and happy
- help, support and advise them
- listen to children
- treat them with respect and as equals
- love them
- trust them
- give them freedom
- spend a lot of time with them

**In particular:**

- ‘be kind and gentle’
- ‘be understanding’
- ‘a shoulder to cry on’
- ‘a lot of time to give’
- ‘be like a parent’
- ‘provide a normal family atmosphere’
- ‘treat them like they’re your own’
- ‘be there through everything for them – listen’
- ‘make me feel safe’
- ‘be with me and know where I am all the time’
- ‘make sure the child’s needs are met’
- ‘make sure they are settled’
- ‘make sure they are healthy and safe – not bullied’
- ‘feed them healthy food’
- ‘help them with their homework’
- ‘give choices and respect’
- ‘give them advice and listen to any problems they have’
- ‘give them equal opportunity as any other child’
- ‘help them to develop independence’
What do children say carers should never do?

- hit them
- treat them badly, without respect
- abuse them
- shout or swear at them
- ignore or neglect them
- bully or threaten them
- fail to care for them
- treat children differently or unfairly from each other
- drink, smoke or take drugs while they are looking after children

In particular:

- ‘act oblivious to our feelings’
- ‘be a bad influence’
- ‘be in it for the money’
- ‘favouritism’
- ‘invade your privacy’
- ‘laugh in the young person’s face’
- ‘let them go into dangerous places’
- ‘lose temper with me easily’
- ‘not let you see your parents’
- ‘not look after them and set no role model’
- ‘push their beliefs on to the young person’
- ‘take away their right to be a child’
- ‘withhold food/medication/drink as a punishment’
- ‘should not deprive them in any way’
- ‘should not hold information from a child’
- ‘shouldn’t hurt us’
- ‘tell people my business’
- ‘throw something at me’
- ‘treat them like dirt’
Things that make a home good to live in and bad to live in
The same report included comments from children about what makes a good home and a bad home.

**Things that make a home good to live in**
- Nice people
- Making you feel part of the family
- A family atmosphere
- Everyone living together as a family
- Plenty of good things for children to do
- Having your own space
- Being near your friends and family
- Being safe
- Getting help and support
- Good food
- Being respected and treated fairly

**Things that make a home bad to live in**
- Unkind or uncaring people or young people
- A bad building or bad area
- Nothing to do
- Being a long way from family and friends
- Bullies
- Arguments
- Not being safe
- The rules
What foster carers can expect from Children's Services

Because you have the vital responsibility for the day to day care of the child within the team of professionals, support staff and volunteers who are looking after the child, you should feel supported and nurtured in your efforts. Only if you feel that you are a full member of the team will you be able in turn to nurture the children in your care and help them to grow as individuals.

You should expect:

- to be respected and to have your status and contribution recognised
- to be given the support and knowledge you need to do your job well
- to have your authority and responsibility for making decisions defined clearly.

Recognition of your status and contribution

You should expect:

- to have your opinions listened to and taken account of
- be involved in the decision making and planning processes for your foster child, as well as looking after them on a daily basis
- to be free from any undue pressure to accept a child when circumstances indicate that it would not be the right placement for the child and the decision is taken lawfully and in good faith
- to be treated with respect and your needs considered and to have your family life and other members of your family treated in the same way
- to have your personal information kept securely and confidentially and only shared with your permission
- to be helped to overcome any disadvantages that make your tasks more difficult as a result of any of the 'protected characteristics' cited in the Equality Act 2010
- to be given access to your personal information, which is held by the fostering service, when you wish, according to the rules in the Data Protection Act 1998
- to have any complaints that you make dealt with according to the Council's procedures and without fear of any detriment or intimidation or undue pressure being placed on you
- to be informed of any complaints made against you at the earliest opportunity, as long as this is consistent with the needs of the child and the fostering services procedures.
**Being given the support and knowledge to do your job**

You should expect:

- to be given support and constructive criticism through supervision
- to be given opportunities for personal development through supervision, reviews and annual appraisals
- to be given opportunities for training
- to have someone available for consultation and advice 24 hours a day all year round
- access to support groups
- to be given any special equipment you need in order to do your job
- to have a copy of all the relevant local policies, procedures and guidance
- to be given the information about your foster child that you need in order to do your job, such as a personal and family history, an assessment of the child’s needs and problems as far as they are known, and a plan for the placement that outlines the aims for the child, your contribution and the extent of your decision making powers
- to be kept up to date with any changes in your foster child’s circumstances and those of their family
- to be remunerated promptly and accurately
- to know what items are covered by the fostering allowance and what can be claimed as additional expenses.

**Knowing what you are responsible for and what decisions you can take**

You should expect:

- to have your delegated authority to take decisions about every day matters as haircuts, tattoos, body piercing, sleepovers, staying out late and taking part in family holidays in this country and abroad agreed at the beginning of the placement with the fostering service and the child’s parents and any other person with parental responsibility
- to be told who makes the important decisions about your foster child, what type of decisions they make and who to go to if you want advice about making a decision
- other staff to follow the national regulations and guidance.
What Children's Services can expect from foster carers

Children's Services' staff will expect foster carers:

• to show an overriding commitment to the children they look after and a commitment to promote their welfare and best interests

• to keep a child in the placement for the period agreed at the beginning of the placement. If there is a change in the plan and the child has to move, the foster carers will be expected to continue looking after the child until a new placement is found. If for whatever reason, the placement cannot continue, Children's Services will expect to be given reasonable notice of this by the foster carers, so that a new placement can be found with as little disruption to the child as possible

• to ensure that the physical, health and emotional needs of each child are met and the children in their care attend their early year’s settings, school or college, whichever is relevant

• to maintain contact and good communication with other organisations involved with the care of their foster child, such as schools, psychological services, doctors and hospitals. This includes registering all foster children with a doctor and dentist or letting the child’s existing doctor and dentist know of the change of circumstances, if they are near enough to remain with them

• to manage the child’s behaviour in accordance with national guidelines and local policies

• to keep foster children safe from harm and to let Children's Services know if the child tells them of any previous undisclosed harm or abuse

• to notify Children's Services immediately of any serious illness or any other serious occurrence affecting their foster child

• to contribute to the child’s written and photographic record of their life

• to recognise any particular religious, linguistic and cultural heritage of their foster child, to develop their knowledge of this inheritance and help them to feel proud of it

• to prepare young people for their life beyond care by giving them the practical and emotional skills to leave home

• to make it possible for the child’s social worker to see the foster child on their own and away from the foster home. We know from experience and the information we have been given by adults who were in care as children, that not all foster carers are as well intentioned as we would wish. Sadly some mistreat their foster children and abuse them and we have had to build in a variety of safeguards to prevent this. The practice of
seeing children on their own and away from where they are living applies to everyone looking after children in our care. Please try not to take this personally, but to see it as a reasonable measure to prevent children from being harmed

- to work with the child’s parents, brothers, sisters and wider family to enable them to maintain contact, according to the care plan for your foster child, and to respect their family background, which is part of their heritage

- to inform your family placement social worker of any changes in your household as soon as you know about them and any other problems that arise that affect your capacity to foster successfully

- to keep all your records about your foster child in a safe and secure place. All these records are the property of the County Council and should be kept and used according to the principles in the Data Protection Act 1998

- to respect confidentiality, but also to share information with the fostering service staff, other professionals and the child’s family appropriately

- to follow Children's Services’ policies and procedures

- to adhere to the foster carer agreement and contribute to the fulfilment of the foster child’s placement plan and care plan

- to attend meetings about your foster child

- to take part in supervision, reviews and annual appraisals

- to show a commitment to personal development by attending training courses and broadening and deepening your knowledge of how to look after children in care

- to work in partnership with social work staff, the staff in the fostering service and everyone else in the team around the child, including the foster child’s family. Essentially this means working with each other on the basis of good faith and mutual respect. It also means following the plans for the child and accepting the decisions of the team, once they have been made. There will inevitably be some disagreement at times between the opinions of professionals and foster carers and the child’s family about what is in the child’s best interests. While everyone has a responsibility to express their opinion, disagreements have to be resolved amicably for the sake of the child. It does not help children to have adults arguing amongst themselves; after all, they probably had too much experience of this before they came into care. If this cannot be done by negotiation and consent, it is up to the professionals to make the final decision, because ultimately they carry the legal and moral responsibility for the child.
Summary
By now you should have a good sense of what foster carers do and what is expected of them.

You should also be aware that you have joined a much larger team, who come together from different professional backgrounds to work with social work staff for the benefit of the child. None of them are entirely free agents, but work together according to the law and national guidelines and within a particular organisational structure. This structure – ‘corporate parenting’ - can be shown pictorially in the following diagram:

Much of this handbook will be devoted to explaining how you can fit into this structure and play your part in bringing up our children in care, but before we get to this, we need to look at what you will be dealing with – what the children’s needs are, what particular challenges they present and the bureaucracy that goes with working with statutory services.

This will be the topic of the next two sections.
Section 3:
Being in care
Why children come into care

About 0.5 percent of all the children in Norfolk are in care at any one moment. We can say therefore that the family circumstances causing these children to be removed are by any understanding exceptional.

There is agreement now about the characteristics of parents who are likely to seriously harm their children. They are likely to:

- have been abused or emotionally rejected themselves as children
- have a mental illness or learning disability
- have an alcohol or drug addiction
- have aggressive outbursts or a history of violence, especially towards partners
- have controlling or obsessional personalities
- have low self esteem
- have had a series of abusive relationships
- have no other parent or family to share the tasks of parenting and few sources of help in their community
- have a child who innocently triggers a rejecting or aggressive response in them, for example, because they are not a very cuddly baby or they remind the parent of a former violent partner.

In addition, some of the parents who are especially reluctant to ask for help from Children’s Services are likely to:

- fear the stigma of being a bad parent or have a deep suspicion of social workers left over from their own previous experience of Children’s Services or
- have been in care themselves and have not been given the love and security they needed, whether this was because of abuse by their carers or a series of breakdowns in placements.

(Taken from the C4EO Safeguarding Briefing, “Effective interventions for complex families where there are concerns about, or evidence of, a child suffering significant harm”, June Thoburn and members of the Making Research Count Consortium, November 2009.)

It is not the case of course that every person who has one or several of these characteristics becomes an abusive parent; indeed, harsh beginnings can be the spur to great success later in life for some people or at the very least give them a determination not to make the same mistakes as their parents.

Nevertheless, we do see these historic connections in Children’s Services, which can sometimes span different generations within a family. It is not unusual for one or other of the parents of a child in care to have been in care also. How and why this happens will be explored more fully in the next section when we look at trauma and attachment.
Why do some people overcome such unfavourable circumstances and others seem overwhelmed by them? It appears to be a combination of personal and environmental factors.

The first step is to be able to recognise that there is a problem and to want to do something about it. People who are able to make sense of their circumstances, have good problem solving skills and a belief that life can get better are more likely to flourish. This can be helped by having a personality that elicits a caring response from others, so they get the support of family and friends and other people in their community. Being self-confident, independent and having an outward going personality help, as does a history of successfully mastering difficult situations.

It is established now that having an alternative and positive model of caring is very important to a person’s future well being. This could be someone who cares for them in the family – another relative – or friend or later on a marriage partner. A happy school environment and the support of teachers can also be helpful.

It helps of course if the person is not exposed again to the adverse circumstances that created their distress. People who have been exposed to only one incident of abuse, for example, are more likely to flourish than those who have experienced a series of abusive events.

In many ways it is possible to say that the opposite of these indicators explain why some people do not recover from their early experiences.

People who cannot understand what is happening to them and why it is happening are disempowered. This is particularly true of children who are being sexually abused, for example. They can be groomed to accept as normal what is ordinarily considered wrong behaviour. It is especially difficult to untangle this kind of distorted thinking.

Children who are being abused or neglected are frequently isolated, making them more dependent upon the abuser. This can be a deliberate tactic of paedophiles to prevent a child from telling someone else about what is happening, but the neglected child can also be ostracised because, for example, they have not been kept clean. Children who have low self esteem, are not very confident and carry a lot of anger inside are less likely to make fulfilling relationships. It is known now that paedophiles will target the lonely and isolated child, so children who have been abused are more likely to experience further abuse.

Some people just find it too difficult to cope with the consequences of their abuse and seek some solace and relief by turning to alcohol or drugs. Empty lives can be filled by substitute thrills, such as gambling or taking great risks with their own life by taking part in a variety of risky behaviours.
Poor mental health is recognised as being one of the consequences of early trauma, especially depression and some anxiety disorders. Despair and a belief that nothing good will ever happen again can easily follow.

It is generally considered in psychotherapy that someone who has been abused will make a better recovery if they are able to talk about their experiences, but the chance to do this is often denied to children that have been abused. Abusive parents have an obvious interest in the child not talking about what is really happening and they may continue to deny their own actions and culpability to the child, even when the child has grown up. This may leave the child very confused about what happened in their childhood. It then becomes very difficult for them as an adult to sort out fact from fiction and to deal with their abuse.

Social workers are primarily involved with people who have not been able to recover from their early experiences of rejection or trauma and go on to provide parenting that is harmful to their children’s development. There is extensive evidence from research into trauma, attachment patterns and neurological science to show how the early patterns of relationships developed by children in response to neglectful or abusive parenting are re-enacted throughout a person’s life, unless they have an opportunity to change them. It is suggested that these parents find their child’s needs either overwhelming or frightening because they bring back feelings and memories of their own unmet needs. They can respond by withdrawing or being intrusive and hostile. A child needs the selfless love of a parent, but these parent’s own unmet needs provide formidable barriers that prevent them from giving that love.

In a real sense, both children and parents are victims of circumstance. Nobody chooses their parents or the environment in which they are brought up. The ways in which neglectful or abusive parents behave can be seen as adaptations to their own misfortune – the way in which they may have survived in fact – but adaptations that are ultimately ineffective and harmful to them and their children.

**Categories of abuse**

The harmful effects upon children that we see are categorised for convenience as being:

- physical abuse
- emotional abuse
- sexual abuse
- neglect.

These are not intended to be exclusive categories, because a combination of them can be seen frequently in individual children’s histories; but they are a useful way of describing what has happened. Somebody can abuse a child either by inflicting harm or failing to act to prevent harm.
Physical abuse
This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or fabricating the symptoms of illness in a child.

Emotional abuse
Emotional abuse is the persistent emotional mistreatment of a child, which causes severe and persistent adverse effects on a child’s emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate or valued only because they meet the needs of another person, usually a parent. It can include preventing the child from expressing their views, deliberately silencing them or making fun of what they say.

It may feature expectations being placed upon a child that are too old for them.

It may involve seeing or hearing another person being ill treated or serious bullying, including cyber bullying (i.e. abuse carried out over a mobile phone or computer).

Some emotional abuse is involved in all the other types of mistreatment, but it may occur alone.

Sexual abuse
Sexual abuse involves forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The definition now specifically includes grooming a child in preparation for abuse, including over the internet. It includes involving children in looking at or being involved in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, as well as the various forms of physical contact.

Although the majority of abusers are men, it is important to remember that women can abuse children, as can other children.

Neglect
Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, which is likely to result in the serious impairment of the child’s health or development.

Neglect may occur during pregnancy as a result of the mother misusing alcohol or drugs.

Once a child is born, neglect may involve a parent or carer failing to:
- provide adequate food, clothing and shelter, including exclusion from
  the home or abandonment,
- protect a child from physical and emotional harm or danger
- ensure adequate supervision, including the use of inadequate carers,
or
- ensure access to medical care or treatment.

It may also include neglect of or unresponsiveness to a child’s basic
emotional needs.

**Routes into care**

Parents who are not coping can simply ask to have their children in care,
either for a short period, for a series of short periods or for the long term.

- for example, parents who are physically or mentally ill or have a child
  with a severe disability may require temporary care as a way of
  balancing their own needs with the demands of childcare. Children in
  these circumstances will come into care voluntarily under s.20 of the
  Children Act 1989.

- children who have been abandoned or child asylum seekers with
  nobody to look after them will automatically be treated as being in care
  voluntarily.

- parents, who may be struggling to cope with the consequences of their
  own early experiences, as described above, may reach the point where
  they recognise that they need help and ask to have their child in care,
either temporarily or permanently. These children will also be in care
  voluntarily.

However, children may have to be removed from parents who deny what they
are doing to their children or resist any help from Children’s Services. The
criterion for the state being able to intervene compulsorily in the interests of
children is the concept of ‘significant harm’, together with a judgement that it
would be better for the child to be in care.

Professionals have to consider the nature of the harm, the impact on each
child’s health and development, the capacity of the parents to meet the child’s
needs, any special needs the child has, whether there is someone else in the
family who could look after the child and take into account the child’s wishes
and feelings when deciding whether the significant harm threshold is met.
How they come into care

If a parent asks for their child to be looked after, the child’s social worker will discuss the request with their manager. If it is agreed that accommodation is needed, a request for a placement will be sent to the Placement Team. The team is given as much information as possible about the child, so that the child can be matched to a suitable foster carer with a vacancy.

It is at this point that you will be contacted about any proposed placement. When thinking about a request to have a child placed with you, you should consider carefully any potential difficulties and feel able to speak frankly to your family placement social worker if you have any reservations. In particular you should tell them if you do not have a separate bedroom for the child and consider whether sharing would be a possibility. (See page 101 for the reason for this). You should also think about whether you need any additional toys, equipment or adaptations to accommodate a disabled child and any planned holidays or other commitments that might affect the placement.

Except in the case of emergencies, the social workers will endeavour to find time to plan and prepare for the placement. Sometimes the needs and demands of the parent or the child prohibit this, but it is always best practice to make proper preparations for the placement.

You should therefore expect the child to be introduced to you and preferably have an opportunity to meet the child and the parent in your own home. This will give you time to discuss practical details, establish a relationship and think about any additional things you might need. It will give the child a chance to meet you and see where they may be staying and to get to know you a little bit. Sometimes it will be helpful for the child to visit you on more than one occasion before the placement begins and to spend a short time with you or have a meal with you.

Usually there will be a pre-placement planning meeting held to share information about the child, discuss the child’s needs and the aims of the placement. If the child is placed with you in an emergency, this meeting should take place as soon as possible afterwards.

By the time the child is actually placed with you, you should have been able to have arranged details of when the child will arrive, who will bring the child and who will be accompanying them, what they will be bringing with them and have had time to make your own preparations, such as sorting out their room.

Where the child has been placed in an emergency, the child’s social worker should try to collect items of clothing from the child’s home within the next working day, so that they have their familiar things with them as soon as possible.

Sometimes a child may arrive at the foster carer’s home with their clothes and belongings unpacked or stuffed quickly into bags because of the tensions and chaos in the home at the time they needed to come into care. It is worth
remembering that whatever the state of their clothing and belongings, these are the most familiar things they will have with them and that they are important to the child. However, we also know from what adults who were previously in care have said that it is very demeaning to be always moved whilst in care with their clothes and belongings in a black plastic bag. If a child arrives at your home with their belongings in temporary bags of any kind, it would be worth talking to the child’s social worker about buying the child a suitable suitcase.

If the local authority has applied for a care order, you should be made aware of this before the date of the hearing, so that all the preparations can be made. The child will come to you straight from court, if an order is made, and you should be given a copy of the order.

**Initial information**

Whilst there is a series of forms that go with a child coming into care (see later), the information available when a child is placed with you may be minimal, especially if it is an emergency placement. You should be given additional information as soon as possible afterwards.

Normally however, you should be given written information or at least be told about the following at the start of a placement:

- whether the child is in care voluntarily or on an order and the implications of this for decision making
- the child’s full name and home address
- the child’s date of birth
- telephone details and arrangements for contacting their family
- anybody they should not have contact with
- health and medical information, such as any current medication, the name and address of the child’s doctor and any health problems or allergies
- the name of the child’s school
- details of any disability and how to manage it
- the child’s routines
- whether there are any particular dietary needs
- any particular likes or dislikes in respect of food, having a light on at night etc
- any racial or cultural factors, for example, which might affect food
- their religious background.

It is also very important that you are told about the problems and experiences that led to them coming into care, how long they are likely to be in care, and any potential problems that you might face, such as behaviour, stealing etc.

The child’s social worker has a responsibility to give you all the information that is available, so if a child has been sexually abused, you should be told about this at the beginning and have any implications for you and your family explained to you. However, we are not always aware at the beginning of a
placement whether this is a factor, because of the secrecy and shame surrounding sexual abuse. It is not uncommon for this information only to come out after a child has been placed, when they feel secure enough to tell someone.

If any of the above points are not covered when you have a child placed with you, please ask the child’s social worker for the information or if you have any difficulties, your family placement social worker.
Forms, forms, forms!
The essential information that you will be given about the child and the plan for the placement is contained in a series of forms, which are used by all local authorities.

At the beginning of the placement you should receive a copy of the following:

The Placement Plan, Parts One and Two
This is the agreement for the placement. It is signed by the parents and the social worker and where the child is in care voluntarily it is the legal authority for having a child in care.

The placement plan clarifies the parenting tasks that need to be done on a daily basis by the foster carer and the local authority and the financial arrangements. It is the key document for explaining how the team around the child will work together and it should reflect the best assessment and knowledge of the child’s needs at that time.

Ordinarily a placement plan should be drawn up before the child is placed with a foster carer, but if this is not possible, it must be done within 5 working days of the start of the placement.

Certain information must be provided in the plan. This is:

- the child’s family, race, religion, culture, the language spoken at home if it is not English and any disabilities or other special needs
- the circumstances leading to the child coming into care
- what the objectives are for the child and how long they may be in care
- the name and contact details of the child’s social worker, who to contact outside normal working hours and the names and contact details of all the other people and professionals who are involved in caring for the child
- details about the foster carer’s remuneration and any additional allowances that may be available
- an explanation of how the parental responsibility for the child is to be shared and divided between the parents and local authority and which decisions the parents are prepared to leave to the local authority.

The Placement Information Record
This form holds additional information about the day to day arrangements that will need to be made in order to meet the objectives for the placement.

The information in this form should include:
• the contact arrangements with family and anybody with whom the child should not have contact
• how the child may be helped to continue any religious or spiritual interests and any particular cultural interests
• arrangements for the child’s social worker to visit and an independent visitor, if there is one
• health information, such as allergies, current medication and any treatments and any outstanding appointments
• information and details of any additional educational support that the child is receiving.

This form should be kept up to date by the social worker throughout the time the child is in care.

There are two other important forms, which are not specifically part of the looked after children’s documents. These are the assessment forms:-

**Initial Assessment**
This is the first assessment that is done whenever a child is referred to Children’s Services. It is usually relatively brief, but sets out the reasons why the child was referred to Children’s Services and describes the services that are to be provided to the child and family.

**Core Assessment**
This is a more detailed assessment, which is usually undertaken to give a deeper and broader picture of the child’s needs. It is usually made in conjunction with other professionals who know the child and other members of the child’s family. Core assessments are not done for every child known to Children’s Services, but will be for children with a child protection plan and those who are likely to be in care long term.

You should always be given a copy of the initial assessment and a copy of the core assessment, if there is one.

As the placement progresses, there are more forms with which you will need to be familiar.

**Care Plan**
A plan should be made for each individual child in care that sets out the aims and objectives for each of them, how these are going to be achieved and who will do what. It is the main document for bringing all the information together from the assessments and analysis that will have been made before the child came into care.

The care plan should include:

• information about the long term plan for the child and any timescale
• the arrangements for meeting the child’s developmental needs, including the arrangements for contact with their family
• details of the placement plan and why the placement was chosen
• the name of the child’s independent reviewing officer
• details of the health and education plans
• the wishes and feelings of all the relevant people about the arrangements for the child
• the wishes and feelings of these people about any proposed changes to the care plan
• details of what will be done if the care plan is not achievable for any reason.

Where a child is accommodated voluntarily under s.20 of the Children Act 1989 the care plan must be prepared at the latest within 10 working days of the start of the first placement.

If there is a care order, a care plan will have been prepared during the court proceedings.

The plan should be reviewed at the child’s looked after review and can only be changed at such a review. If the plan needs to be amended urgently, a special review should be convened to discuss this.

**Personal Education Plan (PEP)**

Every child in care should have their own education plan, describing their educational needs and how these are going to be met. Education here includes the child’s nursery, pre-school group or childminder, as well as their school or college.

The education plan should be started before the child is accommodated, except where the child is accommodated in an emergency when it should be started within 10 working days of the start of the placement.

The education plan must include:-

• a history of the child’s education and a record of the child’s progress and experience of education, which itself must include:
  • details of the schools and colleges attended and the reason for leaving
  • information about the extent of any disruption to the child’s education before coming into care
  • the child’s attendance and disciplinary record at each school
  • academic progress and achievements and any special educational needs, including details of any educational statement
  • details of the current arrangements for the child’s education
  • details of the child’s leisure interests
  • measures that are planned to minimise the possibility of the child’s education being disrupted
• a description of what each person caring for the child has to do to help the child be successful at school and take part in leisure activities.

The education plan should be reviewed at the statutory reviews of looked after children.

Health Care Plan
The Looked after Children’s Health Co-ordinator should take responsibility for ensuring that a child in care has a health assessment and a plan that stipulates how their health is to be improved and any specific needs met.

The health plan should include:

• the child’s health history
• the current arrangements for the child’s health care, health checks and any screening, preventative measures and promotion of their health
• details about who should do what, when it should be done and the expected results.

The Pathway Plan
A pathway plan must be prepared for a child when it is realised that they will be leaving care and they become an ‘eligible child’ according to the definition in the Leaving Care Act. This is to make sure that everyone knows what they need to do in order to make the transition from care to independence as smooth and successful as possible.

You can find more information about the contents of these documents and the local authority’s duties in The Children Act 1989 Guidance and Regulations, Volume 2: Care Planning, Placement and Case Review at www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00185-2010

The relationship between the care plan and other plans
When a child is in care, the main focus of attention is on how well they are progressing and whether their health or development will be impeded without the support and services of the local authority. The cycle of assessment, planning and review is designed to concentrate the minds of all those involved in the care of a child on these matters so that the child’s best interests are not lost or forgotten.

There are 7 dimensions to a child’s health and developmental needs, which are defined as being:

1. health
2. education and training
3. emotional and behavioural
4. identity, which includes the child’s religion, racial origin, cultural and linguistic background
5. family and social relationships
6. social presentation
7. self care skills.

The care plan is the primary document for recording how these needs will be met. Although separate, the health and personal education plans are part of the care plan and cover the first two dimensions. You will always need to read the health and education plans therefore with the care plan.

The placement plan is much more specific, in that it describes how these needs are going to be met within a specified place and time. If the child moves on, the placement plan will become obsolete, but the care plan will continue to be relevant.

Later on, if the child continues in care into their adolescence and early adulthood, the care plan will merge into the pathway plan, so that the child can move smoothly into independence.

**A note on the independent reviewing officer’s function in care planning**

In addition to chairing the child’s statutory review, an independent reviewing officer has responsibility for monitoring the performance of the local authority in respect of each individual child in care. Their most important tasks are to:

- ensure that the care plans for children in care are based on a detailed assessment, are up to date and set out a realistic response to each child’s needs
- identify any gaps in the assessment or service to a child
- prevent any delay or prevarication in the planning and provision of the service
- ensure that the care plan reflects the child’s wishes and feelings and that the child understands the implications of any changes to their care plan.
Visits to looked after children by their social worker (other than children having short breaks)

A regular feature of foster carer’s lives will be visits from the child’s social worker. The main purpose of these visits is to maintain a significant relationship with the child, but they are also an opportunity for the child’s social worker to talk to the foster carer about the placement and to offer the carer support and advice, if it is needed, to ensure that the objectives in the placement plan are being met.

Regulations say that the child should be visited within one week of the start of a placement. After that a child should be visited at intervals of no more than six weeks for the first year of any placement. Visits during subsequent years must also take place at intervals of not more than six weeks, unless the placement has been designated as a permanent placement, which is intended to last until the child is 18 years of age. In this case, the child’s social worker must visit at intervals of no more than three months from the second year of the placement.

However, these are minimum requirements and circumstances may suggest that these visits should be more frequent, depending upon the child’s behaviour, needs and age; for example, very young children will need more frequent visits than this, if the social worker is to create a relationship with them.

In fact, either the child or the foster carer can ask the child’s social worker to visit more frequently than the minimum intervals and the child’s social worker must comply with this, as long as the request is made reasonably.

The regulations make it clear that visits should not be neglected because a placement is considered to be going well. This is not only because of the importance of the relationship between the social worker and the child and the social worker and the foster carer, but also because the social worker cannot oversee the progress of the care plan and contribute to its development without being in touch with what is happening in the child’s life.

They also make it clear that one of the purposes of visiting is to give a measure of protection to the child. The child must be seen and spoken to alone, unless the child refuses or the social worker considers it to be inappropriate or where the social worker is unable to do so, for example, where the child is out. The standard of care must be observed by the child’s social worker and the child’s bedroom seen sometimes. Some visits should be unannounced and some take place when all the members of the carer’s household are at home.

If the child’s social worker has concerns that the foster carer is not adequately promoting the child’s welfare the independent reviewing officer should be informed. If the child’s social worker concludes that the carer is not promoting the child’s welfare, measures must be taken to improve matters or an alternative placement considered.
The statutory looked after review system (other than for children having short breaks)

With so many people being involved in the care of a child and with each social worker having responsibility for many children, it is quite easy for the individual child’s needs to be overlooked. A system of regular reviews has been set up to prevent this happening.

Review meetings are mandatory and take place to ensure that the aims and objectives in the care plan are being met and to make decisions about amending the plan, if necessary, in the light of new information or changed circumstances.

Some of the essential matters that should be discussed at a statutory review meeting are:

- the effect of any change in the child’s circumstances since the previous review
- whether the decisions taken at the previous review have been implemented and if not, the reasons why
- whether the arrangements for contact with family and friends are working satisfactorily
- whether the placement continues to be successful and necessary for the child
- progress in meeting the child’s educational, health and leisure needs
- the child’s wishes and feelings about the care plan and placement and whether they want any changes made to it
- the views of the independent reviewing officer about any aspect of the case and the care plan, and
- whether an independent visitor should be found for the child.

The timing of statutory reviews

Regulations say that statutory review meetings must be held within certain maximum periods of time. The first one must be held within 20 working days of a child coming into care, followed by another one within three months of the first one. Then review meetings take place every six months until the child leaves care.

<table>
<thead>
<tr>
<th>Date child comes into care</th>
<th>First review</th>
<th>Second review</th>
<th>Third and subsequent reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ 20 working days</td>
<td>+ 3 months after first review</td>
<td>+ 6 months after second review</td>
<td></td>
</tr>
</tbody>
</table>

- 64 -
If circumstances require it and there needs to be a change to the care plan, then the date of the review should be brought forward. No significant change to the care plan can be made without it having been considered first at a statutory review meeting.

The child, parents and carers should always be consulted about the date and time of the review and the venue, so that they can all attend. Children should not be required to miss school or essential health appointments in order to attend the meeting.

**Preparation for the review meeting**

In order to gather all the information for the review the social worker, parents, carer and the child, if they are old enough, will be asked to fill in a form before the meeting. The carer’s form is called ‘Report on our time together’.

This invites you to make written notes about how things have gone and to mention any issues that you want discussed at the meeting. This should be completed and passed to the child’s social worker some days before the meeting, so that all the information can be given to the person chairing the meeting before it takes place.

**Preparing for going home or independence**

A placement will come to an end for a variety of reasons. Circumstances at home may have improved, so that the child can go home, or they may be ready to leave the foster home if they are approaching adulthood. On the other hand, a child may be removed by their parents at short notice or they may go home because a placement has broken down.

As far as possible, any move from one placement to another, or from a placement to home should be planned in advance.

The regulations say that a plan should be made before a child goes home, which describes the services and support that will continue to be given to the family whilst the child is at home. Preferably this should be done at a review meeting.

This is done on the basis that the child will still be a ‘child in need’, even though they will no longer be in care. These services will be voluntary of course and parents may refuse them if they wish.

For those young people who are 16 or 17 years old, are still in care, have been in care for at least 13 weeks between the ages of 14 and 16 and are expected to stay in care until their 18th birthday – ‘eligible children’ as defined in the Children Act 1989 – the process begins earlier and is more extensive.

Such young people should be given the same care and support that others would expect from a reasonable parent. No young person should be made to feel that they should leave care before they are ready.
A personal adviser should be appointed from their 16th birthday to work with them to prepare a pathway plan. The personal adviser must:

- provide the young person with advice, emotional support and practical help to prepare them for the time when they move
- take part in the reviews of the pathway plan
- liaise with the authorities to ensure that any services the young person needs are provided
- coordinate the provision of services
- keep in touch with the young person and visit at least as frequently as the minimum statutory guidelines for a social worker visiting a child in care
- keep a record of their involvement with the young person.

The local authority is responsible for the assessment of the young person’s needs, the resulting pathway plan and for reviewing it. The child’s social worker may be the most suitable person to do the assessment. If this is the arrangement, then the local authority will also have to decide who should be the best person to carry out the responsibilities of the personal adviser, bearing in mind the need to preserve continuity of services for the young person.

The assessment should be done within three months of the young person’s 16th birthday. It should take stock of the young person’s preparedness for independence and address the need for any skills to be acquired to enable them to live on their own successfully or return to their family.

The pathway plan must be drawn up as soon as the assessment is finished and kept under regular review. The review of the pathway plan will include the statutory review of the care plan, though the emphasis will be different. The care plan will be concerned with the current quality of the care being provided to the young person, while the pathway plan will focus on the future and especially the time when the young person will no longer be looked after.

More details can be found about all the above regulations in Volume 2 of the Children Act 1989 Guidance and Regulations: Care Planning, Placement and Case Review at:
www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00185-2010
Short breaks

The arrangements for planning and reviewing a series of planned short breaks in order to give parents some respite or continuing support are slightly different.

Where a child is in care for periods of more than 24 hours, but no single placement lasts for more than 17 days and the total length of those days does not exceed 75 days in any one year, the regulations allow these placements to be treated as just one placement. This means that one set of forms will cover all the times the child is in care during a year.

In addition, the care plan for short breaks will include the information that is usually put into a placement plan, so there is no need for a separate placement plan.

The requirements for visiting children in short breaks are less frequent, as are the time intervals between reviews. Visits should usually be made by a qualified social worker and always by someone with the skills and experience to communicate with the child. The intervals at which the visits will take place should be agreed with the child’s parents and the child’s independent reviewing officer before the start of the first placement and recorded in the short break plan. However, the first visit must be made within three months of the start of the first placement or as soon as practicable thereafter and subsequent visits should be at intervals of no more than six months.

The first review for children in short breaks should take place within three months of the start of their first placement. Subsequent reviews should be at intervals of no less than six months, although earlier reviews can be convened if circumstances require it.

More information can be found about the regulations applying to short breaks in “Short breaks: statutory guidance on how to safeguard and promote the welfare of disabled children using short breaks” at www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00183-2010
What it is like to be in care

Messages from children

Every child’s experience of being in care is unique and not surprisingly, children’s views about being in care differ according to their experiences. Nevertheless, there are a number of reports now from the Children’s Rights Director that give us some idea of what is important for children in care. The following comments are taken from his report ‘Care and Prejudice’, 2009.

The best things about being in care

According to this report, it was clear that “children value the people they are with in care, both the new people they meet and those who look after them, followed by the activities they are able to do in care, and having their own material things and possessions”.

Children in foster care were more likely than those in children’s homes to say that having good carers was the best thing about being in care.

Meeting new people was not just about making lots of new friends, but also having friends who could help you with your problems.

When children mentioned support, they meant not only help with everyday problems, but also help to turn your life around.

Other things that were mentioned as the best thing were getting a good education, being safe (for some, being in care meant being away from danger) and getting things that other people didn’t.

The worst things about being in care

The same report looked at what children said about the worst things. Being away from home and missing family was by far the most common comment. 47% of the children surveyed mentioned this as the worst thing about being in care. A number of them specifically mentioned being away from brothers and sisters.

Disabled children were much more likely to say that being away from brothers and sisters was the worst thing about being in care. Disabled children were also more likely than others to mention missing friends as the worst thing.

The best things about being in care

- Meeting new people (25%)
- Having good carers or staff (22%)
- Being looked after properly (22%)
- Activities, including days out and holidays (20%)
- Having material things of your own (14%)
- Support (11%)
The next most frequent comment was ‘rules’. By this, children meant things like having to get permission from their social worker for many things, rules about going out on your own or seeing friends and rules about everyday things, such as bedtimes.

There were no big differences between boys and girls or between those in children’s homes and those in foster care on what they said were the worst things about being in care.

One thing that did make a difference though, was the length of time that someone had spent in care. The longer children were away from family, the less family was missed.

### The worst things about being in care

- Being away from your family (47%)
- Rules (19%)
- ‘Nothing’ (12%)
- Others
  - Bullying
  - Moving to different placements
  - Being seen as different
  - Being treated badly by carers (3%)
  - Social workers (2%)

Feeling different

Half of the children surveyed said they felt different from other children and young people because they were in care, the other half had not. Girls were more likely to say they had felt different and children who had been in care longest (for over six years).

Children felt different because they were not with their own family and had different life experiences from other people.

Hearing other children and young people talking about their own families could make children in care feel different and left out.

Being in care could make a difference to making friends, because some people could feel sorry for them or some would stay away from them as soon as they found out they were in care.

Other reasons for feeling different were:

- other people thinking they were different
- feeling sad, angry, upset or insecure
- not being able to have friends to stay or staying with friends
- having a social worker or going to reviews.

What children in care think about how other people see them

Almost half the children surveyed thought the public saw children in care as bad and uncontrollable. Just under a quarter thought they were seen as troublemakers. One in eight children thought the public felt sorry for them.
Only one in ten children thought that the public saw them as the same as other children.

Children's views of how the public saw them

- That they are bad and uncontrollable (48%)
- That they are troublemakers (23%)
- They feel sorry for children in care (13%)
- That they are the same as anyone else (10%)

Girls and children in children’s homes were more likely to believe that the public saw children in care as being bad and uncontrollable. Children with a disability were more likely to believe that the general public saw children in care as being troublemakers.

The longer someone had been in care, the more likely they were to believe that the public saw children in care as being bad and uncontrollable. 72% of those who had been in care for more than six years thought this.

Do children in care worry about other people knowing they are in care?

55% of children said they did not generally worry about people knowing they were in care. 35% said they worried sometimes and 10% said they definitely worried about other people knowing. Therefore 45% of children said they worried to some extent about people knowing they were in care.

The reasons they were worried were:

- because people will then judge the young person
- because they might get bullied for being in care
- because people might treat them differently
- for personal reasons.

The longer the children had spent in care, the more likely they were to worry about people judging them. They gave bullying as their second reason for worrying.

Out of those children who worried about other people knowing they were in care, most concern was about how employers and landlords would react. There was concern about the way other children or young people were likely to react, especially those who were at the same school or college.

Children also worried about how other professionals, such as teachers, the police and doctors might react. Some children said they had had very different experiences, some good, some bad, when their teacher had known. For example, one teacher had told the child in front of the class that their foster carer was here to pick them up. There were few worries about faith or religious leaders knowing they were in care.
More information about what it is like to be in care in the early stages can be found in the Children’s Rights Director’s report to OFSTED entitled ‘Before Care’, published in 2010. The following comments are taken from this report.

**Do children agree with coming into care?**
A group of 50 children were asked whether they thought they should have been taken into care and whether or not they thought by the time of the first review that it had been the right decision.

At the time they came into care, just over half of the children did not want to come into care. Only one in three said they wanted to come into care. However, by the time of their first review (a month after coming into care) seven out of ten thought that it had probably or definitely been the right thing for them.

The main reason for their change of mind was that they discovered that they were looked after better than before. The next most common reason was that they had better chances and opportunities in their lives.

Where children thought that coming into care had been wrong for them, it was because they had wanted to stay with their family or because it had separated them from other members of their family, such as brothers and sisters.

**The day children came into care**
Three words sum up the most common feelings on the day children came into care – scared, upset and sad.

When asked whether anything could have been done to make it easier for them, the most common response was to say that it would have been easier if they had known better what was happening to them. They wanted answers to questions such as what was going to happen, when, where, how long and who they were going to go with.

More than half of the children had not known they were coming into care until it actually happened. Two thirds of the children said they had not been able to visit their first placement before moving in.

**The first weeks in care**
The top two things in the first few weeks in care were having friendly carers and having fun activities to do.

The top two bad things in the first weeks in care were missing family and the negative feelings children had about coming into care, such as being nervous, scared, shy or angry about what had happened.
Keeping in touch

The Children’s Rights Director’s report ‘Keeping in touch’ of 2009 summarised the experience of 370 children in care of contact with family and friends.

Contact was often lost as time passed, when children moved to new placements or when a brother or sister was adopted. Having news of their family was very important to them.

The longer a child had been in care, the more likely they were to have lost contact with their parents or brothers and sisters. 18% of the group had lost all contact with their mother, 46% all contact with their father.

35% had lost all contact with friends they had before coming into care. Few children kept in regular contact with previous carers.

81% of children in care who had at least one brother or sister who was also in care had been separated from them. Losing contact with brothers or sisters was most likely to happen once a child had been in care for between two and six years.

Most of the children thought that brothers and sisters should be kept together in care, but many thought it was right to place them in different placements if there was a good reason. Examples of good reasons were if brothers and sisters did not get on, if there was danger to any of them, or if they wanted to be separated.

Children in care talking to Childline

Not all children thrive in care. In 2009/10 Childline talked to 1 in 26 of all the children in care in the United Kingdom. These were children who were desperately unhappy and distressed. They struggled with their relationship with their foster carers, describing them as being uncaring and as a result, the young person’s life was filled with arguments and conflict. They felt deeply alone and at crisis point.

These children reported having had a series of placements, having been moved many times because of placement breakdowns or a shortage of suitable placements or for want of planning. Young people found frequent moves devastating, which left them feeling that nobody wanted them and blaming themselves for the moves.

Some looked after children turn to harming themselves or attempting suicide in these circumstances. The children in care talked to by Childline were twice as likely to mention harming themselves as a problem than other children who contacted them. The children said that harming themselves was a way of having some control in a world in which they felt they had no control.

One in eight children in care who contacted Childline described missing their family or wanting to return home. This was in spite of the fact that many of them had been placed in care for their own safety or had been mistreated by
their family. Some children described missing brothers and sisters, especially those who were separated from their parents. This was worse when their brothers and sisters were able to stay at home with their parents while they had been removed.

A particularly hard part of being in care was the relationship with other children with whom they were living. Many children fell out with other children in care, while others experienced bullying, intimidation or even physical abuse from them.

A small proportion of the children contacting Childline had problems relating to their foster carers. Their relationships were filled with conflict, hurt and pain. Children described rows, arguments, being shouted at and being told they were not wanted. Some children believed that their foster carers were fostering for the financial rewards and not because they cared.

**Messages from parents**

The Children’s Rights Director has also produced a report about parent’s views of council care – ‘Parents on Council Care’ 2008. The following comments are reproduced from this report.

Parents were asked what were the best things and worst things about having their child in care.

**The best things about having their child in care**

Over half (55%) said there was nothing best about it at all. One parent said “there is nothing ‘best’ about having a child in care; it is one of the most painful situations a parent can ever face”.

Of those who gave a positive answer, most mentioned being able to cope better themselves and cope with their other children.

Examples of this were: “I don’t get the abuse my son gives to others and my daughter is safe”, “I feel safe in my home”, “the responsibility was taken from me so I could hold down my job and keep a house going and look after my other child properly”, “it gives me time to sort out my own problems and turn my life around”.  

- Their child is well cared for
- It is easier for the parent to cope
- Their child has a normal family life
- They could give more attention to other children in the family
- Their child's behaviour had improved
- Their child was happy
The worst things about having a child in care

Many parents told of their anger and other emotions at having their child in care.

Examples of comments illustrating this are: “you destroyed my life for a long time”, “I’ve never felt so depressed”, “my life feels empty without him and incomplete”, “that he thinks the foster family are his parents”, “you don’t have children to put them in care”, “I have been made out to be a heartless, unfeeling monster and have felt stripped of my honour, dignity, self respect and identity”.

Others told of how it made them feel a failure: “guilt about not being able to cope”, “attending review meetings and feeling a totally rubbish parent”, “knowing I could not achieve at home what he receives in care”, “people calling me an unfit mother”, “I feel shame that I let the child down”.

One parent said she had overcome her guilt when everything had changed for the better.

Some parents said that in their opinion the social care system worked against parents: “you feel you are on a never ending battle”, “no one listens, no one understands”, “the stigma. Everyone, including social services at first, presuming you are a bad parent”.

Some parents thought it worked against their children too: “he came out of care considerably worse than when he went in”.

The report also includes the views of parents about how their children were being looked after in care.

The best things were:

- their child received good care from their carer
- their child had skilled staff and carers
- their child had good routines
- the placement was right for their child
- they could spend time with their child
- there were opportunities for trips and activities
- their child was getting a good education.
The worst things were:

- their child not being settled in the placement
- their children were not living with their own parents
- they had little contact with their children
- they were not involved in decisions about their children.

One of the key issues for many parents was that the placement seemed right for the child's needs, but was simply too far away from them as parents.

Finally, the report contains a summary of parent's wishes:

- help to prevent their child from needing to go into care
- that their child should be in a placement that meets their needs
- to have a say in the child's care plan
- to have a say in the child's placement, education and family contact
- help to put their views as parents in reviews, if they find this difficult
- to know whether the council plans eventually to return their child home
- to have regular news about their child, especially about their health and how they are doing at school
- to have regular contact with their child's social worker
- to know how to complain to the council about the child's care
- to have good support to have their child back home, if that is the plan.
What happens after leaving care

Research findings on children being reunited with their family

There has been relatively little research into what happens to children and young people when they go home.

However, the research that has been done suggests that children do better if they return to homes where the adult responsible for their mistreatment has left or if they return to a different parent or when there was a change in the parent’s partner.

The risk of things going wrong for children returning home was high for those who had come from families misusing drugs and alcohol and for those who went home as a result of a placement breakdown. One third of the latter had returned to care within six months of going home. Those who had returned to substance misusing parents were at high risk of being abused or neglected and nearly half of these returns had broken down within two years. Generally, between one third and a half of children going home may subsequently come back into care.

Children were less likely to go home:

- where they had been looked after for a longer time
- they accepted the need to be in care
- they had a disability
- if they had come from families affected by drug or alcohol abuse and domestic violence.

The main reasons for a planned return were improvements in the family situation or more rarely the child’s behaviour. There can also be significant pressure from the parent, child, placement or court for a speedier return home. There were more return breakdowns when children pressed for reunification or their return was accelerated because of problems in the placement, difficult behaviour or the child running home.

There were significantly fewer breakdowns at home when the return had been well prepared, when the carers had worked closely with the parents and the child to bring about change and the carers remained available after the child had gone home.

A number of factors have been identified which are associated with a return home continuing after six months. These are:

- a slow return home
- planning for the reunion had been purposeful and had included the child and family
- the problems that had led to the child coming into care had been reduced or resolved
- social workers had helped the whole family,
• parents had access to more services, especially specialist help with
  behaviour management, after the return of the child.

1. Research Brief, DFE-RBX-10-06, "Maltreated Children in the Looked after
System: a comparison of outcomes for those who go home and those who do
not". Jim Wade, Nina Biehal, Nicola Farrelly and Ian Sinclair, University of York,
2010.
2. Research Brief, DCSF-RBX-14-08, "Reunification of Looked after children with
their Parents: Patterns, Interventions and Outcomes". Elaine Farmer, Wendy
Sturgess and Teresa O'Neill, University of Bristol, 2008.
3. “Reuniting Looked after children with their Families: a review of the Research".

The experiences of adults formerly in care

Opening our records to former clients has given us access to a rich source of
understanding about children’s experiences in care and what happens to care
leavers later in their life. Some children in care go on to lead fulfilling lives and
some are very successful, but for too many others their adult life is
classified by a continuing struggle with the legacy of their early family
experiences and time in care. The people who come back to see their records
are on the whole a self selecting group, most of whom are wanting to find
answers to unresolved questions and issues. Many will not have had a good
time in care. Nevertheless, they can teach us a great deal about what it is like
to be in care.

Perhaps the most striking thing is that leaving care, in the sense that
everything has been fixed and unconfident children have been turned into well
adjusted adults, is for many an empty notion. Many carry the doubts and
insecurities of their childhood into adult life and are never really able to leave
their childhood behind.

The reasons why people ask to see their records show an eye catching
similarity to some of the worst aspects of being in care described earlier. One
of the main reasons for seeing records is to trace family. The desire to be
reunited with parents, even when they have been abusive, or find lost
brothers and sisters is incredibly strong and continues into adulthood. It
confirms just how intense the feelings of loss are when children come into
care.

This desire is frequently aroused when they have children of their own. They
may want straightforward information about their family history and any
hereditary diseases or they may want to find absent fathers or repair broken
family relationships. They may search for brothers or sisters who have been
adopted or were placed with different foster carers. Some are lucky and find a
family they thought they would never have. Some are disappointed and find
themselves being rebuffed again, while others just get along with their newly
found family without ever wanting to get too close.

The feeling of being different can also continue into adulthood. Examples of
this may be where mothers who were in care find it difficult or embarrassing to
share information about their family and background when meeting socially with other mothers and this can sometimes make it more difficult to get support in the community. Unless they keep in touch with other people who have been in care, adults who have been in care previously may rarely meet other people who have had similar experiences. Then there is always the problem of explaining your family history to your own children. Finding the right time and way in which to explain to them the abusive nature of their wider family is always going to be problematic.

Becoming a parent can bring back all kinds of feelings of inadequacy. There is frequently the underlying fear that they will make poor parents because of their early experiences or lose their children, even when there is no ground for thinking this. Some women choose not to have children for this reason.

When we start a family we tend to fall back on our own experience of being parented to work out how to be a parent, but former children in care may not have a good model of parenting to help them with this.

For a few people the effects of their early trauma can continue well into their adult life, especially if they were never able to resolve it or have the right kind of help as children. Survivors of childhood sexual abuse, for example, who never had an opportunity to tell someone about it, may suffer from mental health problems or may have difficulty maintaining close, fulfilling relationships as an adult. We know that former children in care are over represented in our mental health facilities and in our prisons. Amongst those who want to see their records are many who need this information because they are receiving counselling and are struggling with a variety of problems left over from childhood.

Often it is not until young people have left care that they are able to face their problems. Coping with all the emotional turmoil and changes can take precedence over everything else whilst a young person is in care. It can be a matter of surviving from one day to the next and it is not until the young person leaves care and is relatively independent that they have the space and maturity to reflect on their life.

Whether young people leave care formally when they are 18 or 21 or even 24 years old, life has an uncomfortable way of reminding them of their past.
Section 4:

Anyone can do this, can’t they?

Why fostering is different
What’s different about looking after children in care?

We have already come across some of the most significant differences in previous sections:

- the child is still part of their own family, who will have a say in their upbringing, as will the team around the child and therefore the child is not the foster carer’s to bring up as they please
- in most cases, there will be some continuing contact with family and friends
- the possibility of the child feeling different, not just because relatively few people have any experience of being in care, but also because of having other people making decisions about their life, having to get permission from social workers to do some of the ordinary things that children do and having to attend meetings regularly to hear how they are getting on
- having most things the child does written down and kept on record
- foster carers having to let their foster child go back home, even if occasionally the foster carer disagrees with this decision.

This section will look in more detail at the psychological and emotional differences that children in care bring with them. It can only be a brief introduction to the concepts of trauma, attachment, loss and grief, but you should be able to find out more about these through your training.

The rest of this section looks at the impact of parents’ abusive or negligent behaviour on children and its long term consequences, but before we can understand this more unusual behaviour, we need to look at what is normal.

The stages of normal child development

The following stages of a child’s psychological and social development are set out in chronological time periods to make it easier to understand. These are not fixed guidelines, because each individual child will develop at their own pace, but should be seen as roughly the period in which the development typically occurs.

The first year

The first year is a very physical stage – characterised by touching, holding, cuddling, carrying, feeding, washing, bathing, cleaning and playing. Through these activities the baby learns to trust. Picking her up when she cries, frequently holding and cuddling her, responding to her needs when she is hungry or tired or frustrated and making sure that she does not come to any harm, all form feelings that the world is a safe place and that people are reliable and loving. The consistent presence of at least one person brings hope and confidence. Knowing that the parent is always there for them allows the baby to relax into the development that needs to occur, rather than rise into tension.
Six months to eighteen months
After the initial bonding and attachment, the baby begins the process of separation from the parent, as his physical development allows him to move and then walk and run. Language develops and he begins to explore the world through communication, movement and his senses. Sounds, colours, touch and smells are all very important at this stage. Even if they cannot speak very well yet, infants at this age take everything in and understand us. They react to our emotions and moods and pick up on our anger, anxiety, interest and joy.

Eighteen months to three years
This is the age of autonomy and wilfulness. Increasing self awareness and desire to do things for themselves leads to frustration and temper tantrums as they explore the world and come up against the limits of what is possible and acceptable. Defiance and stubbornness may appear.

Discipline and consistency become important now. Limits on behaviour need to be set, as the young child learns the rules and cultural habits of our society. For the first time the young child will probably mix with other children, form friendships and learn how to share and make relationships. By the age of three they will probably be part of a group, starting their early year’s education.

The young child will be highly sensitive to parent’s approval and disapproval at this stage. They will be ashamed when told off and should usually respond to parent’s wishes. In healthy parenting, this shame is quickly translated into loving acceptance once again as soon as the undesirable behaviour ceases. Normal loving relationships are resumed, so that the young child does not feel inadequate or fearful of acting on their own.

Four to seven years
By now young children will be beginning to find their way in the world. They will be able to dress themselves, feed themselves and communicate. They learn by imitation and identifying with parents. This means that the child will internalise the parent’s behaviour as their own. Identification with a parent also gives them a basis for moral behaviour.

An understanding of what people expect of them grows and they begin to take some responsibility for their own actions. They begin to assert some control over the world through play and learn to cooperate with others.

Their sense of identity develops, becoming aware of their body and differences between the sexes. Privacy becomes important. This can cause embarrassment and there is much hilarity and joking about private parts of the body and bodily functions.
Seven to twelve years
This is the age that is characterised by learning. Children of this age want to learn. They can concentrate, stick to tasks, do things well and learn from others. School becomes the major arena for learning.

Children begin to develop pride in their accomplishments and abilities. They can become competitive. Winning and losing become very important, but if encouraged by parents and teachers their sense of competence and belief in their skills increases.

This is the age when parents need to broaden children’s horizons and develop their skills by providing all kinds of creative things to do and exposing them to the wider world. Joining clubs, taking up hobbies, visiting new places, going on trips, finding out about different ways of life and answering questions about the way the world works are all key features of this stage of development.

If a child has mastered the previous stages of development – has developed trust, autonomy and initiative - then they will have a sound basis for increasing self discipline, application and effort.

Adolescence
These are the years when children finally establish their own identity. Much time is spent talking to friends, staying up late at night thinking about who they are and what their values are. Parents become much less important to the adolescent. Family values and routines and parental instructions are cast aside, as the adolescent tries out a variety of new roles.

Previous interests and hobbies may change. The adolescent's points of reference change too. Instead of the family, adolescents will be more influenced by their friends and other ‘heroes’, such as sports stars or celebrities.

Relationships with the opposite sex are explored and developed and new responsibilities accepted. While the same sex group of friends are still vitally important, members of the opposite sex are gradually integrated into the adolescent’s life.

Parents of course can find all of this very trying. Their patience and tolerance is tested to the limit, as their child appears to reject everything they have tried to teach them. They may not be able to recognise the young child that they adored and to whom they devoted so much time and effort. Some parents can be shocked to discover that they suddenly do not like their child. Adolescence is not only about the child establishing their own identity, but it is also preparing the parent to let go. Responsibility and control are gradually passed to the child and the parental bonds of attachment are loosened.
Early adulthood and beyond

Finally the child becomes an adult and is ready to take their place in the world. The tasks of early adulthood are to find a job, establish a career and find a partner with whom they want to create their own family. As the parent withdraws control and attachment and circumstances allow, the young adult will naturally find their own way in the world and leave home.

Links with their family and parents will be continued, but the terms of the relationship will have altered. No longer will they be the child, but another adult, independent, responsible and capable of creating a more equal relationship with their parent. Eventually they may have children of their own and the cycle begins again.

Children who have been fortunate enough to have successfully managed all of these stages will be able to engage with other people and their surroundings. They will be emotionally expressive and show empathy to others. They will have internalised all the social rules and restrictions of our society and be in control of their own emotions. In forming and exploring relationships they will use and understand language and non-verbal communication. They will be interested in other people and able to put the needs of others before their own, especially those of their own children. But sadly, this is not true for all children.

We can now look at what can go wrong and get in the way of a child’s successful development.

Trauma

‘Trauma’ is a word that has crept into our ordinary language. It is often used to signify sudden and dramatic events and the severe impact these have on people, but it has a more precise meaning.

Within medicine it is commonly used to describe broken bone injuries, but it has also evolved to refer to overwhelming emotional and psychological strain. Used in this sense it is a deep emotional injury, which is caused by an event or series of events that overwhelm a person’s usual ability to cope. The difference between a stressful event and an event which causes trauma is the experience the person has of being completely without control or ability to influence events that threaten them or put their life in danger. It is the sense of total helplessness, of having no escape that is so damaging. Afterwards the experience causes intense emotions such as rage, betrayal, fear, resignation, defeat and shame.

Originally trauma was associated with extreme acts of violence and fear experienced in war. This was the origin of our understanding of trauma, but more recently we have realised that it is relevant to our understanding of the experiences and behaviour of children suffering abuse in families.

We can easily see how it is related to children’s experiences of abuse within their own family. Young children are too dependent and developmentally
immature to be able to stand up to their parents and they have no alternative but to put up with it, unless the abuse is exposed and someone else steps in to help them. They are trapped. We now also know that it is not essential for someone to experience an overwhelming event personally. Trauma can be caused by witnessing frightening events. In particular witnessing violence against a parent is a traumatic experience for many children. Even hearing about a serious threat that affects their immediate family or friends can traumatisise children.

Physical abuse, sexual abuse, witnessing domestic violence and abandonment are all events that have the potential to cause trauma in children.

When we look at the long term consequences of trauma in adults who have not come to terms with their childhood experiences of abuse, we see that they are more likely to suffer from mental health problems, such as depression and anxiety disorders, drug and alcohol addictions, eating disorders, personality disorders, uncontrollable anger and rage and to commit petty crime and acts of violence against themselves and others. Poor parenting and an inability to sustain relationships are also evident.

If you look back at the section on why children come into care, you will see that these features have a remarkable similarity to the list of characteristics of people who are likely to seriously harm their children. It must be emphasised however, that a traumatic childhood does not in itself predict the abuse of children; rather it is more likely if parents have not come to terms with their own trauma and healed their wounds.

Trauma is a key concept therefore for social workers and carers who need to understand abused children and abusive parents and which ones are a danger to children.

Fortunately not everyone is so badly affected by a traumatic experience. Many people recover spontaneously. There seems to be a natural impulse to heal. Three factors seem to be essential:

- safety and stability
- secure relationships and social networks
- the opportunity and ability to talk about what has happened.

As soon as a person is in a safe setting, they can begin to stabilise. Stress hormone levels fall and calm begins to return. If they have companions who love them enough to hold them steady while terrors are faced, they can begin to make sense of what has happened. Talking about the events, putting what happened into sequence and understanding the context all help to bring back some balance in a traumatised person's life. Gradually the traumatic event loses its dominance and becomes an unpleasant memory of something that happened in the past, which is now over.

But not everyone is in these fortunate circumstances.
Who is more likely to be at risk of long term problems?
What is traumatic for a child depends upon the interplay of a number of factors*

- the situation or context within which the event occurred
- the child’s personality and resilience
- the caring environment
- the age and understanding of the child.

Children who have no warning of a significant event can be traumatised by it, especially if they have no previous experience of other traumatising events. This can happen in care, for example, when a child is suddenly moved from one placement to another following a breakdown without having any say in the matter.

The intensity of the traumatic event and the proximity of the child to it matters. A series of events is more likely to create long term damage than a single event. The feelings are more intense when someone close to the child, such as a parent, is involved, either as the victim or as the perpetrator. If parents or at least one parent reacts calmly, the incident is more likely to be experienced as merely stressful, than if the parents are extremely anxious. Children report more anxiety when parents over react, when they are incapable of doing anything whatsoever or when they are out of control, confused or disorganised.

Extrovert children, who can elicit the sympathy and support of those around them, appear to handle critical situations better. A child’s response to traumatic events will vary according to their tolerance of stress, their coping capacity and their previous experience. Children who are already struggling with psychological problems when the traumatic event occurs are especially at risk. There may also be a biological factor involved, in that people who have difficulty overcoming traumatic events have been found to have lower levels of cortisol. This is the chemical in the body that switches off the ‘fight or flight’ response to stressful events. People with lower levels of cortisol find it more difficult to regain their calm.

Many children can cope well if they are in a caring environment. Children are more at risk of developing long term problems where parents are struggling with psychological problems or are themselves traumatised, where they make the child dependent upon them for their own support, or where they do not permit the child to express their feelings about the event openly or allow the event to be discussed.

The post traumatic reactions will also be influenced by the child’s understanding of the events, the meaning they attribute to it and their age. If they are very young when it happens, they may not have developed the language or the concepts to make any sense of what happened; for example, parents are supposed to love their children, so why do they do this to me? Similarly very young children see the world only in terms of their parents and good and bad behaviour. They will assume that they are to blame if
something happens, such as their parents divorcing, even when they are in no way responsible. This can then shape their view of themselves later on.

*Taken from ‘Supporting traumatised children and teenagers’ by Atle Dyregrov, 2010.

What happens when children do not recover spontaneously from traumatic events: 1. general consequences

If children are left to live with constant terrifying experiences they will find emotional and behavioural ways of accommodating their situation in order to survive. These survival mechanisms may become entrenched and normal ways of behaving for these children. Later on they may be carried over into adult relationships and situations where they are no longer needed and create all kinds of difficulties.

The principal defences against traumatic stress are: hyperarousal, numbing, avoidance and dissociation.

- **Hyperarousal:** the traumatising event produces a range of physical, psychological and social states of arousal that keeps the person ‘on red alert’. This is known as the ‘fight or flight’ mode of survival. Hyperaroused people seem very alert to any threat. For people who are unable to come to terms with their trauma, this state continues and they become super sensitive to any subsequent reminder of the traumatic event. The person is not in control of this and tends to behave as if they are being traumatised all over again. Actions or incidents which for most of us would be merely irritating, frustrating or cause us short lived anger trigger exaggerated responses in the traumatised person. They go ‘over the top’ and seem unable to let go of the slightest offence. Unless people understand the nature of this kind of behaviour – an effort to minimise any perceived threat - traumatised children are liable to be labelled ‘rebellious’, ‘unmotivated’ or ‘anti-social’.

- **Numbing:** Normal pleasurable emotions, feelings and sensitivities are shut down during a traumatic event, as all the body’s energy is directed towards survival. This kind of emotional numbing can continue in people who have suffered from a series of traumatic events and not come to terms with their experiences. It requires a great effort to block out unwanted emotions and in the process other emotions are also blocked. It is not always possible to choose between wanted and unwanted emotions. People suffering from traumatic stress can experience a general sense of emotional numbness in which they lose the capacity for joy – for example, a child’s constant refrain of “I’m bored”. Life becomes flat and dull. You can see some of the possible effects of this later in life, when, for example, adolescents turn to various extreme and risky behaviours in order to overcome this sense of numbness and feel alive.
• **Avoidance:** this is an attempt to shut out all possible reminders of the traumatic events. It may involve avoiding particular people who abused them or a place where the abuse happened, but it also can include mental efforts to avoid thoughts, feelings and conversations that remind a person of the trauma. However, reminders of the traumatic experiences have a habit of coming back, even though the memory of the events has receded. As children get older, these thoughts and images keep returning, as flashbacks or fragmented memories or strange compulsions to re-enact what cannot be remembered.

• **Dissociation:** this means that a person creates a division between feelings, behaviour and thoughts. It is a protection against psychological pain, in which the essential self is separated from the destructive experience. Women, who have been raped, for example, report ‘out of body’ experiences during the rape, in which they seem to be an observer of what is happening. Such dissociation provides psychological distance from terrifying experiences. Children who have used dissociation in childhood may continue to use it as adults to protect themselves from distressing feelings in the same way. You can see this when someone suddenly goes blank and appears to shut off when they find a situation stressful. It is a kind of self-hypnosis to avoid feeling pain in the situation. Unless you appreciate what is happening, such people can appear to be very insensitive in times of difficulty.

Whether it is by use of avoidance, dissociation or numbing, the consequence of using these defences seems to be an emotional constriction, in which traumatised children have difficulty recognising and expressing their feelings.

**What happens when children do not recover spontaneously from traumatic events: 2. behavioural consequences**

Traumatic events continue to affect children long after they are over. We can see the effects of the trauma and the use of the above survival mechanisms in children’s behaviour:

**in young children**

• young children may have disrupted sleep or have nightmares about aspects of the abuse because the brain cannot quieten their fears. Some find it hard to go to sleep, but then are tired in the morning and find it difficult to get up
• they may act younger than they are and lose skills they have already mastered, such as toilet training, or return to wetting the bed
• they may repeat some aspects of the traumatic events in their play
• they may develop new fears, such as fear of strangers or animals or be clinging to a safe carer
• they may be withdrawn and quiet, but anxiety in young children can also be shown in hyperactive behaviour. Concentration and attention
spans might be short. Such behaviour can easily be confused with an attention deficit hyperactivity disorder (ADHD) in young children.

in primary school aged children

- sleeping and bed wetting problems may continue
- they may complain of symptoms that have no obvious medical cause, such as stomach aches
- they may have no memory of the events that caused their distress or they may only have fragmentary memories, which can be confusing and worrying for the child
- they may have difficulty concentrating and learning in school
- they may get angry easily and take their anger out on others – brothers and sisters or foster carer’s children in a foster home or pets or other wild animals in the garden
- they may feel ashamed of themselves or guilty
- they may go back and forth between shy and withdrawn behaviour and unusually aggressive behaviour.

in adolescent children

- they are likely to have low self esteem, with feelings of shame, guilt and inadequacy
- they may ruin the safe environment that is nurturing them. Their inner, felt experience is of being terrified, but their objective, outer experience is being safe and cared for. This can be confusing for the traumatised adolescent. Sometimes they can opt to make their world more familiar by making it unsafe again. Just when everyone is thinking that things are going well for them, they press the self destruct button!
- sometimes traumatised children can behave towards others in ways that cause the other person to have the same feelings that they have rejected or suppressed. For example, a sexually abused child can initially get very close to a carer who acts towards them like a good parent and then for no apparent reason reject the carer, leaving them feeling utterly betrayed. The carer’s feelings mirror the child’s own feelings of betrayal by their parent. This ability to cause others to feel in the same way as they do is called transference and counter transference. In this way traumatised children can generate behaviour in their carers that is out of character for them
- adolescent children may experience flashbacks (re experiencing aspects of the traumatic events) and have unwanted, distressing thoughts or images of the events
- they may feel depressed or even suicidal
- they may begin to use alcohol or drugs to block out these intrusive thoughts and to overcome their sense that life is awful and pointless
- they may begin to harm themselves by cutting themselves to relieve tension or develop eating disorders to gain some control when they feel they have little control over what happens in their life
- they may get involved in petty crime
- they may have thoughts of revenge on the perpetrator
they may indulge in reckless behaviour to find excitement
they may re-enact some part of their traumatic experiences, such as sexualised behaviour in the case of sexual abuse.

in adults

- they may become addicted to alcohol or drugs to block out intrusive thoughts or ease anxiety or escape mentally from a bleak world
- unexpressed anger and rage may come out in other ways, such as violent behaviour, arson or other petty criminal behaviour
- unexpressed anger may be turned against themselves, leading to self-harm, eating disorders and attempts to undermine the good things they have in life
- anger can also be turned against those in authority, and this may show itself, for example, in distrust of social workers
- the world is a frightening place for trauma survivors and the anxiety may lead to panic attacks, agoraphobia, obsessive compulsive disorders, long term depression and suicide attempts
- they may have a sense that nothing good will ever happen again, that they do not deserve anything good to happen to them. Belief in the essential goodness of humanity and religious belief can all be shattered by trauma
- recent research has found a strong association between child sexual abuse and personality disorders
- there is a strong link between child sexual abuse and prostitution
- relationships can be problematic for adults with unresolved trauma
- parenting can also be problematic. There is a strong association between unresolved trauma and disorganised attachment patterns of parenting (see below). There may be a risk that a particular child may trigger the unresolved anger and shame felt by the parent. We see this when one particular child in a family is ‘scapegoated’. There is also the possibility that parents will repeat their own traumatic experiences as a child, choosing partners who are possessive and violent or by becoming overbearing and controlling parents.

What happens when children do not recover from traumatic events: 3. generational consequences

Sociologists have been aware for a long time of what has been called the ‘cycle of deprivation’. Some families seem to be forever trapped in poverty. Their children do not do well at school and leave with few or no qualifications and the cycle of poverty continues. Yet we also know that some families are able to escape this fate and there is much interest in why some families are more resilient than others.

Our understanding of trauma may help us to answer this. We can see how some people who have not healed their wounds from childhood abuse suffer as adults. If their lives are dominated by their early traumatic experiences they are unlikely to keep a job, have stable relationships and maintain a reasonable income, all of which are necessary for success in life. We can see
also how their children suffer from their poor parenting. In effect, the consequences of abuse in one generation are passed on to the next. We can see evidence of this now that we have to keep the records of children in care throughout their life and our records for a family include more than one generation. It is plausible to think that unresolved trauma might be the mechanism by which the cycle of deprivation continues.

Equally we can see that the life chances for people who can heal their childhood wounds are improved. The unfortunate consequences of abuse are not inevitable, so long as help is available and the person can make use of it. Social workers and foster carers can play an important part therefore in breaking this cycle of poverty.

**Attachment**

Attachment is a much older concept than trauma. It was developed in the early 1950s by John Bowlby, who brought our attention to the importance of the bonding that normally takes place between a parent and their baby. Whereas trauma has its roots of disturbance in events, attachment theory looks at the relationship between the parent and child. It is particularly relevant when looking at parents who cannot or will not make strong bonds with their children. It is useful, for example, for understanding the consequences of neglect, emotional abuse or the effects of severe mental health and drug and alcohol dependency on parenting.

In some ways the two concepts of trauma and attachment overlap. As has been already mentioned, traumatised parents can display what is known as a disorganised pattern of attachment with their children. Neglect is frequently accompanied by some of the other forms of abuse, so the consequences of each are often intertwined. Indeed, some psychologists are looking at ways of bringing trauma and attachment theory together, so far as their effect on children is concerned, and calling it ‘complex trauma in children’. However, there is still some value in looking at these concepts separately.

Attachment refers to the responsiveness of a parent to the child’s needs. From the earliest moments after birth the child looks to a parent for its sense of security, protection and fulfilment of all its physical and emotional needs. The baby’s behaviour is designed to induce an agreeable response from the parent, either by being very endearing and loveable or by asserting its needs through crying and screaming. In the majority of cases, the parent will respond appropriately and the needs of the baby will be satisfied. In attachment theory, this is called forming a secure attachment.

A secure attachment is necessary to support a child’s development in many areas. It is essential for the child to develop self control and a feeling of security. From the beginning a baby gains confidence from knowing that the parent is always available and can meet every one of its needs. When things go wrong or the baby gets upset, the parent is there to show love and compassion, to reassure them and put it right. In this way, the baby learns to regulate its emotions and control its responses. Later, the young child will
have the confidence to explore the world and exert an influence on it. Self-esteem and trust develops and with it a capacity for communication.

Although secure children may experience some uncertainty at times or upset their parents, they know that they will again experience feelings of safety and pleasure as soon as the relationship is restored. This is not so for insecurely attached children. Parents who are unwilling or unable to respond to a child’s needs create anxiety and insecurity in their relationship with their child. Children then respond by trying to change their behaviour in order to please their parent and gain their interest. If this works, the parent will be available and it allows the child to gain some security from the relationship, but at a developmental cost to the child.

There are two types of insecure and anxious attachment patterns*:

‘Avoidant’ attachments
Parents who feel anxious or even angry when their children make emotional demands on them or are distressed, dependent and vulnerable cope by distancing themselves from their child and their signals of distress. They may impose their own views of how a ‘good’ child should behave; ‘good’ being defined as not making demands on the parent.

Parents who only accept their child when they behave in an independent, self-contained and self-sufficient manner have a distinctive kind of care that is called ‘rejecting’ or ‘dismissing’. The parent does not reject the child outright and may be loving at times, but generally cannot cope with the dependent, needy behaviour of the child.

Children adapt to rejecting parents by downplaying their need for love and understanding and control their emotions. They tend to be emotionally independent, self-sufficient, self-contained and compliant, at least when with their parent. In this way they learn how to stay on the right side of their parent, but at a cost of not learning how to elicit care and protection. Intimacy and closeness tend to be avoided. This pattern of behaviour can be transferred to other carers when in care. Foster carers can find this kind of behaviour very frustrating.

‘Ambivalent’ attachments
Some parents are too preoccupied with their own needs and anxieties to be able to put the needs of their child first. Parents who have not had their own need for love and caring met can be very demanding in their relationships and this can be extended into their relationship with their children. They are not reliably available to their child; though when they are, they are loving and attentive.

The child experiences this as inconsistent care and swings from feelings of trust to frustration and rage when the parent is not there for them. This is known as an ambivalent pattern of attachment.
In order to get the parent to respond the child will increase their display of distressed behaviour. Children with this pattern of attachment cry, fret, whine, fuss and are likely to be provocative, fractious or very demanding in order to get the parents attention.

One of the other consequences of this pattern is that such children find it difficult to be absorbed in play and exploration. They have poor concentration, are easily distracted and frequently moody. They begin to control other people’s unpredictability through coercive, demanding behaviour, which can include threats, anger, needy behaviour and seduction. Someone looking after these children can easily feel drained and angry. Carers may eventually give up, which only confirms the child’s belief that parent figures are not reliable.

‘Disorganised’ attachments
This has already been mentioned in connection with trauma. People who have not come to terms with their traumatic experiences live in a permanent state of terror. Their babies and young children sense this and experience fear in the presence of the person upon whom they are totally dependent.

In the worst cases, parents are unable to respond to the child’s needs or deal with the child’s distress. When mistreated children need parents to contain their anxiety, they experience danger and psychological abandonment. The child becomes more distressed and correspondingly, so does the parent. The child and parent become caught up in an escalating spiral of mutual dissatisfaction and frustration. The traumatised parent can react either by withdrawing (becoming neglectful) or by becoming aggressive, suppressive, and critical (becoming physically, emotionally and possibly sexually abusive).

The child’s natural impulse towards attachment continues however. This leaves the child very confused, because the parent is seen as being both protective and dangerous. In these circumstances, the young child cannot develop any attachment strategy at all. They may try to improve the situation by using the strategies outlined above in avoidant and ambivalent attachments, but they may give up altogether. This is when we see unusual behaviour in young children, such as head-banging, rocking, sucking, biting or playing with their genitals, which is an attempt by the child to calm and soothe themselves.

We also see attempts by these young children to take control of the situation. Faced with an emotionally absent parent or a threatening parent, the child may adopt any one or a combination of self-preservation techniques: compulsive self-reliance, compulsive caring or compulsive compliance.

- **Compulsive self-reliance**: these are behaviours that are an attempt to prevent the parent from being in charge. It is too frightening to let helpless or hostile parents be in control, so children try to ‘boss’ their parent, belittle them, refuse to let them carry out caring functions or even attack them. These children can be described by parents as being ‘out of control’, ‘mental’ or ‘wild’.
• **Compulsive caring:** this is often developed by children whose parent's own needs and dependencies take precedence. These are 'needy' parents and the child begins to 'parent the parent' in a reversal of roles. Responsibility for looking after the parent's need for care, attentiveness and emotional support is taken on by the child. This pattern of behaviour can be seen sometimes in children whose parents are addicted to alcohol or drugs, victims of domestic violence or adults who are still overwhelmed by their own feelings of childhood loss or trauma. The child's needs get submerged whilst taking on this responsibility, but do not go away. They tend to erupt when the child is under too much pressure. We can be surprised how suddenly the good natured, responsible child we normally see can change and become an emotional, vulnerable and needy little child. In adulthood they may become 'co-dependent' personalities, forming relationships with dependent partners who may have problems with drugs, alcohol, gambling or violence. Although ostensibly there appears to be little in these relationships for the compulsive carer, they are at least familiar.

• **Compulsive compliance:** this is seen in children whose parent or parents are predictably violent and dangerous. Children become very wary and attuned to the violent parent's moods and whims and develop strategies for appeasing them. These controlling strategies are fragile. Control is lost whenever their neediness and vulnerability comes to the fore and they are liable to lose their composure. The same is true for abusive parents. Under conditions of low stress or limited responsibility for their child, they may relate reasonably well to their child – for example on contact visits – but be unable to maintain this if they resume full responsibility for their child.

* Taken from “Child Abuse and Neglect: Attachment, Development and Intervention” by David Howe. 2005.

**Loss and grief**

By the time children have come into care they will probably have experienced loss in a variety of ways; not just loss of familiar things, clothes, toys, surroundings, maybe school, but also friends, pets, brothers or sisters and perhaps a parent. Adults who have been in care because of early abuse and trauma sometimes speak of loss of innocence or of having lost their childhood.

Grieving is the process by which we come to terms with our loss. Loss of a carer or of our home leaves us feeling numb and shocked at first as we struggle to register what has happened. We turn in on ourselves and become self-absorbed. We need time and space for ourselves and emotional 'holding'. Then there is often a time of denial, when we minimise the loss or frantically search for an alternative to replace the loss, before we are able to take in fully the truth of what has happened. Then sadness takes over and we may possibly despair. We may feel angry at what has happened or with the person
who has caused our loss. We may feel guilty and blame ourselves for what has happened. Could we have done something differently? Finally there comes resolution, as we accept our loss and realise that life can continue, even though it may not be the same again.

Change is a common experience for children. For much of their childhood they have little control over it, as parents and adults usually make the decisions that affect their lives. Change can be for the better, but it can also involve losing good things and good times. Young children especially will appear to accept change, as they have little choice, but they will be less likely to be able to understand the impact upon them. Foster carers may have children therefore who are unaccountably sad, angry, disorientated, agitated, withdrawn or depressed because of their loss, but do not understand why they feel like this.

Children without a secure background and without strong bonds of attachment are likely to find coping with loss more difficult. They may, for example, try to be too self-reliant or not trust caring adults to be able to help them. Children from a different cultural background may have different traditions and rituals for grieving and may find our ways of dealing with grief unfamiliar. Some children may need professional assistance to help them overcome their loss, especially if this is of a loved one or death of a parent.

**Signs of grief that needs professional assistance**

- persistent reaction patterns of:
  - weeping, sadness, depression
  - anger, bitterness, self destruction
  - isolation from others
  - fear of closeness with others due to a fear of further losses
  - inability to express thoughts and feelings about a lost loved one or parent
  - constant rumination over the death, preoccupation with the deceased
  - oversensitivity for everything having to do with loss and separation
  - persistent reduced ability to function at home and at school
  - prolonged severe and almost paralysing fear that something is going to happen to loved ones
  - persistent idealisation of the relationship to the deceased.

Children from abusive homes come with many problems. Many of the presentations and symptoms of trauma, insecure attachments and loss overlap, so it can be quite difficult to work out what is causing any particular behavioural difficulty. Foster carers are dependent on having a very good assessment from the child’s social worker to understand the cause of their foster child’s difficulties. It is essential that they have a detailed family history and know what their foster child has been through. It is vital also of course, that they know their foster child and their reactions.
The impact of trauma and attachment problems upon a child’s development, education and life chances

Without good alternative care and professional assistance the effects of early emotional deprivation and terror can be long lasting and spread into all areas of children’s and adult’s functioning. Whereas a child would normally learn to trust their carers and adults, young children who have been through these experiences learn not to trust them. The world is a frightening place for them and they are less likely to have the confidence to explore it. Their ability to learn is restricted and so is their ability to lay the foundations for later success.

Problems with concentration, a lack of interest in learning and being preoccupied with themselves and their circumstances will affect their educational chances in school. Low self esteem can limit a child’s ambitions. Teenagers who are experiencing intrusive thoughts and images as a consequence of unresolved trauma are distracted and when this leads them into using drugs or alcohol, it can have much wider implications. There is always the risk that such children can get involved in crime or will be excluded from school. It is not surprising that the success rate for children in care taking GCSE’s is so much worse than for other children.

Making relationships is always likely to be uncertain and confusing for them. Successful relationships are built on trust and an ability to understand other people’s reactions, non-verbal cues, wants and desires and their intentions towards you accurately. Abused children who have not had the opportunity to develop this ‘emotional intelligence’ are always likely to struggle in their relationships. Their ways of behaving, created by their highly unusual and distorted early experiences, are likely to clash later in life with the expectations of people who have had more loving and secure experiences. To put it simply, when the abnormal meets the normal there is likely to be confusion, misunderstanding, tension and conflict.

Poor educational achievement, broken relationships and a poor view of oneself are never a good basis for success in adulthood, yet this is the fate of too many children in care. The Government has been concerned to change this and improve the outcomes for these children. In 2005 new performance targets were set for Children’s Services, known as the ‘Every Child Matters Outcomes Framework’. These relate specifically to children in care and are now legally binding.
The ‘Every Child Matters’ outcomes
There are five general headings, each of which is divided into sub-headings.

<table>
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<th>Be healthy</th>
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<tr>
<td>Children and young people are physically healthy</td>
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<td>Children and young people are mentally and emotionally healthy</td>
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<td>Children and young people are sexually healthy</td>
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<td>Children and young people live healthy lifestyles</td>
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<td>Children and young people choose not to take illegal drugs</td>
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<tr>
<td>Stay safe</td>
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<tr>
<td>Children and young people are safe from maltreatment, neglect, violence and sexual exploitation</td>
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<td>Children and young people are safe from accidental injury and death</td>
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<td>Children and young people are safe from bullying and discrimination</td>
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<td>Children and young people are safe from crime and anti social behaviour in and out of school</td>
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<td>Children and young people have security, stability and are cared for</td>
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<td>Enjoy and achieve</td>
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<td>Children and young people are ready for school</td>
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<td>Children and young people attend and enjoy school</td>
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<td>Children and young people achieve stretching national educational standards at primary school</td>
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<tr>
<td>Children and young people achieve personal and social development and enjoy recreation</td>
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<td>Children and young people achieve stretching national educational standards at secondary school</td>
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<td>Make a positive contribution</td>
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<td>Children and young people engage in decision making and support the community and environment</td>
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<td>Children and young people engage in law abiding and positive behaviour in and out of school</td>
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<td>Children and young people develop positive relationships and choose not to bully and discriminate</td>
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<td>Children and young people develop self confidence and successfully deal with significant life changes and challenges</td>
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<td>Children and young people develop enterprising behaviour</td>
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<tr>
<td>Achieve economic well being</td>
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<td>Young people engage in further education, employment or training on leaving school</td>
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<tr>
<td>Young people are ready for employment</td>
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<td>Young people live in decent homes and sustainable communities</td>
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<td>Young people have access to transport and material goods</td>
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<td>Young people live in households free from low income</td>
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Most people would probably agree with these targets; indeed, they are probably what most, if not every, parent would want for their children. In effect the Government has challenged us to take children from very deprived backgrounds and turn them into well adjusted, responsible and happy citizens.

However, we have seen in this section that the detrimental consequences of trauma and attachment difficulties are deeply ingrained and persistent. At the beginning of this Handbook the task for foster carers was described as being to provide an alternative home for as long as the child needs it, to care for and nurture the child and to make life as normal as possible whilst they are away from home.

We can now add overcoming the effects of trauma and attachment difficulties to the tasks for all those involved in looking after abused children. This is especially true for children in permanent care, but it is also important that we do whatever we can for those who stay for shorter periods.

Foster carers and professionals need to work together to help these children develop their self-esteem, self-awareness and self-control, so that they can take advantage of all the opportunities that are normally available to children.

The next section describes what foster carers can do and how they can help children to do this.
Section 5:
Putting it back together
Part 1:
Healing the wounds
Introduction

In the first part of this section we are going to look specifically at how foster carers can help children overcome the effects of trauma, insecure attachment patterns and loss.

We have seen how the effects of these spread out into all areas of a child's functioning and development. If we want children from deprived and abusive backgrounds to grow up into successful, whole adults, who can enjoy life and bring joy to the world then the greatest gift we can give them is the ability to put these early disadvantages behind them. Healing the wounds of early trauma, neglect and emotional abuse is the means by which we are most likely to succeed in fulfilling this ambition.

Put another way, we can say that the topics covered in part one of this section are fundamental to achieving all of the ‘Every Child Matters outcomes’.

Not every foster carer will be involved in this way of working of course. The following sections will be most relevant for carers looking after children permanently or in longer term placements, but it is hoped that short term carers and those providing regular breaks will find it interesting too. After all, any experience of a warm, nurturing and safe period in their life will be beneficial.

Healing insecure attachment patterns

Where children’s needs have been neglected or the parent’s have been inconsistent in their emotional availability, or they have used a child for their own emotional support, there will be a need to repair the damage by offering the child an opportunity to experience what is technically called ‘therapeutic parenting’.

Although this sounds very grand, in practice many people would recognise it as just good parenting. It is therapeutic however, in the sense that it has a particular purpose and the principles of good parenting are applied consciously to bring about change in the child’s behaviour and perceptions.

The purpose of ‘therapeutic parenting’ is to create a corrective emotional experience that is similar to what should have occurred in the child’s formative years. Its essential feature is that the carer is always there for the child, emotionally and physically, so that the child can learn to trust their reliability and willingness to respond at times of fear, need, anger and sadness. The more the child feels understood and valued and realises that an adult can cope with all their moods and emotions, the more the child will feel safe. The child gradually realises that the expression of their needs does not lead to their rejection or their carer getting upset or angry or vindictive. The safer the child feels, the more likely they are to express themselves and rely less on their ‘defences’. Slowly they will relinquish their need to control or withdraw
and begin to experience what it is like to be dependent but safe, vulnerable but understood.

A therapeutic relationship tries to reproduce the features of good parenting in the earliest stage of normal child development – nurturing, trust, safety and security – which is the foundation for further psychological, emotional, social and educational development.

This is not to say of course that fostered children should be treated like babies. The idea is to approach the child in a way that gives them the experiences that have been missing in their earliest years. The stages of normal development that were described in section four are being used here to show the process that children need to go through in order to develop secure attachment relationships, a process that is not necessarily linked to time. Within a therapeutic relationship our attitudes and behaviour towards an insecurely attached child are determined more by their developmental age than their chronological age.

It will not always be easy for foster carers, nor can it be done quickly. At first the child may not trust what they see and feel and push the foster carer to the limit in order to test the durability of their responses. At some point in the process there is likely to be a period of disbelief and challenge before the child comes to accept that the carer really is safe and caring. There are also risks attached to ‘therapeutic parenting’ in getting too close too quickly and this needs to be balanced with providing a warm and secure relationship. This will be looked at in more detail later in the section on communication.

Welcoming a child into your home – establishing trust and respect

First impressions are important. This is an opportunity to establish trust and confidence and show respect to the child within the first few minutes and hours of a placement beginning. Get this right and the chances of making a good relationship are improved immensely.

Start as you mean to go on. Showing respect is not only done through your behaviour and attitudes but also through the physical environment you provide for the child.

National minimum standard 10 says that each child over the age of three should have their own bedroom in the foster home. This is clearly intended to be the norm, but the standard does allow for exceptions. However, if the child has to share a bedroom, each child should have their own area within the bedroom and the whole arrangement must be agreed with the fostering service. The fostering service must take into account any potential for bullying, any history of abuse or abusive behaviour, the wishes of each child concerned and any other pertinent considerations before giving agreement. This assessment and the decision should be recorded in writing and a copy given to the foster carer and the child, if they are old enough.
If you cannot provide the child with their own bedroom, you should discuss this when the placement is being considered in the case of planned placements, or in the case of an emergency placement you should discuss it immediately with your family placement social worker and the child’s social worker. It may be a reason for saying that you cannot take this particular child.

The room should be suitably decorated and furnished for the age of the children for whom you are registered. If you are caring for a disabled child, any aids or adaptations must be fitted first. With young children you will need to provide storage space for toys, as well as clothes, and ideally teenagers should have a desk at which they can use their laptop and do their homework.

When the child arrives one of the first things they will want to do is see their room and be shown around the rest of the house and garden to find out where things are.

They may be hungry, depending upon the circumstances of their arrival, and might appreciate being offered a drink and something to eat.

If the child is very young, it would be a good idea to have some suitable toys out when they arrive for them to play with. In stressful situations young children will tend to latch on to what is familiar and playing with toys is the most natural thing for them to do.

They will need to be introduced to your own children. It is also a time when you can begin to get to know the child, finding out what is important to them, what they are interested in, what their concerns are and how they see the future.

### Checklist of information to be given to the child on arrival

- your full address and telephone number in writing
- what to call you
- where the toilet and bathroom is
- where to put dirty washing and bed linen
- where they can store their clothes and belongings, if sharing a room
- what to do about putting up their own pictures or decorating their room, if they are staying for a long time
- whether or not they can help themselves to food in the kitchen
- a description of your family’s routines around mealtimes and expectations for bedtimes, depending upon the age of the child
- how they are going to get to and from school
- how they are going to be helped to continue seeing any friends and keep up any hobbies or activities
- how they are going to be able to keep in contact with their family and when they will see them next
- any rules or restrictions about the use of the landline telephone or mobile
- the arrangements for pocket money
- who their doctor and dentist will be
- a copy of ‘Norfolk Children’s Services’ Guide for Children and Young People’, which includes contact numbers to ring if they have any concerns that they think cannot be shared with their carer or social worker
- when they will see their social worker next
The child may come to you with an array of personal belongings and clothes, especially if they are coming from another placement. On the other hand, you may notice that the child has brought very little clothing with them, especially if it is an emergency placement. It will be best to discuss this with the child's social worker to find out if more clothes can be brought from home or whether you are going to have to buy additional clothing.

If the child is staying for a relatively short time or is going on to another placement, it might be a good idea to keep a note of all the items the child came with, so that they do not lose any when they move.

You may have given the child your written description of what life is like in your household already, but if it is an emergency placement you may decide to do this at this point.

**What should you be called?**

This can be quite a daunting question for the child. Most children you look after will have at least one parent, so you should never allow a child to call you 'Mum and Dad'. It is not an accurate description of your relationship with the child. It can also be hurtful when parents visit to hear their child referring to you by a description that naturally belongs to them.

Very young children may start to do this of their own accord when they feel settled with you, but this should be discouraged by always referring to their parents as 'Mummy and Daddy'. It is easiest to be called by your first names and explain that you are the people who are looking after them while they cannot stay with their own Mummy and Daddy. Any confusion caused for the foster child by your own children calling you 'Mum and Dad' can be dealt with by distinguishing the nature of your relationship to your own children from your relationship to your foster children by explaining, for example, that you gave birth to your own children, so they can call you Mum and Dad, but you did not give birth to the foster child, so they should call you by your first names.

At this point all foster carers should read Children's Services policy and procedure for introducing children into a foster placement.

**Creating self esteem**

The first few days will be spent getting to know your foster child – tuning in to their responses and needs, so that you can reciprocate and establish that close relationship. To a large extent this depends upon your own personal qualities. The key ones for establishing trust are integrity, honesty, sensitivity, understanding and empathy.

- Integrity is needed to reassure the child of your good intentions towards them; that you will have their best interests at heart and will not abuse them.
- Honesty is required to develop their trust in you and enable them to feel safe. They need to know where they stand with you.

- Demonstrating that you understand them and their sometimes rather unusual and disconcerting responses is crucial. This comes from your knowledge of what they have been through and experience of relating to other children and adults in similar circumstances. Foster carers should take every opportunity to extend their understanding of the impact of neglect, physical, sexual and emotional abuse on children and any other relevant factors through training and reading. The more you develop this, the more you will be able to understand and empathise with your foster child.

- Sensitivity is needed to be responsive to the child’s needs, fluctuating emotions and moods and to be able to react appropriately.

The purpose of ‘therapeutic parenting’ is to give the child an experience of normal parenting. Foster carers are expected to create a warm, nurturing relationship with the child, giving them their time and attention, showing an interest in what they are doing and what has happened to them during the day, talking to them, playing with them and with younger children, establishing eye contact, feeding them, washing them, touching them, cuddling and hugging them when they are hurt or distressed. In older children, understanding becomes more important, but it may still be appropriate to give teenagers a hug when they are distraught, anxious or hurt. After all, these are the actions of ordinary, caring people.

With insecurely attached children, however, this may not be quite so straightforward. Children who display the avoidant pattern of attachment may be distrusting and not want too much intimacy. Children with the ambivalent pattern of attachment may be too demanding and need to learn how and when to ask for attention appropriately instead of demanding it all the time. This is where foster carers have to be sensitive and responsive to the child’s needs and non-verbal communication, letting the child lead and taking their cues from the child. For example, a hug can be offered but if the child or young person pulls away or is reluctant to engage, it is best not to hug them but to find a less intrusive way of displaying the same empathy, such as a touch on their arm or a few sympathetic words to indicate your feeling.

As long as you go at the child’s pace, the insecurely attached child can gradually experience a normal warm, caring and sensitive relationship and begin to feel wanted and valued.

This is a pre-requisite for further development, yet it may be frightening for the child. We are asking the child to trust us enough to let us take over control when the child has learnt that it is not safe for adults to be in control. This brings us on to the next stage of development – giving a feeling of security and developing self-control - which can be thought of as the toddler/infant stage of development in section 4.
Creating security and self-control

Children who have been neglected are unlikely to be used to parents meaning it when they say ‘no’ to their child. They may not be used to regular, reasonable routines, especially around bedtimes, or they may have been left to roam around the streets with little supervision. They are unlikely therefore to adopt the normal routines of foster carers easily. Resistance should be expected. It is difficult enough with toddlers, but when the attitudes and behaviour of a toddler come in a much more grown up body, it is doubly difficult.

Foster carers can be pushed to the limit, but in spite of this, they need to be determined in their effort to provide a more normal experience for the child. This means gradually establishing routine and insisting on the normal rules of behaviour.

Because we do not want to behave in any way that reminds the child of the abusive attitudes and behaviour that they have already experienced, psychologists and social workers have developed ways of admonishing children that are based on renouncing any form of physical punishment and that distinguish the child’s behaviour from who they are. It is always worth remembering that it is the child’s behaviour that is bad, not the child. This approach is called ‘positive parenting’.

At this point all foster carers should read Children's Services policy on ‘Managing Behaviour’.

The toddler stage of development is when children first begin to experience what it is like to be told off for doing something wrong. This is the way we teach our children to behave and fit into our social world, but being told off is something most children wish to avoid. In the best of households reproach is quickly followed by restoration of the normal, loving relationship. Admonishment is not punitive, disproportionate or held against the child for an unreasonable period of time. Because of this, the child understands that it is what they have done that has angered their parent, not who they are. Gradually they learn that whatever they do, the loving, nurturing parent will quickly return and always be available to them, and so it is with carers.

Discipline needs to be consistent and always carried out within the context of a loving relationship for it to be effective. This is not easy with children from very insecure or neglected backgrounds. It is a good idea to practice patience and tolerance if the child struggles to accept the discipline of living in a different household with different rules. If you, the carer, are frustrated and exasperated by the child’s challenges and refusal to conform, remember that the insecurely attached child will also find your rules and behaviour equally difficult to comprehend. It is very important therefore that you always explain to the child why you do things differently from their own family, why you got
angry, where they went wrong, why their behaviour was not acceptable and what they need to change in order to avoid the same mistake again.

Although the task of providing consistent and fair discipline may be demanding, you have two things in your favour. They may not often acknowledge it, but most children want adults to be reasonable and in control; and most children want to be successful and avoid upsetting people, especially those who genuinely care for them.

Creating self-awareness

It is easy to underestimate how difficult it is for emotionally abused and neglected children to understand and control their own feelings and reactions. For example, if you are always hungry, it becomes the normal state of existence and it is difficult to distinguish between being hungry and full. We know what we are good at and not so good at because we receive praise for the things we do well, but if we never receive praise we assume we are not good at anything.

Understanding ourselves and others is the starting point for making relationships. Helping insecure children recognise their feelings, emotions and abilities is an important step in helping them to get in touch with themselves. It is equally important to help them recognise which of their feelings have been caused by their abuse and to distinguish these from their other feelings, so they get a realistic sense of who they are and what has made them.

This can be compared with the stage of development for four to twelve year olds in section 4.

You may need to help children find words for their emotions and feelings and to distinguish between different feelings in different situations. Talking to them about how they feel in a situation and why they might feel like that, asking them to think about how someone else may be feeling and how their own feelings affect others are all very important activities. Giving your foster children opportunities to express and explore feelings through painting, drawing, modelling, dance, drama, music and other expressive arts can also be very important.

Children with an ‘avoidant’ pattern of attachment may need to be given the confidence to open up and express their feelings, but those with an ‘ambivalent’ pattern of attachment may need help to control some of their feelings, especially anger.

Managing anger

Children whose needs have not been met will have much to be angry about. The first step is to understand what is causing the anger and if there are any particular triggers, such as people or places or events. It may be helpful initially to try and avoid these triggers, but this cannot be a realistic solution if children are to live an unrestricted life. In the end children have to learn to control their impulse to destroy.
Anger may recede over a very long period of time, if the child’s needs are met fully and the initial cause of the anger no longer has much meaning for them; but realistically, some self-control will need to be developed and the anger turned into something more positive. Anger can be a great motivator. It can, for example, spur people on to great effort and inspire people to fight for fairness and justice in the world.

However, it is important to help the child understand the difference between the experience of feeling angry and the expression of it. There is plenty of advice about safe ways in which to express feelings of anger and foster carers should take any opportunities to learn about these and develop their skills in managing anger.

**Assertiveness**

Assertiveness is likely to be a problem for insecurely attached children; either they can be too compliant or too dominant and controlling. Finding the happy medium between these two extremes where the child can express their own needs and find fulfilment without damaging their own interests or those of someone else will only come about as a result of conscious and skilled help.

Again, insecurely attached children need to identify their own feelings and needs and become aware of others feelings and needs. They need to learn the difference between demanding what they want and stating what they need. It may be necessary to teach children things as basic as listening and taking turns in conversation or allowing others to have a conversation without interrupting them. Getting involved in playing team games and sport may help children learn how to fit in with others without losing their own identity.

In the end though, children will only let go of their need to dominate or be submissive when they feel secure enough and confident enough to trust others around them.

Foster carers should take every opportunity to develop their approach to assertiveness through training and reading and understand how this can be used to help children.

**Negotiation and conflict resolution**

Learning to give and take is also likely to be problematic for insecurely attached children. It will be a slow process for children who have not developed basic trust or self-confidence.

Foster carers can set an example of how to conduct personal relations that respect each other and accommodate each other’s needs and interests, but they may also need to be more explicit with their foster children and teach them how to get what they want from other people by developing their social skills.

Foster carers should learn about developing social skills and approaches to negotiation and conflict resolution in personal relations and how these can be applied to family life.
A step by step approach

These are the elements of ‘therapeutic parenting’ for insecurely attached children – developing self-esteem and trust within a safe and caring relationship, enabling the child to let go of behaviours that were necessary to survive at home but are no longer useful, developing an awareness of themselves and the social skills needed to make successful relationships.

Each step has been compared with the normal stages of a child’s psychological and social development in order to give coherence to the process and to demonstrate that each step is part of a sequence. Comparison with a child’s normal development helps us to understand the order in which children learn and develop. Much effort can be wasted by getting the steps out of sequence; for example, there is little point working on recognising feelings or teaching social skills if the child does not first feel safe and have someone whom they trust to support them.

Providing this kind of help to a child is a long slow process. There are no shortcuts and it is not likely to be easy. But where this is applied consciously and persistently it is possible to help children develop trust, let go of their defences and relate to other people and the world around them in new and more fulfilling ways.

Supporting foster carers in this task

‘Therapeutic parenting’ of insecurely attached children is not always just a matter of using common sense. Foster carers may have to learn how to approach and live with such children and will certainly need to be supported to sustain this approach, especially during the difficult times.

You are not alone in this task, for it is the responsibility of the all those caring for the child to make sure that you succeed. Using the expertise of the whole ‘team around the child’ and having access to good supervision will be very important for everyone embarking on this journey with their foster child. Those closest to you can provide essential support, but your family placement social worker can provide an overview of what is happening, keep an eye on how things are going and alert you to things that may go wrong.
Healing trauma

Whereas attachment theory locates the cause of a child’s difficulties in the quality and nature of the early relationship formed between a child and their parents, trauma theory looks at the consequences of events in a child’s life. It is particularly relevant therefore in cases where a child has been sexually abused or physically mistreated or has witnessed severe domestic violence or violence to other people close to them.

To some extent the two theories overlap, particularly when attachment theorists talk about disorganised attachment patterns, but there are also important differences. In order to be effective, foster carers and other carers really need to know what a child has been through and will need a full history for the child and parents and an accurate analysis of the cause of a child’s distress to distinguish between the two. Without this it will be difficult for foster carers or anyone else to know what approach to take.

Again the process of healing is not straightforward and is best thought of as a progression through different stages. These are described below.

Establishing safety

The first step is to remove the child from the traumatic event and prevent any possibility of it recurring. By taking in a traumatised child foster carers are able to provide a safe haven. Only when the child feels physically safe from any further threat can they begin to adjust and recover from the damage.

Once physical safety has been secured, it is the social and emotional responses of carers that seem to be so significant in helping the child to recover. It is important for carers to recognise that a child’s personal resources are likely to be exhausted at this early stage. The mind and body’s normal coping mechanisms switch into survival mode during the traumatic event and traumatised children need time to re-establish equilibrium. They may arrive at your house in a state of shock or numbness or agitation, especially if the event was very recent. Foster carers should not expect traumatised children to take responsibility for themselves or to be organised or to be thinking clearly about much at all in this initial stage of recovery. At this time, it will be appropriate for the carer to do things for the child. Developing independence comes later when the child is feeling stronger and more content with themselves. If people with responsibility for looking after a child refuse to step in when a child’s own personal resources are exhausted, this may become as devastating as the original source of the trauma and cause further helplessness and anger.

The initial responses of carers should be similar to those described in the section on attachment, so that the child can feel emotionally safe with you as well as physically safe.
Healing physical wounds

Children who have been physically assaulted or sexually abused may arrive at your home needing treatment or they may be in the course of receiving treatment for physical wounds caused by the abuse.

Foster carers need to ensure that the child sees a doctor, if necessary, or continues to attend any medical or hospital appointments or specialist appointments that have been arranged. They also need to make sure that the child continues to take any medication that may have been prescribed.

A note on female genital mutilation

This was previously known as ‘female circumcision’, but the current terminology reflects the damaging and traumatic nature of this act more accurately. It involves the partial or total removal of the external female genitalia for cultural or other non-therapeutic reasons. Although it is a deeply rooted cultural practice, it is considered to be child abuse and violence against women in this country and is illegal.

The Female Genital Mutilation Act 2003 makes it an offence for anyone to perform this in the United Kingdom or to assist a girl to perform it on herself in this country. The Act also makes it an offence to assist anyone doing it in another country. The offence carries a maximum penalty of a fine or imprisonment for up to 14 years or both.

It is still practised in some African countries, parts of the Middle East and Asia. It may still be performed on girls in this country, in spite of it being illegal. It may be done when the girl is newly born, during childhood or adolescence, just before marriage or during a first pregnancy. The majority of cases are thought to take place in girls between the ages of 5 and 8. Older children may be sent abroad to have the procedure done, especially during school holidays.

Foster carers who look after unaccompanied child asylum seekers or children who have families in countries where female genital mutilation is performed should be aware of this practice and what to look out for. If you become aware that your foster child has had this done or is at risk of having it done, you have a duty to alert the child’s social worker or your family placement social worker immediately you have any concerns, so that the child protection procedures can be followed.

For more information about what is involved in the practice, which countries still perform female genital mutilation, what the long term consequences of it are, how to recognise it and how Children's Services should respond, see the Government’s multi-agency practice guidelines on female genital mutilation by clicking here at www.fco.gov.uk/fgm.
Healing emotional wounds

Once the child is in a safe environment with people who are caring and in control and the physical scars of the abuse have been attended to, work can begin on healing the emotional wounds.

Should we talk about it?

It is often difficult for people caring for abused children to know whether to talk about the abuse in detail or not, especially if the child does not mention it or you are worried that you may upset the child unnecessarily. The answer is invariably ‘yes’; though it has to be done sensitively and at the child’s pace. Forcing a child to talk about things that they do not want to will cause harm, but gently dealing with the barriers that prevent a child from talking will be beneficial.

Memory disruption

Some traumatised children will have little or no recollection of the traumatic events. Some will have partial memories of them or fragments of thoughts and recollections that have no coherent meaning or sequence. It is well established by studies and experience that our memory system can keep traumatic events hidden from us for many years, during childhood and into adulthood.

We can remember very little of our time before we were four or five years old, so children who suffered severe abuse before these ages are unlikely to have well formed verbal memories of their abuse; in any case at this age they would not have developed the concepts and language to make sense of it all. Children who were abused by someone close to them struggle to reconcile the conflict between the loving and abusive aspects of the same person. This can lead to the loss or partial loss of these memories. Children who experienced a series of traumatic events have more difficulty in retaining a clear memory of them than children who suffered an isolated event. These children develop a kind of compiled version of all the events. Each individual episode of the trauma becomes blurred within a more general memory.

Not all memories of the trauma can be recalled verbally. Some memories are visual or are impressions of smells, places and feelings. These are stored in the brain in a non-verbal way and have a habit of coming to the forefront when some ordinary life event triggers them. The way to gain some mastery of this process is to put them into context, to give them some meaning and a narrative, but this requires the child to think and talk about them and involves developing verbal skills.

So it is important for traumatised children to be encouraged to talk about their abusive experiences and to be given information. They need to know what happened, when it happened, where it happened, in what order things happened (this happened, then this happened and then this) and crucially in the case of abused children, who was responsible. Without this knowledge they cannot deal with any problems that may occur later in their life. It is
noticeable that adults who encounter severe emotional and mental health problems as a result of childhood abuse are frequently those who have never spoken of their abuse. By not giving children detailed information about their abuse and the opportunity to talk about it, we are denying them the chance of recovery.

Even very young children from the age of 3 and 4 benefit from going through what happened. Without clear and objective information young children develop their own erroneous explanations and justifications for what happened. The danger is that all too often this involves them blaming themselves for the abuse. Whatever their understanding, this will form their perception of the abusive events and stay with them for the rest of their life or until it is challenged by more accurate information. It is vital therefore for their long term health and well being that they receive this information as soon as possible.

Children who speak to adults about their abuse establish a more detailed and well organised memory of the events, which helps to prevent the memory from becoming intrusive later on.

However, there is a difficult balance to be struck. Facts and conversation cannot be imposed upon children. There will be long periods when the child chooses to keep the traumatic events at a distance and out of their thoughts; but there will also be opportunities to talk about things in the ordinary course of life. We cannot compel children to be constantly thinking about their abuse, but neither can we let it go unmentioned altogether.

It is not uncommon for children, and particularly adolescents, not to want to speak about their abuse much. This is often part of the avoidance that protects them from painful memories and anxiety, but it can also be their own way of overcoming their difficulties by trying to forget about the past and just concentrating on getting on with their new life in care. The problem is that such efforts can prove to be negative over time if tension increases and thoughts and memories of the trauma pop up spontaneously. Problems become apparent when children consciously repress thoughts and memories and avoid discussions about what happened. Then we may need to be more active in encouraging them to talk.

**Encouraging communication**

Children will be more willing to share their most intimate thoughts and feelings if they trust the person to whom they are talking and that person listens, believes them, understands them, knows what they are talking about, is fully attentive and is not likely to be thrown or upset by what they hear. It is important therefore for foster carers to be familiar with the common responses and reactions to trauma, especially sexual abuse, and to feel comfortable talking about it.

Dare to speak about the worst parts. Children will hold back important details if they think you cannot cope with some of the things they have experienced or have to say. You cannot of course always control or hide your own feelings...
of anger or disgust or shock, but your expression of these kinds of feelings should be more subdued and more measured than the child’s.

The child should be in control of the telling. The conversation should go at their pace. This may mean that their story comes out in bits and pieces with quite a long period between one discussion and another. You should be ready for this and be attentive when the opportunity arises.

It is important to confirm the child’s feelings. If children are angry, we can say that we understand that they are angry and that they have every right to be angry, given what they have been through. By listening to them, believing them and confirming their feelings, we affirm what has happened to them and give reality to their traumatic experiences. This enables the child to accept what has happened and the full horror of it without feeling they have been judged adversely.

In order to raise their belief in themselves and counteract any sense of helplessness, you can praise positive aspects of their traumatic experience. However awful the events and even when there seems to be nothing positive in them, we can express our respect and admiration for what they did to survive and what they are now doing to get better. We want to give the child faith that they can affect what happens to them and that their own actions can lead to change.

If the child has had to shut out emotions and use dissociation as a means of protection from the abuse, one should proceed more slowly and carefully. In this case it is vital to get their trust before expecting them to relate their memories in great detail. It may also be necessary for the child to get control of their emotions before they can address the worst aspects of the abuse.

It will be helpful to give traumatised children information about common reactions to trauma in order to avoid unnecessary fears or misconceptions. Adolescents and young adults can sometimes think they are going mad, or are rather odd because they do not understand their reactions. This does not help their self-esteem.

It can be emphasised to them that their reactions are normal responses to an abnormal situation. This puts the source of the problem elsewhere, so that they do not have to blame themselves. You can also encourage them that it does not always have to be like this and that it is possible with help to overcome these reactions.

Such acceptance and encouragement by adults and information about the normality of their responses increases the child’s understanding and tolerance of the negative emotions the abuse may have produced.

Explaining to the child how perpetrators of sexual abuse operate – how they plan their actions, ‘groom’ children, threaten and trap them so that they do not tell – can enable them to see that it was not their fault.
If children are also prepared for the reactions of parents, they may be in a better position to work out their relationship to the non-abusing parent. At some point in a child’s life they will probably want to understand why the non-abusing parent did not stop the abuse or was unable to protect them. Giving children information about the difficult position non-abusing parents are in and a realistic explanation of why they did not protect them in their case can help the child to choose between continuing their relationship, if it is safe, or maintaining a distance if it is not safe.

If you are going to have these discussions it may be best to talk to the child’s social worker first to decide who is best placed to talk to the child – you or the social worker – and to work out what you are going to say, so that the child does not get conflicting information.

It is also important not to forget or underestimate the value of friends and to encourage contact with their friends. Surveys into who children talk to when they have problems indicate that their first choice is friends. This is especially true of teenagers. By encouraging them to spend time with their friends we can help them to maintain their social network and get the benefit of a valuable source of support.

**Dealing with shame and guilt**

Apart from the fear of not being believed, feelings of shame and guilt are the most important reason why children are hesitant to talk about their abuse.

Children can easily blame themselves for all sorts of things - for not having done something or for not having said something that might have brought about a different result. They may feel guilty because they think they have contributed to the traumatic event, even though this seems completely irrational to adults, such as when children think they caused their parents to divorce. In the case of sexual abuse, children find it very shameful to admit what happened, even if they have the words and concepts to describe it. Sexual abuse within the family is still one of our society’s greatest taboos. It seems to be even more difficult to talk about it when the victim felt some sensual or sexual pleasure and became sexually aroused during the assault.

Shame shows itself in many ways. Children may want to hide from others in case their secret comes out. This can cause shyness, behaviours such as avoidance of eye contact, pulling their hair over their face, wearing sunglasses all the time or covering up their body with baggy clothes. Older children may develop strategies to avoid feelings of shame by becoming perfectionists or being outwardly aggressive in order to maintain control and keep people at a distance.

These behaviours should be seen as defences against shame and accepted for what they are. When their ‘secret’ is out (and especially if you are the person they have chosen to tell of their abuse for the first time) it is vital to reassure the child that you will not judge them or hold it against them, that you will still be there for them and that your relationship with them will not change.
Failure to do this can result in the child re-experiencing all the feelings of shame and guilt and feeling victimised again. At the very least they are not likely to go on confiding in you.

Relationships with abused children are most likely to go wrong when carers inadvertently arouse these feelings of shame and guilt by their attitudes or what they say or do not say.

It is essential therefore that any feelings of shame and guilt are addressed early on in the emotional stage of recovery. Overcoming shame and guilt is the gateway to all the other aspects of the trauma being dealt with.

Talking about the abuse is in fact one of the most powerful ways of overcoming shame. Shame exists in an environment of secrecy – we speak of ‘guilty secrets’ – so when it is out in the open and you know you have been fully accepted your sense of shame diminishes. Telling someone for the first time can be a great release.

You can also make sure that they know who was responsible for the abuse. In the case of an adult abusing a child, you can say that while it is normal to feel guilty or blame yourself, they have no reason to do so because adults are responsible for looking after children and the abuse is never the child’s responsibility. In fact, you can go further and emphasise that the only person who should feel guilty or be ashamed of what they have done is the perpetrator (stating who this is by name).

It has become standard advice to say “it’s not your fault”, but an alternative approach is to explain how abusers work, how they spend time and energy planning how they are going to meet children and how they are going to “groom them”. This enables children to see for themselves how little chance they had of standing up to their abusers. This approach tends to work better with older children or young adults.

You can also explain why abusers have to threaten all kinds of dire consequences if they tell in order to coerce the child into silence and into accepting the abuse and that these threats are mostly empty. This can help to dispel some of the abuser’s perceived power.

For those children who reproach themselves for what they did or did not do during the traumatic event, a review of the event can be useful in clarifying any facts or misunderstandings. If you are doing this, it is important to focus on the positive things they did to help themselves and identify things that they could not reasonably have been expected to do in the circumstances, given their age or capacity. Hindsight is a wonderful thing, but we can expect more of ourselves after the event than was reasonable during it. Again the child needs to be older or adolescent to have this kind of conversation.

If a young person is feeling guilty about having experienced some pleasure during a sexual assault it can be explained to them that this is the body simply doing what it is designed to do. It does not mean that they were responsible
in any way. You can explain that our bodies are created to respond to touch and stimulation and we do not always have control over these bodily responses. It does not mean that they wanted to be abused, nor does it mean that sexual pleasure is bad. Their body did what it was supposed to do and they were betrayed by the person who abused them, not their own body or themselves.

Where children are actually responsible for the traumatic event, the object is not to absolve the child of all responsibility, but to enable them to live with their actions without it being destructive for them. It can be helpful:

- to make it clear that everyone can make mistakes
- distribute the guilt among several people, if that is reasonable, such as the parents should have taken more care
- and allow the child to take responsibility for what they did, admit mistakes and say sorry to the person affected.

Dealing with anger

This is perhaps one of the most difficult things to deal with, because perpetrators of abuse rarely acknowledge what they have done to their victim and are unlikely to say sorry. For many abused people this would be the best way of resolving their trauma; it would provide ‘closure’. But too often this is not possible and the victim is left with their anger without any possibility of it being reconciled.

Sometimes the best we can do is to manage it by using our imagination. Young people can ‘let off steam’ in the company of friends or trusted adults by raging and describing what they would like to do to the perpetrator to get revenge (never meaning to do it in reality of course). Younger children can make drawings to express their anger. Another technique is to put all the feelings of anger and a description of what effect it has had into a letter to the abuser and then throw it away or burn it to get rid of the feelings symbolically. There is an endless variety of ways we can deal with our anger without taking it out on someone else or on our self.

Physical exercise can be an antidote to anger. Running or swimming can bring about a release of tension. Playing with clay can help to get over anger in younger children. Moulding or throwing lumps of clay on to a toy potter’s wheel can be very therapeutic and clay can be used to make model monsters, which can then be symbolically destroyed. Punch bags can be used by younger children as well as older ones to let out physical aggression safely.

Foster carers should make sure that they have a variety of arts materials, toys and equipment that children and young people can use to express their anger harmlessly.

However, if we think of anger as only being negative, because we are afraid of its consequences when it is expressed uncontrollably, we can lose sight of its advantages. As long as it is only a feeling, anger does not do anyone any
harm. When we are in control of it, it can be used positively to further our own needs. It can, for example, be used by abused children to avoid any further abuse by being assertive. It can be used to avoid putting up with inappropriate jokes, inappropriate advances and sexual innuendo. In adults their anger has helped them to quit unsatisfactory jobs, separate from abusive husbands and break addictions. It can be a motivation for career choices or voluntary activity. It is not unusual for someone who has been severely abused as a child to want to do something later in life to help others in the same position or prevent the same thing happening to someone else. The crucial thing is for the young person to accept their anger and bring it under control.

A note on forgiveness

However well anger is managed, there comes a point eventually when it is better to give it up. It has long been recognised that holding on to thoughts of revenge can be futile and harmful to the abused person themselves. Continually trying to get from abusers what they are not going to give keeps people trapped. Both of these can block recovery and they can lead to bitterness and long term ill health.

Letting go of thoughts of resentment and revenge is called forgiveness. To forgive is to give up trying to get some kind of compensation from the abuser, whether it is an apology, a statement of guilt, love, respect or understanding.

Forgiveness is a very personal matter. Not everyone feels able to forgive, nor should it be forced. Everyone needs to come to it in their own time. The Judeo-Christian religions emphasise the importance and value of forgiveness and some people may be able to forgive because of their religious outlook on life. We have already mentioned though that traumatic events can shatter a person’s religious faith. Those without any religious convictions may come to feel that there is just more to life than anger and revenge. There comes a time when the abuser is not the most important concern. Whichever way someone comes to the point of being able to forgive, it must be what is right for them and their decision.

If a child or young person wants to discuss forgiveness with you it may be helpful to talk to them about what it means and why it could be of value to them, but whatever they decide their view should be respected.

Finding tranquillity

Traumatic events produce extreme emotions and turmoil. The heart rate speeds up, blood pressure rises, muscles tense up, concentration is affected, patterns of eating and sleeping are disturbed and the mind is beset by thoughts of the event itself. Traumatised children will probably need some help therefore with calming down and finding some tranquillity and peace of mind.

The simplest way of doing this is of course to give lots of hugs and cuddles. This is the way young children especially find safety and reassurance that the
world is a safe place and learn to control their emotions. It is not unreasonable either to hug older children or young adults, when they want it.

Gradually establishing routine around eating, sleeping, and bedtimes is also comforting. Relaxing in a bath before going to bed may help. Being calm yourself and on top of things can create a more relaxed environment, but we all know that this is not always possible.

Having time for physical exercise and allowing young children 'to run off their energy' through outdoor games can ease tension and finding times for 'family' trips out to peaceful places and to the countryside or the seaside can bring some natural beauty into traumatised children's lives. Amidst all the hustle and excitement of computer games, quieter hobbies can be introduced, such as reading, knitting, painting, craftwork and making models.

In our noisy, busy world, children may need to learn what peacefulness is and why it is so beneficial. They may need to learn about the value of silence. If they live in a household that values periods of quietness as much as activity and excitement, they will learn to appreciate it. But in addition to these everyday methods of introducing some tranquillity, you may want to introduce traumatised children to more conscious ways of learning about the value of silence and relaxation.

Yoga has long understood the value of deep breathing for relaxation. There are various ways of doing this, but the idea is that you relax on the exhalation of the breath. You can use this technique as part of a daily routine, perhaps before going to bed, or at any time when you suddenly feel tense or nervous. There are also safe yoga exercises specifically for young children that can be introduced to help suppleness and flexibility, balance and coordination and to release muscle tension from the body.

Meditation is another long established technique for relaxing, practiced by all the major religions. It can be used with children and young people as a quiet time. When the mind is quiet, other body systems slow down too. The heart rate slows and blood pressure reduces. It can be done in their own room, as long as it is quiet. To avoid the mind wandering off on to all sorts of other pressing topics, you can concentrate on the rhythm of the body's breathing, taking in deep, slow breaths or you can sit in front of a lighted candle and just focus on the flame. The purpose is to spend 15 to 20 minutes freeing the mind of all thoughts to bring about a deep relaxation.

Using relaxation and meditation techniques are forms of self help. It is necessary to practise them before you can become good at them, but they can help traumatised young people to find a few minutes each day away from their cares and worries and calm their emotions. Apart from the physical benefits, both techniques can help to develop concentration as well.
Self-esteem and identity

Traumatic events have a powerful effect on the sense of self and identity. We have already mentioned the feelings of shame that are created by sexual abuse, but other traumatic events affect a person’s perception of themselves as well. They can shatter our sense of efficacy, as ordinarily capable people are shocked to find they are unable to cope. They can change our view of the world and our fellow human beings and cause us to question our beliefs.

For victims of sexual abuse, girls can have doubts about their femininity and hate themselves for being so weak and vulnerable; while boys can doubt their manhood and worry about being gay. Adult survivors of childhood sexual abuse can worry about their ability to be good parents and either not have children or fear that if they do, they will have them taken off them.

It is very important then to overcome low self-esteem by praising trauma victims for their achievements. We have mentioned previously the value of praising them for what they managed to do during the abuse and we can celebrate their other achievements, whether at school or in sport and what they are doing to overcome the abuse.

We can give them hope by quoting instances of famous people, for example, actors and sports stars, who were abused as children and were in care, but went on to achieve great things. The Careleavers Association website has several examples.

It might also be helpful to older children to read some of the many books that have been published about people’s experience of being abused as children and how they have survived. Survivor’s tales can be helpful to let the child victim know that they are not the only one.

If young people have worries about becoming parents, we should be realistic and acknowledge that a significant minority of sexual offenders have been abused themselves as children, but this does not mean that they will inevitably end up the same way. Adult offenders and abusers are people who have not faced up to their abuse and we can reassure the young person that there is no reason why they should become bad parents if they get expert help to overcome their abuse. It is not the fact that they have been abused that is relevant, but how they have responded to it and dealt with it. It should never be said to a victim of sexual abuse by either foster carers or social workers that they will become bad parents or will lose their children simply as a result of their abusive background, because it is not true.

Whilst it is important to recognise victim’s achievements and to treat them with respect to boost their self-esteem, using only praise as a technique is unlikely to be wholly effective in the case of sexual abuse. Low self-esteem has its origins here in shame and a false identity that has been imposed upon the victim by the abuser. It is these two things that need to be addressed in order to overcome low self-esteem.
We have already looked at ways of dealing with shame. The concept of a false identity may be a surprising one and it is complicated to understand. Essentially it is the notion that in abusing the child, the abuser is projecting all the bad aspects of himself on to the child. For example, a male abuser may avoid unwanted feelings of weakness and inadequacy in him by convincing himself in the act of overpowering a child victim that he is in fact strong and in command. The abuser temporarily feels powerful, the victim feels weak and helpless and this mirrors the feelings of weakness that have been rejected in the abuser. Another example would be the feeling of being dirty, felt by rape victims, which mirrors feelings of disgust and self-loathing that are being avoided in the abuser. Abusers may also impose their own fantasies on to the child victim, for example, a princess or a temptress. Boy victims may think they must be gay if they have been abused by another male, simply because they have had sex together.

Without someone to challenge these false perceptions and to give them a more accurate picture of themselves, the child victim has little choice but to accept the identity imposed upon them by the abuser. This is what is meant by a false identity.

Repairing these false notions of self is the best way to deal with low self-esteem. If foster carers can recognise which feelings and aspects of the child are due to the abuse, they can throw them back where they belong – at the abuser – and challenge false labels such as ‘princess’ and ‘temptress’. It can be explained to the child that feelings of weakness and dirtiness do not belong to them, but to their abuser. Indeed, you can suggest that they are the strong one, because they have endured the abuse and survived it. This has the additional benefit of empowering the victim. The imbalance in power is redressed when the victim is seen as the strong one and the abuser as the weak one.

However, if the child has been given a false identity the problem then for the child is to find their real self. Who are they? The best way carers can help the child to answer this is by the quality of their relationship with them. By showing empathy, warmth, compassion and emotional availability they create the conditions in which the child can feel safe and explore the world and themselves. The child’s unmet needs for love and affection and good parenting can emerge and be satisfied. Through therapeutic parenting the child will gradually come to a better and more rounded understanding of themselves. We have now come full circle and are back to the processes described in the earlier section on attachment!

It will be helpful in this process of identifying the motivations of the abuser and distinguishing the real self from the effects of the abuse to have some information about the abuser and their background. This will not always be possible, but where he or she is a member of the child’s family there may be information on the file or the child’s social worker may be able to get the information. Alternatively it could be gathered as part of life story work with the child.
There may be difficulties in getting this information because of the Data Protection Act, but this should not be used to prevent the child having it, if it is needed for their recovery. Such information about the abuser/family member’s personal history can be shared if they give their consent, but the Act also allows information to be shared without consent if it is reasonable to do so. It can be argued that it is reasonable in these circumstances, as long as the information shared is the minimum necessary to help the child and is used for therapeutic purposes only. In any event one would normally expect children to know about their parent’s and family member’s background, so it is information that is usually shared within a family.

**A note on the Criminal Injuries Compensation Scheme**

The Government can pay compensation to people who have been physically or mentally injured because they were the blameless victim of a violent crime. This includes sexual assault. Apart from receiving money, it gives the victim some official recognition of what happened to them and the distress it caused.

A person may be eligible if they apply within two years of the incident that caused the injury, but applications might be accepted outside of this limit if it was not reasonable for an application to have been made within two years and there would still be some evidence to consider. The offender does not have to have been convicted of the crime or even charged with it.

More information about the scheme can be found on the Criminal Injuries Compensation Authority’s website at [www.justice.gov.uk/guidance/compensation-schemes/cica](http://www.justice.gov.uk/guidance/compensation-schemes/cica)

If the child’s social worker has not already mentioned it, you should tell your foster child about this scheme and raise it with their social worker, if you think they might be eligible.

**Mental health issues**

Up to now we have talked about the importance of warm, caring and empathetic relationships to help recovery, which foster carers are in an ideal position to give. We have also mentioned some specific techniques for dealing with shame, anger and identity that could be used by foster carers if they are knowledgeable about sexual abuse. Most of the symptoms of trauma should reduce reasonably quickly if these issues are dealt with. However, getting the help of mental health professionals should be considered if they persist.

Some reactions or behaviour that should be cause for considering a request for help from mental health professionals are:

- the child withdraws from friends and adults
- the child’s behaviour changes drastically and persistently
- the child develops phobias
- the child talks about harming themselves or attempting suicide
- the child reproaches themselves strongly
• school performance declines
• the post traumatic reactions, such as nightmares, intrusive thoughts, sleeplessness, are intense and lasting
• the child demonstrates severe denial responses
• the child ruminates constantly over what has happened.

If you notice any of these things you should discuss them with the child’s social worker or your family placement social worker.

There may be other associated mental health issues that require mental health expertise. If an older child develops an eating disorder or shows signs of depression or other anxiety disorders or starts to take drugs or has an alcohol problem, it may be necessary to call in the help of other specialised professionals and organisations.

**When has trauma been successfully resolved?**

In some ways this is hard to define. It is unlikely that children will have gone through all the above stages of recovery and have reached a final point where it is possible to say that their trauma ‘has been fixed’. Instead we say it has been resolved when the effects of the trauma no longer dominate a person’s life. The memories of the events will stay with them, but gradually the events themselves will take on less and less importance. They will be part of that person’s history, but they will not define them.

Nevertheless, we can say that there are some factors that indicate a trauma has been resolved:

• the child is able to handle the feelings associated with the traumatic memories, especially shame, guilt and anger
• the child can control the memories instead of the memories controlling the child
• the traumatic event or events have been transformed into a coherent story with a beginning, middle and end
• self-esteem has been re established
• the child’s important personal relationships have been restored
• the child’s reaction to physiological symptoms is within manageable limits.

It is important that they are able to speak openly about painful subjects, to say ‘it happened and I’m ok’. It is also important for them to have faith in the future, to have ambitions and hopes.

It seems from research that such growth in children is contingent upon having good carers and good adult role models. This is why knowledgeable foster carers are so important and can make such a vital contribution.
Communication problems

There is plenty of scope for things to go wrong and for communication problems to arise when looking after traumatised children. Foster children will inevitably come to you from a very different background, with different expectations of behaviour and attitudes. Communication problems arise when expectations vary widely. Providing a warm, caring relationship to children who are not used to it can arouse their unmet needs for parenting and if these are not fulfilled, can lead to frustration and anger. Equally, foster carers who expect more of their foster children than they can give can find themselves being disappointed and angry with the child. Such discrepancies in expectations can frequently be the cause of placement breakdowns.

It is vital therefore for foster carers to explain themselves to their foster children very clearly and engage the child in discussions about how their life is different from what the child has previously experienced and why they do things the way they do. This is not just about the different rules in their household, but also their attitudes towards discipline, openness with affection, family routines, family rituals and their values about life and the world in general. The more the child can understand their carers and why they behave as they do, the less scope there is for confusion and misunderstanding. It is also the way of course in which the child can grow.

The aim is always to provide a more normal example of family life. However, there are still many fears and misunderstandings about children who have been sexually abused and these can lead to dilemmas for male carers in particular.

The fear of false allegations is a powerful one, but it is probably just that. Whilst children have been known to make them, the fear is far more prevalent than the reality. On the whole abused children and adults have little to gain from making them, unless the carer is getting too close to something the child is deeply ashamed of or too oppressive, in which case it could be used as a form of defence to keep a safe distance.

The fear of false allegations can lead male carers into quite unhelpful behaviour, for example, not touching their foster child at all in case it is misinterpreted as a sexual advance. In the past there have been examples of organisations having procedures that say no male member of staff should ever be on their own with a child who has been sexually abused.

These are examples of behaviour that are born out of ignorance. Technically it is called ‘secondary victimisation’, because it is denying normal relations to the child without reasonable cause. The child has been mistreated by the abuser and is being punished for it by other people not treating them as ordinary human beings. The child of course has not been responsible for any of this.

Professionals and foster carers need to be very aware of any of their reactions which might be seen by the child as further victimisation. The way
to avoid this is to learn about the effects of sexual abuse and to become comfortable in dealing with it.

Safe practice depends first of all on you being aware that sexual abuse is an issue and to a large extent you are dependent upon the child’s social worker for this information. You cannot talk about it or protect yourself if it is still hidden.

Once it is in the open you can talk to the child about any particular triggers that remind them of the abuse and any parts of their body, in addition to the obvious intimate parts, that you should not touch for the same reason. If the child knows you care for them and they can talk to you openly, they will probably tell you if there is a problem anyway. Following the advice in the section on shame and guilt should avoid any potential problems with this. You should of course always respect their wishes if a problem arises, and apologise if you have caused offence. This is the right way for adults to behave and gives the child a good example.

The way to be safe with sexually abused children is to develop an honest and open relationship with them that shows you understand what they have been through, that you care for them, respect them and can treat them with sensitivity. Then they will invariably be far too grateful to make false accusations against you.
**Grief and grieving**

Grief is the experience of loss, and grieving is the process by which we adapt to the changes. Coming into care will always involve some loss and fundamental change. Children who move into a new family structure either for a long time or permanently will need time to adapt.

The most immediate impact of the change will be dislocation. Many of the familiar things will have gone. It will be helpful if the child can hold on to whatever remains, whether it is a favourite toy, item of clothing, or picture. It will help if they can continue at the same school and keep in contact with their friends.

We can never be sure how best to handle people who are grieving; each of us is different. Some would prefer to have company; others might wish to be on their own. There is no correct way of doing things, but grieving children do need carers to be responsive without being intrusive.

We need to allow the child to be sad at times. If they wish to have a few moments on their own, there should be somewhere for them to go. Crying is an essential part of letting go and you should be there for them if and whenever they want to cry.

We need to let the child reminisce about their previous life and be realistic about their home life. Children in care may be very glad that they are safe, but nevertheless, not everything will have been bad at home. There will have been some good moments, some times when things were better than others. We need to allow them to remember the good times as well as the bad ones. If they are going to live with you permanently starting to do life story work with them (see later) can be important at this stage to help them organise their memories and knowledge of their family and previous life. They need to gain a realistic view of their family for the future.

Gradually the sad times should disappear, as the child begins to settle into your home and becomes familiar with your ways. Happier moments should take over, as new friendships are formed and their horizons are expanded. Eventually they will have made the transition to their new life.
Part 2:
Not just surviving, but thriving
Introduction

So far we have looked at attachment and trauma, how these have such a devastating effect upon children’s chances of having a fulfilling life and what foster carers can do to help children overcome them.

Now we can look at more general issues, the ones that all parents face when bringing up children. In Part 2 of this section we look at education, health, keeping children safe, entering work, training or further education and leaving home.

Education

We know from experience and research that looked after children do markedly less well than other children when it comes to achieving in school. It has been the Government’s and Norfolk County Council’s priority to improve this situation and close the gap in attainment between looked after children and their peers. This is how foster carers can play their part in making this happen.

What you are expected to do:

You are expected to:

- promote the value of education to the child and support the school and local authority in all their efforts to provide the child with a good education
- ensure that your foster child attends any early years provision, school or college, depending on whichever is relevant
- accompany your foster child to their early years setting or school, unless your child is of an age and ability to go on their own or the school is so far away that transport has to be provided
- when a child is placed with you, introduce yourself to the early years setting or school and to the designated teacher for looked after children in the school or, if the young person is at college, the named person.
- maintain contact with the school, share information about your foster child when needed with the early years setting, school or college and attend parent’s evenings and school functions, such as school plays, sports days and any award ceremonies, as any other parent would do
- talk with your foster child about what is happening at school and how they are getting on
- show an interest in everything they do in school
- celebrate any successes that your foster child has in school with them
- ensure that your child has somewhere quiet to study and access to a computer to support their education and encourage them to do their homework
- keep any certificates that they get from school and information about school trips to go in their record of achievement or life story book
• have a supply of children’s books for younger children, which includes those that deal with topics such as being in care, losing family, bereavement, going to early years settings, going to the dentist etc
• ensure that all your foster children join a library
• read to your foster child frequently and regularly, if they are of an age where this is appropriate (this can be done as part of the bedtime routine each day)
• take your foster child out on family trips which include visits to more educational places as well as purely fun places in order to broaden their horizons and develop their general education
• encourage them to use out of school and after school facilities
• pick up on their interests and hobbies and provide them with books, information and materials to encourage them in their specific interests
• seek support from the child’s social worker or your family placement worker, especially when problems occur and let them know of any problems at school in good time
• take part in developing the child’s personal education plan
• be an advocate for your child’s education with the child’s social worker and school.

**Getting a child prepared for school**

Neglected and abused children are less likely to be ready for school than other children due to their early experiences. They may have difficulty concentrating, show agitated or hyperactive behaviour, have difficulty fitting into a group and at worst there may be some developmental delay.

Nevertheless, it is important to prepare our children for school as best we can, if we want to minimise their disadvantages. By the time they start school they should be able to put on their coat and dress themselves. They should be able to hold and use a pencil, crayon or brush and recognise their name when they see it written.

It is unlikely that neglected children will have been shown much interest by their parent and they may be behind in their language. It is important for foster carers not only to read to the under fives, but also to spend a lot of time talking to them. Singing to them and reciting nursery rhymes is also important. This is the way we first learn to speak and develop our language. Without language children cannot recognise the meaning of words and are less likely to be interested in reading. Without being able to read, they will find writing more difficult.

Foster carers should have a wide range of children’s books available for the under fives.

They should also have a rich variety of toys and play things, both for indoor and outdoor use. Neglected children will probably have had little opportunity for constructive play or have been left to their own devices for long periods of time. It is essential for foster carers to encourage play, to talk to the child about what they are doing and get excited about their achievements.
It is through play also that children learn to take turns and to share. These are essential social skills that children should have by the time they start school for they will be needed when they have to be part of a larger group.

To a large extent children who have had the benefit of going to an early years setting will have learnt these things there, but these efforts need to be supported by the home. Home is where we first learn to speak, to make relationships and find out about the world and it cannot be left entirely to the early year’s setting.

You can keep up to date with information about the early years and preparing children for school by looking online at www.foundationyears.org.uk. This has information for parents and practitioners.

**Starting a new school**

The onus is on Children’s Services to keep a child coming into care in the same school. For older children in years 10 and 11 a move to another school should only be made in exceptional circumstances. In most cases therefore the decision about where the child is to go to school should have been made before they are placed with you.

Where a placement has been made in an emergency the local authority has to secure a new place in suitable education, if it is needed, within 20 school days. This is also true if the school placement breaks down for any reason.

The child’s social worker is responsible for arranging placements in schools, so you will need to discuss any of these issues about admissions with them. However, when a child is placed with you, you should contact the school as soon as possible to let the designated teacher for looked after children know.

**The Designated Teacher for Looked after children**

The Designated Teacher ensures that there is a central point of contact within a school for all matters concerning children in care in that school.

Their job is to promote a child’s educational achievement with foster carers, social workers and other professionals.

They should make sure that the school’s policies about such things as homework and information about parent’s meetings are communicated to foster carers.

It is important therefore for you to make a good working relationship with the Designated Teacher as quickly as possible.

More information about the role of the designated teacher can be found in the statutory guidance in “The Role and Responsibilities of the Designated Teacher for Looked after Children” at www.education.gov.uk/publications.
School admissions
At the normal time of entry to a school, that is when starting school or transferring to a secondary school, schools are required to give the highest priority to children in care. They are given preference over other children and this will ensure that they are guaranteed admission to preferred schools.

Outside of the normal admission round a local authority maintained school must admit a child in care if requested to do so, and the local authority with responsibility for the child can direct the school to do so even if it is full.

The Head of the Virtual School has responsibility for ensuring that these powers are used whenever necessary.

There is much more information about school admission policies and appeals at: -

School absences
It is expected that children in care will attend school every day for the whole school day, unless they are too ill or there are exceptional circumstances, such as a family bereavement.

The foster carer should contact the school as soon as possible on the first day of any absence to let them know that their child cannot attend, stating the reason. They should also keep their own record of all absences, which can be shown to the child’s social worker.

As with any parent, they should avoid taking the child out of school during term time for holidays, unless there are exceptional reasons for doing so. If this is necessary, it should always be discussed with the child’s social worker and head teacher or designated teacher for looked after children first.

Appointments with doctors and dentists should be avoided during school hours wherever possible. Similarly Children’s Services should avoid arranging reviews, planning meetings and contact during school hours.

We know that there will always be some children in care who will have problems with going to school. Foster carers should let the child’s social worker know as soon as any problems arise, so that actions to deal with them can be agreed. If there are longstanding problems with school attendance, this should be covered in the child’s personal education plan.
Supporting educational achievement

Section 52 of the Children Act 1989 places a duty on local authorities to promote the educational achievement of children in care (with the exception of children who are receiving only short breaks). You can read what this means in the statutory guidance:

“Promoting the educational achievement of looked after children: statutory guidance for local authorities” at www.education.gov.uk/publications/standard/publicationdetail/Page1/DCSF-00342-2010

You should also read Children's Services' education policy.

It has already been mentioned that foster carers have a crucial part to play in encouraging children in care to do well at school by providing them with somewhere quiet to study and materials and books, getting the child to join a library and supporting the school by attending meetings, parents evenings and other events about the child, etc.

The local authority provides more formal support.

Personal education plans

These plans identify what needs to happen for a child to fulfil their educational potential. You should be fully involved in the process of developing this plan and reviewing it. This gives you an opportunity to state what you need in the way of help from the local authority to enable you to complete your tasks.

This may include money, for example, to cover the costs of enabling the child to take part in out of school activities or buying a computer. It may include any support you need in order to take advantage of a pre-school place for your child. You should not be reticent in asking for any kind of help to enable your foster child to do well at school or broaden their education in a more general sense.

The plan should also cover the decisions that you can make yourself about your foster child’s education. In particular it should state whether you are able to sign the consent forms for school trips and other activities.

Essentially you should do, and ask for support in doing, everything that you would do for your own child’s education.

Emotional health and well-being at school

Looked after children display considerable resilience given some of their experiences. However, children who have experienced trauma may at times
be preoccupied with other thoughts and distractions, which can sometimes mask a learning difficulty or be interpreted as a learning problem.

The child’s learning and development will be discussed at meetings when a child’s personal education plan is begun and reviewed. Each year carers of looked after children between the ages of 4 and 16 will be asked to complete a ‘strengths and difficulties questionnaire’. A teacher’s and young person’s version is also available for young people aged 11 and older. For children with disabilities, including learning disabilities, an alternative document has been produced, the ‘strengths and areas needing support questionnaire’, which is available for teachers to complete to compare home and school views.

**The Virtual School for Looked after children**

The Virtual School for Looked after Children focuses on improving the educational attainment of all children and young people looked after by the Council. The team works closely with its partners – schools, designated teachers, Children’s Services’ staff and other agencies - to champion the educational experience of Norfolk’s looked after children and help them to achieve their ambitions.

The school can be contacted on 01603 307742. For more information see their website Norfolk County Council – Virtual School

**Supporting young people leaving care**

A young person in care’s continuing need for education after leaving school should be considered and taken care of in the pathway plan. This will include what support is offered to maintain them in further education, higher education or training.

Each eligible care leaver is entitled to a bursary of £2000 when going on to study on a further education course, which is in addition to any other support that they might get.

**Exclusions**

Children in care are more likely to be excluded from school than other children because of their background of difficulties. Children can be excluded for fixed periods or permanently. The total number of days lost due to fixed exclusions should not exceed 45 days in any school year.

There is no such thing as an ‘informal exclusion’. Any enforced absence is an exclusion and should be recorded as such. Schools should be challenged if a pupil is sent home without any formal exclusion.

Foster carers should be notified immediately of any exclusion of a foster child, ideally by telephone and then a letter. The letter should specify the reasons
for the exclusion, the period of exclusion and the date of return. Schools will normally expect to see the parents before the child returns to school and foster carers should expect to have to do this. However, you may wish to discuss this with the child’s social worker first to decide who should do this or ask the child’s social worker to accompany you, if necessary. The purpose of any such discussion is to agree what needs to be done to make sure it does not happen again.

If the exclusions amount to more than 15 days in a term, the school governors must hold a Discipline Committee meeting to review the decision of the head teacher to exclude. For shorter periods of exclusion the carer should be able to discuss with the head teacher or write to the Chair of Governors if they feel the exclusion is inappropriate.

Foster carers have the right to make representations to the Governors Discipline Committee when their foster child has been excluded. You will be invited to attend the exclusion hearing and you may take a representative with you. In the case of permanent exclusion the Committee can either agree with the head’s decision or recommend reinstatement of the pupil.

Permanent exclusion should be a last resort, following the failure of all other means to improve the situation. You should have been involved in all the stages before this point is reached, so a permanent exclusion should not come as a surprise.

No child in care should be excluded from school without discussion with the local authority to ensure that there is some alternative provision.

Normally if a child is permanently excluded, the local authority has a duty to provide full time alternative education from the sixth day following the exclusion. However, if the child is in care, alternative provision should be available whenever possible from the first school day following the exclusion.

Anyone who is seen as a parent (and this includes foster carers) has the right to appeal against an exclusion. If you are thinking of doing this you should discuss it first with the child’s social worker, so that any action the local authority may be thinking of taking can be co-ordinated. If a permanent exclusion is upheld by the Governor’s Disciplinary Committee the foster carer could make a further appeal to the Independent Appeals Panel. The details of how to do this will be included in the letter from the Governor’s Disciplinary Committee.

You should submit any request for an appeal in time for it to arrive within 15 days of the Governor’s Discipline Committee’s decision.

You can find much more information about exclusions and appeals in the Government’s statutory guidance “Improving behaviour and attendance: Guidance on exclusion from schools and pupil referral units, 2008”, which you can read online at
Further help is available from the Children’s Legal Centre at www.childrenslegalcentre.com or you can telephone them on 0808 802 0008

Note: Pupil Referral Units are now called ‘short stay schools’.

**Foster children with special educational needs (SEN)**

Children with special educational needs are those that have greater difficulty learning than most children of the same age. This may be caused by a range of cognitive, physical or sensory factors, emotional and behavioural difficulties, or difficulties with speech and language or social interaction.

Currently approximately a third of Norfolk’s looked after children have a statement of educational needs, so it is likely to be a significant feature of looking after children.

The responsibility for identifying children who are having difficulty learning rests with everyone who knows them – teachers, carers, social workers and family. When a need has been identified, additional resources and expertise are brought in to help such children in a step by step approach.

In most cases the school will take the lead in offering any extra help. It is usually a teacher who first raises any concerns. However, it is the Special Educational Needs Co-ordinator (SENCO) who advises on and arranges any additional support. This is likely to come from extra resources within the school itself. Each child will have a plan with specific targets for improvement. These are reviewed regularly and you should be involved in this process. This stage is known as ‘school action’ or ‘early years action’, depending upon the age of the child.

If there is insufficient progress, the child may need to move on to the next stage, which is called ‘school action plus’ or ‘early years action plus’. Here the teachers and the special educational needs co-ordinator will consider a range of different teaching approaches, additional materials or computer programmes that can be used for specific problems. They may also decide that they do not have the right kind of expertise to deal with them and need to bring in expertise from other services, particularly the educational psychology service or Child and Adult Mental Health Service (CAMHS). These specialist services will undertake further specialised assessments, offer advice on strategies and in some cases give direct support to the child.

Even this may not work for a relatively small number of children, who then may need to move to the final stage, where a ‘statutory assessment of special educational need’ is undertaken. This is a detailed investigation, which brings together information from all the people and organisations who know the child, to find out what the needs are and what special help is necessary.
required. It will only be done if the school or early years setting cannot succeed using their own resources.

The school and anyone with parental responsibility for the child can request a statutory assessment.

If the result of the assessment is that additional resources are needed, the local authority will issue an ‘initial statement of special educational need’ that summarises the child’s needs and states what the local authority will provide to meet those needs. This could be services of a different kind or even a specialist school. If the parents accept the initial statement a ‘final statement of special educational need’ is then issued.

The whole process must be done within 26 weeks of the decision to start an assessment.

Foster carers have a key role to play in these assessments because of the information they have about the child. You should be asked automatically for your views during the assessment.

You should also be involved in any plans and actions taken by the school to meet your foster child’s educational needs. If you are not happy with what is proposed or what the school is doing, you can raise your concerns first of all with the special educational needs co-ordinator and share these with the child’s social worker too.

If you want any additional support or guidance, you can contact the Parent Partnership Scheme, which is set up to help parents with all matters concerning special educational needs. It is an independent service that will assist parents and foster carers to resolve any disagreements about an assessment of their foster child’s special educational needs and what is, or is not, being provided.

You can keep up to date with all the developments and news regarding special educational needs by looking regularly at the Department of Education’s website at:- www.education.gov.uk/childrenandyoungpeople/sen. In particular you should be familiar with the Code of Practice, which can be found at: - www.education.gov.uk/childrenandyoungpeople/sen/sen/guidance/a0013160/the-sen-code-of-practice.
Health

Introduction

Government guidance on the health of children in care quotes research which shows that looked after children and young people share many of the same health risks and problems as their peers, but to a greater degree. Children often come into care with a worse level of health than their peers and the longer term outcomes are also worse for them. They show significantly higher rates of mental disorders, even when compared to children at home in the most deprived groups.

The most common disorders are of conduct, followed by anxiety and depression and hyperactivity. Children in care are more likely to experience bedwetting, coordination difficulties and problems with their sight, speech and language than their peers.

Some aspects of young people’s health have been shown to worsen in the year after leaving care. They are nearly twice as likely to have problems with drugs or alcohol and to report mental health problems during this time.

This underlines just how important it is to attend to the health of children in care.


Processes

The key process for doing this is the health assessment. All looked after children should have one. Ideally it should be done before the child first comes into care, but if this is not practicable, before the first statutory review. The assessment is then used to draw up a health plan for the child.

Health assessments

The health practitioner who has responsibility for carrying out the assessment (a doctor in the case of the first assessment and either a doctor, a registered nurse or a registered midwife in the case of subsequent assessments) has a duty of clinical care to the child. This includes referring the child for any investigations or treatments for conditions that are identified in the assessment. This duty of care continues even if the child is in care for a short time only and after the child returns to live at home. Once an assessment has been done and a plan agreed, it does not cease to exist because the child is no longer in care.
The assessment is carried out when all the information about a child’s health and family history has been gathered. Foster carers will be part of this process of information gathering. Those carrying out the assessment will want to talk to the child as well and there may be a need for a physical examination in some cases. Carers will be expected to cooperate by sharing information and taking the child to any appointments.

The assessment should also provide an opportunity for carers to ask any questions and talk about any health worries they have about the child.

The purpose of the assessment is to:

- give an opportunity to redress any previous neglect of the child’s health
- gather information about the child’s and the family’s health history
- find out whether the child has missed the normal check ups, including dental appointments and whether all the immunisations are up to date
- identify any current health, mental health, emotional and behavioural problems
- recognise any learning or developmental concerns
- ascertain any outstanding appointments or place on any waiting lists
- give advice about any existing health problems and risk factors
- discuss ‘lifestyle issues’
- plan any action and ensure that the recommendations are carried out.

At the end of the assessment a personal health plan will be agreed. This will include the arrangements for further reviews.

**Foster carers responsibilities**

Foster carers will be expected to:

- keep the child with their own doctor and dentist wherever possible and to arrange and accompany them to any appointments with them and any other specialist appointments that the child already has or may need during the time they are with you, unless they are old enough to do this on their own
- where it is not practicable to stay with the same doctor and dentist or if the child is going to stay with you permanently, to register the child with your own doctor and dentist
- take part fully in the health assessment
- chase up the child’s social worker if you do not have the information you need about the child’s health, record of immunisations, allergies, medical history etc and any significant aspects of the parent’s medical history
- act as an advocate for the child’s health needs by acting on the recommendations that relate to you in the health plan and alerting the
child’s social worker and relevant health professionals to any concerns
you have about your foster child’s health
• take the child to any appointments with their doctor as a result of the
request for a medical report for statutory looked after children’s reviews
• ensure that the child takes all the medication and follows any
treatments that are prescribed for them
• maintain a written record of the child’s medical history while they are
with you, including appointments, courses of medicine and treatments
that have been prescribed and a record any accidents
• encourage the child to participate in the development and review of
their health plan and to make sure that they understand and have
information about any conditions they have and any significant
conditions that may be in their family background
• not to allow young children to get sunburnt by using sun screen and a
hat whilst encouraging them to enjoy being outdoors and in the sun
• respect the confidentiality of their health information
• set an example themselves by following a healthy lifestyle and
adhering to the best available and most recent health advice.

Foster carers who are providing short breaks to children will only be
responsible for maintaining any existing health treatments while they are with
you and for coping with any medical emergencies. This is because the
responsibility for the child’s health remains with the parents or those who have
parental responsibility.

Medication and First Aid
Generally, all medication must be kept out of reach of young children and, if
this is not practicable, locked away, except for things like asthma inhalers,
which the child has to have with them as soon as they are old enough to take
this responsibility. Older children can be given responsibility for their
medicines, unless there is a risk of a child using the medicines in the house to
take an overdose or they are not capable of taking on that responsibility.

Medicines should be kept in their original containers with the labels on and
stored according to the instructions, paying particular attention to temperature.
The instructions for taking them should be clearly explained to the child as
soon as they are old enough to understand.

Carers must administer the medicine strictly according to the instructions on
the label and check the expiry dates on the medication. They should make
sure that any medicine is only given to the child for who whom it is prescribed.
Any out of date or unused medication should be returned to a pharmacy for
safe disposal.

Any repeat prescriptions should be renewed on time and adequate supplies
should be kept at all times.

If the child shows any adverse or unexpected reactions to any medicine, you
must let the doctor know immediately.
Prescribed medicine should not be discontinued without proper medical advice.

If you have to administer any special medical procedures or first aid, you should be trained how to do it first of all for your own and your foster child’s protection. This includes the use of inhalers for asthma. If you do not receive this training automatically you should contact the designated nurse for looked after children for advice.

You should keep a written record of all the medicine, treatments and first aid you give, including paracetamol and calpol with younger children. This is not only so that you can pass on detailed information about the child’s medical history and treatments to the next placement, if the child is going to move, but also because it can help you to identify any health worries. It can be useful, for example, to notice whether a child is suddenly taking paracetamol frequently for headaches, which could indicate stress or problems with their eye sight. Keeping a written record of how much medicine is being used and how frequently may be the best way to identify this.

Foster carers should be familiar with Children’s Services’ policy on the administration of medicine.

Immunisations

If you do not have a full record of the child’s immunisations when they come to you, you should chase up the child’s social worker to get this for you. This can be done by contacting the child’s health visitor or getting the information from the doctor’s records.

If your foster child has not received the full range of normal immunisations, you should arrange for this to be done as soon as possible.

Ordinarily this should include the MMR vaccine. If a parent does not want this to be given to their child, the local authority can arrange this in spite of the parents’ wishes if the child is on a care order, but if the child is in care voluntarily you should discuss this with the parents and the child’s social worker, who can explain the reasons to the parents for having it done.

Everything you need to know about the MMR vaccine can be found at:

The full normal immunisation schedule and much other information can be found at:
www.hpa.org.uk/Topics/Infectiousdiseases/InfectionsAZ/Vaccination/Immunisation/Guidelines
In addition to the normal schedule, other vaccinations such as BCG and Hepatitis B are given specifically to children who need them. More information about this can be found at www.immunisation.nhs.uk/immunisation-schedule

Children coming to the United Kingdom from abroad may have no immunisation record.

Details of recommended immunisation schedules for other countries can be found at: www.who.int/vaccines/globalsummary/immunization/countryprofileselect.cfm.

There will be vaccines offered here that are not available in other parts of the world and children arriving in the United Kingdom should be immunised in accordance with the routine immunisation schedule for this country.

**Serious injury or illness and hospitalisation**

In the case of serious injury or illness, foster carers should avoid taking a child to hospital in their car. It is safer to call for an ambulance.

A foster carer must inform the child’s social worker of a serious injury or accident or of the need for a stay in hospital immediately. If this occurs out of normal office hours, the emergency duty team should be contacted instead.

The child’s parents and all those with parental responsibility will also need to be told and given information about what has happened and, if the child is in hospital, where the child is. Normally it would be better for the child’s social worker to do this, but if they are not contactable or are on holiday, then the foster carer should do this. The important thing is that there should be no delay.

**Consent to medical treatment**

General consent from parents and others with parental responsibility to give first aid, medicines and any other form of medical or preventive treatment is contained in the placement plan. This is needed where the child is in care voluntarily.

Although it is not strictly required where the child is on a care order (because the local authority has parental responsibility) it is best practice to consult and share information with those with parental responsibility about their child’s health, especially about any major changes or decisions that have to be made. This is because the local authority should only make decisions for the parents where they demonstrate that they are incapable of making them in the child’s interest.
If a child has a serious accident and has to go to hospital in an emergency, every effort should be made to contact the parents in order to get their consent to any treatment, regardless of whether there is a care order or not. If they cannot be contacted, the foster carer can give consent to major treatment in the best interests of the child after listening carefully to the advice of the medical staff in charge.

The circumstances in which foster carers can and cannot give their consent to medical treatment should be discussed and recorded in the placement plan or health plan in the light of the individual circumstances of the child, so that they know what has been delegated to them.

**Young people aged 16 and 17**

Once young people reach the age of 16, the law presumes that they are capable of giving consent themselves to any medical, dental or surgical treatment and any other investigations, procedures or anaesthesia. They can sign any consent form themselves.

However, it is still good practice to encourage them to involve their family in any such decision. If they ask for their confidence to be kept, it must be respected, unless disclosure without their consent can be justified on the ground that keeping confidentiality would cause the young person significant harm. The decision to override their wishes and the justification for it should be recorded.

**Young people aged 15 and under**

Young people under the age of 16 are presumed in law not to be able to make decisions about their health care. However, the courts have ruled that under 16 year olds will be able to make these decisions if they have “sufficient understanding and intelligence to enable him or her to understand fully what is proposed”. This is sometimes referred to as ‘Fraser competence’, so called because it is named after the Judge in the court case. In other words, there is no specific age in law at which a child or young person can or cannot consent to treatment; it all depends upon the individual child and the seriousness and complexity of the treatment.

Even if a young person under the age of 16 is capable of giving informed consent, it is still considered good practice to involve the family in the decision making unless the young person specifically objects to it and cannot be persuaded otherwise. As with older children, any request from the child for the family to be kept out of the decision must be respected unless it was likely to cause the young person significant harm.

**What to do if a child dies in your care**

Some foster carers who are looking after children with some serious illnesses will be aware that their foster child has a short life expectancy and will be able to prepare for this. If the child you are looking after has a history of attempting
suicide or is at risk of killing themselves through their behaviour you should also know about this possibility when you agree to take the child. What to do in these circumstances and all the support that is available to you should be covered in the child’s care plan, health plan and the placement agreement. However, there may be unforeseen circumstances when a child in care dies accidentally. If the child is seriously injured, but still alive, you should contact the emergency services immediately and go with the child to the hospital, as any parent would do. If you are contacted by a hospital or the police to let you know that there has been an accident or that your foster child has died, you should go to the hospital straightaway.

Although it may not be the most important thing on your mind at the time, the child’s social worker should be contacted as soon as practicable to let them know what has happened (or their manager if they are not available or the Emergency Duty Team, if it happens out of normal office hours).

You should not have to tell the parents. This will be done by the child’s social worker or their manager, if they are on holiday.

The child’s social worker will also discuss the funeral arrangements with the child’s family and any specific religious and cultural beliefs about death and mourning, so that foster carers and social workers can make sure that the family’s preferences are respected.

In the event of a sudden death, there is likely to be an inquest, which you may have to attend. Depending upon the circumstances of the death, there may also be a ‘serious case review’, which will be conducted by Children's Services. This is a formal procedure for establishing what happened and what can be learned from the case to prevent such things happening again.

In every case of a child dying in care, Children's Services has to notify the Chief Inspector at OFSTED, the Secretary of State, the Primary Care Trust and the responsible local authority, if the child has been placed outside their own authority’s area, of the death, but you will not be involved in this.

It is essential that at times like this you look after yourself and give yourself some space to mourn and grieve. Your family placement social worker will be the key person who is there to support you through it.

The Norfolk Safeguarding Children Board has issued protocols for a variety of agencies that may be involved when a child dies. Foster carers can read these at www.nscb.gov.uk by clicking on ‘procedures and protocols’, then on ‘safeguarding children in specific circumstances’. Protocol number 20, “Sudden unexpected infant/child deaths”, includes information about anticipated deaths as well as sudden, unexplained deaths.
A healthy lifestyle

There is a growing recognition that our ‘lifestyle choices’ about food, exercise, smoking and drinking are linked to some major illnesses later in life, such as heart disease, some forms of cancer, diabetes, high blood pressure and strokes, and can have an effect on our longevity. There is also increasing concern about the number of children who are now obese. Although every one of these has a multiplicity of causes, some of which we cannot control, we can at least do something about the way we live our lives. Eating healthily, keeping fit and looking after our bodies are preventive measures which, it is hoped, will reduce the number of deaths in the general population from these illnesses in the future.

Research has shown consistently over many years that a ‘healthy’ lifestyle is linked to the inequalities in income in our country, for example, the incidence of deaths from heart disease is greatest in the most deprived regions and areas in the country. Poverty is linked to poor health and people who are trapped in poverty in general cannot afford a healthy lifestyle.

Children in care, who most often come from poor backgrounds, are a particularly vulnerable group. We can help them by setting an example ourselves of how to live well and by giving them the knowledge and skills to do it for themselves.

Nutrition

Research done for the School Food Trust* shows some links between diet and health and diet and educational performance. There is sound scientific evidence that children concentrate better and behave better in school when they are fed a nutritionally balanced diet. When children eat little fruit, rely on high energy foods and are obese, the risk of them having cancer in adulthood is increased. Foods with high non milk extrinsic sugar content, commonly known as NME sugars, are associated with an increased risk of tooth decay. These are found in fizzy drinks, sweetened drinks, sports drinks and foods such as table sugar, honey, sweets, chocolate, cakes and biscuits. (NME sugars are sugars that are extracted from the root, stem or fruit of a plant rather than sugars found in milk, fruit and vegetables). Tap water may be more beneficial in preventing tooth decay than bottled waters, because of the higher level of fluoride in tap water. Peanuts, gluten, wheat, eggs, shellfish, milk and additives are amongst the most commonly reported foods causing hypersensitive reactions in children. However, the report acknowledges that more research is needed to give evidence of the relationship between a healthy diet and subsequent physical and mental well being.

* You can read the report itself “The link between child nutrition and health: an overview of research in the UK, findings summary” online at www.schoolfoodtrust.org.uk/schools/reports/the-link-between-child-nutrition-and-health-an-overview-of-research-in-the-uk
Paying attention to a child’s diet and nutritional needs is not only important in itself, but it also supports our other aims for children in care, especially educational achievement.

A balanced diet
The Government and food experts want particularly to reduce the amount of saturated fats, NME sugars and salt (which can contribute to high blood pressure later in life) that children eat. The current levels of these that are consumed by children in general are thought to be too high. This means changing children’s diets to replace these foods with more healthy options.

Since all foods contain nutrients, it is the balance of different foods that determines whether a diet is considered healthy or not.

A balanced diet is based on a mixture of the five types of food – fruit and vegetables, starchy foods, such as rice, pasta, bread and potatoes, meat, fish eggs and beans, milk and dairy foods and foods containing fat and sugar – and the proportion of each of these that make up a person’s diet. The ‘eat well plate’ makes this easier to understand by showing the types and proportions of foods from each group that we need to eat to have a healthy and well balanced diet in one simple diagram.

You can find this and much more information about a healthy diet online at: -
www.nhs.uk/Livewell/Goodfood/Pages/Healthyeating.aspx

The Caroline Walker Trust has produced some guidelines specifically for foster carers and those who look after children in care about nutrition and healthy eating. Their report, “Eating well for looked after children and young people”, also includes tips about developing the skills they need to manage food and their diet when they become independent.

It is recommended that all foster carers read this online at: -
www.cwt.org.uk/publications.html You will have to scroll down to find it.

The children you are looking after may not be used to this kind of diet of course and it could be a challenge to change their eating habits. You may find that some foster children will ‘comfort eat’ when they first come to you. You may also find that some children in care will be underweight and this can be as concerning as children who are overweight. Children who are going through a growth spurt will also need to eat more at these times, until their body settles down again.

The ‘golden rule’ is not to make an issue out of food. Getting into arguments with a child about what they are eating or fretting because a child is not following the recommended advice will only be counter productive and may put children off the foods that we want them to eat.
Introducing new habits and extending their range of foods will require patience and imagination! Children can be given choices in the type of food they might like to try and can be encouraged to try new foods by introducing them gradually. If they really do not like it, you do not have to persist.

The best way is to set an example yourself and this can be re-enforced if you eat together as a family for the main meal of the day. Then it will be natural for your foster children to eat the same as you do. Involving children in the buying and preparation of food and teaching them to cook may help to encourage them to try new things. It will also be good practice for when they become independent.

There are plenty of tips and other ideas, including suggested recipes, for encouraging children to eat healthily online.

You might like to try this website:
www.schoolfoodtrust.org.uk/parents-carers

If your foster child is underweight, it might be best to provide small regular meals throughout the day and snacks in between if the child wants them. You can also stimulate their appetite by ensuring that they have some periods of activity during the day.

If they do not put on weight by changes to their diet, you should consult their doctor in case there is some underlying physical cause or psychological cause in older children. In any event, dealing with underweight should be part of the child’s health plan.

If a child is ‘comfort eating’ and putting on too much weight as a result of it, you can try substituting low fat alternatives, such as fresh fruit or dried fruit, but ultimately this is only likely to be resolved by dealing with the emotional issues that are causing it.

**Food and diversity**

The traditions and cultural practices around food of children from other nationalities should be respected.

If you are not familiar with the particular customs of the child you are looking after, you can ask the child’s social worker or your family placement social worker to find you the information. Not every child will want to follow their parent’s practices and traditional food patterns, so it is important to talk to the child about their preferences and what their traditions and religious practices about food mean to them.

There is some information about food customs that are observed by different religious and ethnic groups in Appendix 3 of the Caroline Walker Trust report “Eating well for looked after children and young people”.
Exercise, activities and hobbies

As well as developing healthy eating habits, children need to develop healthy exercise routines. Health experts and some child welfare experts are concerned that children are getting less physical exercise than previous generations of children because of changes in technology and because play has become much more organised and structured than it used to be, with less time for free play. The health profile for Norfolk 2011 shows that children in Norfolk get significantly less physical activity than the average for children in England.

The current statutory guidance on promoting the health and well being of looked after children recommends that all children and young people over the age of 5 should have a total of 60 minutes of physical activity each day of at least moderate intensity and take part in weight bearing activities twice a week to improve bone health, muscle strength and flexibility. (Weight bearing activities are things like walking and running, playing football, basketball etc, rather than swimming or cycling, where your body is supported by water or a bike).

However, the Department of Health issued guidance for physical activity for the whole population in 2011. It recommends:

- for the under fives that physical activity should be encouraged from birth through play on the floor and in water in safe environments, such as the bath or swimming pool, and that children under the age of five who can walk should be physically active every day for at least 180 minutes (3 hours) over the whole day. It also says that the amount of time spent by the under fives being either sedentary or restrained should be minimised.

- for children and young people between the ages of 5 and 18, it recommends that they should engage in moderate to vigorous physical activity for at least 60 minutes every day up to several hours every day. Vigorous activities that strengthen muscle and bone should be incorporated into their activities at least three days a week. All children and young people should minimise the amount of time they spend sitting for long periods.

You can read much more about this guidance and the scientific basis for it online at: -


In order to meet these guidelines, the statutory guidance for looked after children recommends that foster carers should be supported to provide opportunities for physical activity, play, travel, sport and hobbies outside school and especially at weekends and during school holidays, as well as enabling them to take part in physical education and sport offered in school.
These should be discussed as part of the care plan or health plan for your child and any additional funding for specific activities to which you might be entitled agreed with the child’s social worker.

Children also need time on their own to play as they wish, in order to develop their confidence, to learn to take responsibility for themselves, to learn about risk and dangers, to learn about themselves and the world in general and how to occupy their time usefully. If children’s leisure time is always filled by organised activities and the carer’s own ideas of what they should do, children do not have the opportunity to learn how to think for themselves. There needs to be a balance between organised play and free play.

It is important for babies and young children to get plenty of time outside in the fresh air, whilst taking care to make sure that they never get sunburnt or cold.

The period roughly between the ages of 7 and 13 is the peak time when foster carers will need to provide a wide variety of opportunities for hobbies and organised leisure activities for their foster children. It does not matter so much at this stage what they do, whether they excel at it or whether they always win, if it is a sport or game. The important thing is that they have the opportunity to pursue their interests, to learn about themselves and the world about them and other people. Foster carers should take their cues from the child and be prepared to encourage and support any interest shown by them. One particular way of broadening children’s horizons is to use the ‘taster sessions’ that are provided by various organisations during school holidays.

It is during adolescence that children will refine their choices and take up new hobbies or reduce the number of things they do. It is also the time when carers can pass more responsibility for getting to and from activities to the young person themselves.

If a young person wants to take up a dangerous sport as a hobby, this should be discussed with the child’s social worker before they start it and should only be done with the written consent of the local authority and everyone with parental responsibility.

**Sleep**

Sleep is when we refresh our brains and bodies. Without it we cannot function as effectively. When we do not have sufficient sleep, we can get irritable, lose concentration, feel fatigued, have difficulty remembering things and want to fall asleep during the daytime. During sleep the body processes information and learning and consolidates memories. Our ability to do this is impaired if we do not get enough sleep.

Getting sufficient and regular sleep is therefore very important for children and their performance at school. Sleeping at the same set times every day establishes a routine and gets children into beneficial habits.
The type of sleep we get is also important. Deep sleep is the most refreshing, while poor quality sleep can affect our mental well being.

**Sleep and mental health**

Good sleep is fundamental to good mental health, but good mental health is also fundamental to good sleep. We referred earlier to how anxiety and unresolved trauma can severely affect a child’s sleep by causing distressing dreams, nightmares and fear of going to bed. Anxious people also tend to get less deep sleep, leaving them feeling tired and unrefreshed.

Children who suffer with depression may experience sleep disturbance. One indication of this may be difficulty getting up in the morning. However, this should not be confused with the normal propensity of older adolescents and young adults to go to bed late and sleep late in the morning. This sometimes makes it more complicated to diagnose depression in adolescents.

**Things foster carers can do to encourage sleep**

- set a routine for going to bed, with bed times for young children and time for relaxation beforehand (see the section on ‘finding tranquillity’ under ‘healing trauma’)
- pay attention to lifestyle factors, such as not having coffee just before going to bed because of the caffeine stimulus or getting hyped up playing computer games just before bedtime
- make sure the bedroom is free from noise and light (though some young children may not be able to sleep without a low light on)
- make sure the bedroom is not too hot and stuffy
- do not put pressure on the child to sleep or create any more anxiety about sleeping, because this only makes it worse, but instead
- suggest to the child that they should stay awake, but lie in bed and be very quiet and still (this is called paradoxical intention, because it is designed to reduce the effort made to get to sleep while maintaining the commitment to the idea of sleeping).

If these techniques do not work and the child is still troubled by sleeplessness, it would be worth discussing it with the child’s social worker to ask them to get some expert advice. If a child who has suffered a trauma continues to experience disturbed sleep because of nightmares, then it may be necessary to make a referral to the psychological services for help with sleeping.

**Sunbeds**

The World Health Organisation has highlighted the risk of a cumulative exposure to ultra violet radiation causing skin cancers. When the use of sunbeds is added to natural exposure to the sun, the risk in increased. Young skin is particularly vulnerable and malignant melanoma (cancer of the skin) is the second most common cancer in 15-24 year olds in the United Kingdom.

Behavioural studies undertaken by Cancer Research UK in England and Wales, which were published in 2009, showed that 6% of 11-17 year olds in
England and 8.2% of 11-17 year olds in Wales had used sunbeds. The mean age at which they started to use them was 14 in England and 15 in Wales.

The Sunbeds Act 2010, which came into force in April 2011, makes it illegal for anyone on commercial premises to offer the use of or allow any person under the age of 18 to use a sunbed.

This does not include devices that give the appearance of tanning, but do not use ultra violet radiation, such as chemical spray tans.

The onus is on commercial businesses to prevent children and young people from using sunbeds, but because of this law foster carers should also never allow a child in their care to use a sunbed.

**Smoking**

Since October 2007, it has been illegal to sell any kind of tobacco product, including tobacco and papers for rolling, to anyone under the age of 18. However, it is not illegal for anyone under the age of 18 to be in possession of cigarettes or tobacco products.

We should be encouraging everyone not to smoke and setting an example ourselves by not smoking, but we also have to recognise that some young people will smoke. Children in care are particularly susceptible if they choose to use tobacco as a way of relieving stress or anxiety or tension. They may have been allowed to smoke at home, before they came into care. They may have friends who smoke or visit the homes of friends whose parents smoke and find it hard to resist the pressure to fall in line with them.

**What can foster carers do if their foster child smokes?**

If your foster child smokes, what to do about it should be part of your health and safety risk assessment (see later) and part of their health plan.

- However, it is probably best not to allow smoking in the house or in the car. Do not allow the young person to smoke in their bedroom. As part of your health and safety measures you should have smoke alarms fitted in the house, upstairs and downstairs. You should establish a habit whereby the young person goes outside to smoke.

- As with food, the main thing is not to get into a battle over smoking. Teenagers will invariably do the opposite of what parents want them to do, so being heavy handed or panicking about their smoking is likely to be counter productive.

- You can give them information and talk to them about the hazards of smoking and the long term effects of smoking on health. If they are smoking to reduce anxiety or stress, you can direct them towards alternative and healthier ways of doing this, as was mentioned in the section on trauma.
• If your young person is visiting their own family’s home or friends’ homes and they smoke, there is little you can do about it, though hopefully the young person will be more confident in dealing with this if you have talked to them about the hazards of smoking and given them strategies to face this possibility.

• If the young person wants to give up smoking, you can talk to their social worker about methods of doing this and whether there is any financial help available.

Alcohol and drugs

It is easy to think that young people will try alcohol or drugs only if they are having problems, but this is not always true. They may want to use them because:

• they enjoy the short term effects
• curiosity
• their friends use them
• they are easy to get
• they might just want to break the rules
• they might want to appear grown up

Just because a young person tries alcohol or drugs, it does not automatically mean that they will have a problem later in life. However, children in care who are struggling with unresolved trauma or have been introduced to them early by their family are particularly vulnerable to misusing alcohol or drugs and account needs to be taken of this.

Alcohol

Foster carers are quite likely to have some alcohol in their home for their own use. There is no harm in this, as long as it is stored safely, and securely if their foster child is likely to help themselves to it.

It is important for foster carers to set an example themselves of sociable drinking, using it mainly as an accompaniment to food. Children who have come from families where excessive drinking has led to the adults losing control will not expect foster carers to behave in the same way.

There is lots of information about alcohol consumption, how much you can drink safely, its risks and binge drinking on the NHS website, www.nhs.uk/LiveWell/Alcohol/Pages/Alcoholhome.aspx.

You can also talk to your foster child about the responsible use of alcoholic drinks and the long term dangers, although it is best not to do this when they are still intoxicated or suffering from the effects of too much drink.

If you become aware that your foster child is drinking a lot and is doing so secretively or away from your home, you should alert the child’s social worker to this and discuss ways of handling it.
Drugs
A useful website to find out about drugs is the Government run website, Frank. There is also some useful information on the NHS choices website.

These can be looked at online at:
www.talktofrank.com/drugs-a-z and
www.nhs.uk/LiveWell/Drugs/Pages/Drugshome.aspx

The 'Frank' website gives lots of detailed information about individual drugs and their effects and an extensive list of common slang names for them.

How to recognise drug use
It can be quite difficult to tell when a young person is using drugs, because many of the indications are similar to those of other problems seen in traumatised children. The following are some things to look out for, but they need to be applied carefully to particular individuals:

- sudden changes in mood or behaviour
- loss of appetite
- uncharacteristic irritability or aggression
- weight loss
- lying and furtive behaviour
- changes in their sleeping pattern
- decline in school performance
- loss of interest in school, hobbies or sport
- unexplained loss of money or possessions from your home
- selling personal possessions to raise money

You may also find various paraphernalia used to take drugs, such as:

- cigarette papers, matches or lighters
- small pieces of foil or clingfilm
- plastic tubing or straws
- cardboard torn into small pieces
- spoons discoloured by heat
- syringes or needles
- drinks cans with holes in
- empty aerosol cans
- unusual powders, capsules or tablets

Talking about drugs
In order to work effectively with young people who might be taking drugs, you need to know about the effects and risks of individual drugs. Looking at the websites above will help you with this.

You might also like to look at these guidelines:
the first thing is not to panic and not to assume that because someone has said they have taken drugs that they must have a drug problem
show that your main concern is for their health, safety and well being
try to explain your own feelings and worries about drugs to the young person, so they can understand your point of view
don’t confront a young person about their drug taking when they are high or suffering from the effects of their drug taking
don’t preach to them or scare them with ‘shock horror’ stories or threaten that they will end up on the street or in prison if they continue, because the young person is unlikely to believe you
take time to find out their views and feelings without arguing with them and what is attracting them to drugs
if they are under pressure to fit in with their friends who are taking drugs, get them to think about how they might refuse drugs
if you find out that the young person is turning to drugs to stave off unwanted thoughts and memories of previous trauma or a sense of numbness or depression, a referral to the Child and Adolescent Mental Health Service (CAMHS) should be considered. You will need to discuss this with your child’s social worker.

In any event, any incidents of drug taking that you know of should be recorded in writing and the child’s social worker told about them.

Coping with a young person under the influence of drugs or alcohol
If they are still conscious:

• keep an eye on them and make sure they do not wander off or go out if they are at home until they have recovered
• try to be calm
• find a quiet space for them
• try to calm them down if they are distressed
• decide if medical help is required and call for assistance if it is
• do not get angry with them or shout or threaten them

If they are unconscious:

• call for an ambulance by dialling 999 or get someone else to do this, if you cannot leave the young person, and stay with the young person until the ambulance arrives
• keep the young person warm by using blankets, especially if the room is cold
• try to find out what substance may have been taken
• only if you have been trained in first aid, should you move the young person in any way or attempt any of the following:
• place the young person in the recovery position, loosen anything around their neck to assist breathing, check their breathing and pulse and commence heart massage if no pulse is found.

Finally
It is illegal to allow anyone to take cannabis and other drugs, produce or supply drugs in your house and you will be committing an offence if you do nothing to prevent it.

Foster carers should always let their family placement social worker and the child’s social worker know of any such incidents and record details of the incident in writing.

Sexual health
It is every looked after child’s choice as to whom they talk to about sex and sexual relationships, but it is likely that foster carers will have to face this issue at some point. They will need to be able to recognise any indications that their foster child may have been sexually abused, if it has not been disclosed already, and be able to answer a child’s questions about a range of sexual matters from what are normal, healthy and safe relationships to contraception, sexual diseases, HIV and AIDS. They will also need to be prepared how to respond to their foster child if they were to tell them that they are gay or lesbian or bisexual.

Normal sexual behaviour in children
It can be quite confusing for anyone who is untrained to know what sort of sexual behaviour they should be worried about, especially in very young children. The following comments will hopefully help you to disentangle the abnormal from the normal.

Even very young children exhibit some kinds of sexual behaviour, in the sense that it involves the sexual parts of the body; though ‘sexual’ may not be the best description of this, because at this early age there is not the same mental awareness of getting some sexual pleasure from the experience as there is in adolescence and adulthood.

Manipulation of genitalia can start in early infancy with children touching their private parts or rubbing themselves. This used to be thought of as masturbation, but we now refer to it as ‘genital manipulation’, because it does not involve getting any conscious sexual pleasure. In fact, it is more likely to be a self soothing kind of behaviour. However, we should be concerned about very young children who exhibit this frequently and persistently, as this may be an indication of anxiety or rejection.

Children aged two to three will not have evolved any sense of self consciousness about their bodies and will not be discreet about showing their private parts or touching themselves in front of others. This is the age when children are quite happy to run round the house or the garden without any
clothes on or inquisitively follow Mummy into the toilet to see what she is doing.

Between the ages of three and six the interest in others’ bodies continues. Some children may attempt to kiss other familiar children and there may be mutual showing of each others’ private parts, such as in “I’ll show you mine, if you show me yours” games. If children have the opportunity to play at dressing up they may choose to try the clothes of the opposite sex. At this age though we should be worried if we find that a girl is putting objects into her vagina, as this is not usual.

The appropriate response of parents and carers to inappropriate public displays of private parts is to let the child know gently and without making a fuss that they should not do it in front of others. However, the important point to remember is that with normal behaviour, children will respond very quickly to adult guidance. We should begin to be concerned if they do not.

It is round about the ages of four to six that children develop a sense of privacy about their bodies and become more secretive. They become aware of rude behaviour and their embarrassment about private body parts and functions is shown in dirty jokes. As children get closer to the teenage years, genital manipulation gives way to masturbation and puberty begins. Around the ages of nine and ten, swearing becomes common. Children will start looking for information about private parts and sex in general around this age.

In pre-adolescence and early adolescence there is intense interest in the bodies of the opposite sex. This is when children will begin to search for pornography. There is a focus on exploring relationships with the opposite sex. At first this may just be kissing and fondling, but eventually the first tentative steps in having sexual relations will be taken.

Sexual experiences during adolescence will be mostly heterosexual, but some sexual experiences may occur between children of the same sex. Touching and masturbation continues and some children may explore this with friends of the same sex and age. This kind of experimentation is quite different from sexual abuse, where there is an imbalance in power and probably age and the activity is not wanted by one of the participants.

It is very unusual for pre-adolescents and adolescents to be interested sexually in younger children. You should be concerned if you come across this.

If you are worried about any sexual behaviour that you come across in your foster children, it will be best to discuss this with the child’s social worker or your family placement social worker, so that you can decide together how best to handle it.
Talking about sex

Children's Services have produced some guidance of their own to help people provide sex education to looked after children.

It is called “A guide for talking to children and young people who are looked after about sex and relationships”. All foster carers should read this, either online or, if this is not possible, by asking your family placement social worker for a copy.

As the title suggests, this tells you how to talk to children and what topics need to be covered, but it does not contain all the details that you will need to be able to answer all the questions about sex and relationships that you may be asked. There is lots of this kind of information online and you may like to try the following websites:

www.nhs.uk/Livewell/Sexualhealthtopics/Pages/Sexual-health-hub.aspx.

This has information about contraception, talking to teenagers and younger children about sex, sexually transmitted infections, fertility problems, gay health and transgender issues, amongst other things.

Contact a Family has produced two booklets about sex and relationships for disabled children. One is called “Growing up, sex and relationships – a booklet to support parents of young disabled people” and “Growing up, sex and relationships for young disabled people”. These can be downloaded from their website at www.cafamily.org.uk/publications.html?sp=40&scat=f-j (you will have to scroll down to find them).


You can also ask the looked after children health co-ordinator for information about a wide range of topics and your family placement social worker.

However, the individual needs of your foster children for information about sexual matters and any specific issues that they might have should be covered in their health plan. This should be your guide as to what to do about sex education.
Being safe

Managing disclosures of previous abuse

It is not uncommon for children to tell their foster carers about some abuse they suffered before they came into care that they had not previously talked about. This may happen especially with sexual abuse, where social workers may have had suspicions, but no evidence of the abuse when the child came into care.

Foster carers should be aware of this possibility, especially when a child has just been placed with them. Experience has taught us that children are likely to tell about previously undisclosed sexual abuse when they feel safe and secure and there is a new significant person in their life. This may be when they have a new social worker or a new carer. If they have tried to tell before and nobody has listened to them, they may be especially keen to see if the new person will hear what they have to say.

If this happens or you have suspicions that there is previously undisclosed abuse, you should let the child’s social worker know of your concerns immediately.

Children's Services has a policy, “Protection of Looked after children in family placements”, that describes how foster carers should respond to an allegation or suspicion of harm. All foster carers must be familiar with this and follow its provisions.

There may be circumstances where a child tells you of previous abuse by another foster carer or a member of Children's Services' staff and you are not sure what you should do about this because of a conflict of loyalty or you fear being discriminated against or intimidated. The national minimum standards are now absolutely clear about foster carer’s responsibilities in this case. Standard 19 says that foster carers have “a clear duty to report any circumstances within the fostering service which they consider likely to significantly harm the safety, rights or welfare of any child placed by the service”. In other words, if you have any information or suspicions, you must report it in the child’s best interests.

The law and Norfolk County Council will support you in this, as long as your concerns are based on a reasonable belief and are passed on in good faith. This is colloquially known as ‘blowing the whistle’.

Norfolk County Council has a specific policy for foster carers who need ‘to blow the whistle’ on any abuse by a member of staff or councillor or other foster carer or any other volunteer working for the Council where they fear any detriment. This is the “Whistleblowing policy and procedure for foster carers”. This describes what you should do and how you will be protected. Every foster carer must be familiar with this policy.
The home risk assessment

We cannot eliminate risk from our lives, but we do need to account for the things that might go wrong and take action to prevent them from happening. This is especially true for foster carers, because they are accepting responsibility for someone else’s child.

Most risks can be managed by watchfulness, common sense and planning. The home risk assessment is designed to encourage you to think about the spaces in your home when you are being approved, but it does not stop there. You need to be constantly aware of any health and safety hazards and to take action to put them right.

It is not just the risks inside your home that you need to be aware of, but also those outside – in the garden, garage, sheds and in relation to any bicycles and vehicles. Any hazardous substances, such as cleaning materials and chemicals should be stored out of the reach of children and locked away.

When doing an assessment, foster carers will need to consider all the risks in relation to the child they will be looking after. This means assessing the house and garden in terms of the age of the child, any disabilities that the child may have and any known risky behaviours that the child has, such as playing with fire, overdosing or inhaling substances.

It would be useful also to think of the risks through the eyes of a child or young person who has lots of other things on their mind; for example, you might be used to walking round an obstacle in your home or have learnt to manage a tap that does not turn off easily, but these sort of things may be a hazard to someone new to your home.

In order to make your home safe for the particular child that is coming to you, you will need full information about the child from their social worker.

All foster carers should undertake training in health and safety matters, first aid and food hygiene. This should be updated regularly to keep in touch with the most modern thinking on these subjects.

You may also need to take some specialist advice about some matters; for example, the designated nurse for looked after children should be able to give advice about health, infections and hygiene and a fire safety officer can advise about precautions if you are looking after a child who sets fire to things.

You will need to have specific training if you are looking after a child who needs manual handling, invasive medical procedures or specific behavioural approaches.

All foster carers should be familiar with Children's Services’ health and safety policy.
Some useful websites that you might also like to look at are: www.rospa.com/homesafety/default.aspx and www.nhs.uk/Livewell/pages/Topics.aspx.

These have information about home hygiene, healthy holidays, food safety, slips, trips and falls and accidents.

**The law about car seats**

When travelling in a vehicle, a child must use a car seat until they are 12 years old or until they are 135 centimetres tall. Once they have reached either of these limits they can use an adult seat belt without a car seat.

The type of car seat they need depends upon their weight and there are different car seats for different weights. When buying a car seat, check the label on it, which will tell you the weight range for which it is suitable.

### The weight ranges

- **Group 0 and Group 0+.**
  These are rear facing baby seats suitable for babies up to 13 kilogrammes.

- **Group 1.**
  These are forward or rear facing baby seats for children between 9 and 18 kilogrammes.

- **Group 2.**
  These are forward facing child car seats (booster seats) for children from 15 to 25 kilogrammes.

- **Group 3.**
  These are booster cushions for children above 22 kilogrammes.

Only European approved baby seats, car seats or booster cushions can be used in the United Kingdom. These have a label with a capital ‘E’ in a circle. You can ask the sales assistant for advice on how to fit it when you buy and, if it is possible, try the seat in your car before buying it to make sure it fits.

Never buy a second hand car seat.

Children with disabilities must use a child seat or a seat belt, unless a doctor decides they are exempt on medical grounds. They may use disabled person’s seat belts or child restraints that are designed for their needs.
Overnight stays

One of the most frequent complaints made by children in care is that they are not treated like other children when it comes to wanting to stay overnight with their friends because their friend’s family have to be checked officially before approval is given.

With this in mind, the current regulations for fostering state that “there is no statutory duty for Criminal Records Bureau (CRB) disclosures to be sought in relation to adults in a private household where a child may stay overnight or visit, or who the child may accompany on a holiday or on a school trip”. It also says that “CRB checks should not normally be sought as a precondition”.


The regulations also say that the decision to grant permission for an overnight stay should normally be delegated to the foster carer by the local authority and with the agreement of all those with parental responsibility. This should be stated in the placement plan.

Foster carers will be expected to use their own judgement and make their own assessment of the risks. However, you should expect to be told by Children’s Services of any individuals, addresses or areas that may place a child at risk and this should also be included in the placement plan.

The regulations offer some helpful points to consider when deciding whether to allow your foster child to stay overnight with a friend or to have a holiday with their friends or to stay with relatives of yours or to go on a school trip:

- whether there are any restrictions in the placement plan or care plan
- whether there are any court orders preventing the child from staying overnight with a particular person, making a specific visit or going on holiday with someone
- whether there is anything in the child’s past experiences or behaviour that would preclude a stay or visit or holiday
- whether there are any grounds for concern that the child may be at risk of significant harm from anyone in the household concerned or from the proposed activity
- the age and understanding of the child who is asking
- the length of the stay, and
- what is known about the reasons for the child wanting to stay or visit?

The child’s wishes and feelings should normally be taken into account when making the decision and, if you say no to the request, you should explain the reasons to the child. Your decision to refuse permission should only be held, of course, for as long as the reasons for it continue to exist.
If you have any doubts about what the correct decision would be, you can always consult the child’s social worker.

You must always make sure that you have the up to date contact details of the people in the household where your foster child will be staying.

**Bullying**

Children who have been traumatised are very susceptible to being bullied or to become bullies themselves.

It is expected by Children's Services that everyone looking after children will make it clear that bullying in all its forms is unacceptable, if they come across it, and will support the victims of bullying or deal with any incidents of bullying.

As we have already seen, children who have been abused and traumatised are particularly vulnerable to further abuse and it is not uncommon for them to experience bullying later, especially at school. We have also seen that a victim of abuse can become a bully in an attempt to gain some personal sense of power and efficacy to compensate for their previous experiences of being in a position of weakness.

**What is bullying**

Children and young people have described bullying as:

- being called names
- being teased
- being pushed or pulled about
- having money and other possessions taken or destroyed
- having rumours spread about you
- being ignored and left out
- being hit, kicked, spat on or physically hurt in any way
- being threatened or intimidated.

Bullying is behaviour that is intended to hurt someone else. It may be done by an individual or a group and the victim is repeatedly singled out for this behaviour. It always involves an imbalance of power, where the seemingly more powerful take it out on the less powerful.

It is often motivated by prejudice against an individual or a group in society who are seen as being different, for example, on grounds of race, religion, gender or sexual orientation.

Children in care can also be seen as being different and children with caring responsibilities or learning difficulties are also prone to being bullied for the same reason.

Bullying can therefore be seen as a way of marking out normality, of re-enforcing the boundaries of what is considered to be the dominant group or characteristics in our society, whether it is heterosexuality, ‘real men’ or the
position of the white population in the country. It is a product of a narrow, traditional and rigid outlook on life where difference and diversity cannot be tolerated.

The rapid spread of new technologies for communicating has provided a new medium for bullies. The use of mobile phones and computers for bullying is called ‘cyber bullying’. It is more difficult to escape, because of the widespread use of these technologies and because it gives constant access to the victim.

What to look out for

Like other forms of abuse, it is not always easy for children to tell someone that they are being bullied. Telling teachers can be risky because they may breach the child’s confidentiality, some teachers may fail to act on what the child has told them or they may not be in a position to prevent any retaliatory action on the part of the bully. Telling parents can be problematic also, because of the possibility that the child might not be believed or their parents might overreact and make matters worse or it might cause family arguments. (Taken from “Tackling bullying: listening to the views of children and young people”. Thomas Coram Research Unit. 2003”)

It is important therefore to be aware of any indications that a child may possibly be being bullied that show in their behaviour, such as:

- being frightened of walking to or from school
- being unwilling to go to school
- asking you to change their route to school
- their school work deteriorates
- coming home with clothes or books that have been damaged
- coming home hungry because their dinner money was stolen
- becoming withdrawn, moody or bad-tempered
- having nightmares or difficulty sleeping
- having unexplained bruises, cuts or scratches
- suddenly losing their pocket money regularly
- stealing money from home or asking for more money
- refusing to say what is wrong
- giving improbable excuses to explain any of the above

Foster carers should also be aware that bullying does not always take place outside the home and that it can happen in their own household, especially where children from different families are being looked after.

You can find more information on the Beatbullying website at http://www.beatbullying.org/dox/resources/resources-2010.html (Scroll down to ‘Parents Tent’ and click on ‘FAQs for Parents’).
What you can do to help your foster child if they are being bullied

In a report done by the Thomas Coram Research Unit in 2003, “Tackling bullying: listening to the views of children and young people”, children said that the three most helpful factors in preventing bullying or helping pupils to deal with bullying were friendships, avoidance strategies and learning to stand up for yourself.

- The best thing foster carers can do is to notice if any of the things above are happening, explain your worries to your foster child and ask if they are being bullied. Even if they do not acknowledge it, you will at least have shown that you are aware of what may be happening, that you care and, if they subsequently decide to tell you, that they will be believed.

- If they tell you that they are being bullied, let them know that you are fully on their side, that bullying is absolutely wrong and that you will help them yourself and help them to get help from other people, if necessary.

- Try and remain calm in your responses and be prepared to listen, without judging.

- Be aware of any fears that the child has, especially that the bullying will get worse if anyone does anything about it. Tell them that you will not ‘go behind their back’ or do anything to get help without talking to them about it first and honour this commitment.

- Let the child’s social worker know about your suspicions or tell them what has happened if you know your foster child is being bullied, so that you can work out a way of handling the matter together. You can explain to your foster child first that you are going to do this because Children's Services have responsibility for them, but that both of you will listen to them and respect their wishes.

- You can develop strategies with your foster child for helping themselves, for example:
  
  - not taking valuable possessions into school, if they are being damaged
  - always be with a group of friends or try to minimise the amount of time spent on their own
  - help your foster child to think of simple responses to stand up to the bully, if they are being taunted
  - explain that reacting to the bullying by getting upset or crying only encourages the bully and work out ways to be more assertive, perhaps using anger as a motivator to stand up for themselves
  - never encourage them to stand up for themselves if they are in a situation where they are outnumbered; it is better to run away.
You can reassure them that it is far more shameful for a group of people to gang up on one person than it is for one person to get out of the situation.

- some children may find it easier to talk to someone completely independent, such as Childline, or use a safe website for children, such as Beatbullying, where they can share their experiences with others.

- If your foster child has a persistent problem with being bullied, perhaps because of their low self-esteem or vulnerability or because they have difficulty sustaining friendships or because they are hated for who they are, only a more long term approach will be successful. In this case you will need to help them to stand up for themselves by teaching them to be more assertive and self confident, using the information and techniques that was given in the sections on identity, attachment problems and trauma.

If your foster child tells you who it is that is bullying them, you may be tempted to confront the person yourself or go to their parents directly to sort it out.

This is never a good idea.

It may make things worse for the child and there is always the risk that you will end up just arguing or being accused yourself of threatening behaviour.

It is better to take action through the school, if that is where the bullying is taking place, or the police, if it is in the community.

Cyber bullying

This is when one person or a group of people threaten or embarrass another using a mobile phone or computer. Often the person doing the bullying will use their friends by forwarding something embarrassing to them about the victim.

Information about tackling and preventing cyberbullying can be found online at www.direct.gov.uk/en/YoungPeople/Healthandrelationships/Bullying/DG_070501 and www.thinkuknow.co.uk/11_16/control/cyberbullying/.

If you discover that this is happening to your foster child, you can advise them to:

- save all the bullying text messages, emails or images that they receive, together with the time and date they were sent and the name of the sender
- change their user ID on their computer
- change their mobile phone number and only give it to their trusted friends and other people they trust
- report the abuse to the mobile phone company or internet service provider, who can trace bullies.
• use the mail filters to block emails from specific people
• not reply to bullying or threatening emails or text messages, as this may encourage the bully even more
• report any threats of a physical or sexual nature to the police, especially if they have saved the emails or texts
• refuse to forward any nasty or embarrassing emails or texts that they receive about other people that ask them to send it onto their friends.

**What if your foster child is doing the bullying**

Children who bully are highly unlikely to admit it or tell you they are doing it, so here are some things to look out for to detect it:

• a child who uses physical strength or a physical presence to impose their will on others or to impress their friends. You can distinguish this from play fighting by the response of the child to whom they are doing it; if the other child does not seem happy with it or wants it to stop or they appear scared, then it is likely to be bullying
• an inability to empathise with others. Bullies will blame their victims and say that it is the victim’s fault for getting on their nerves, for being weak or for not being able to stand up for themselves.
• a child who has to be in control, but has low self-esteem
• persistent derogatory comments about someone’s or a group’s appearance, family, culture or lifestyle.

Some of the reasons that bullies give for doing it are:

• they are angry
• they are being bullied themselves
• if they don’t do it first, it will happen to them
• all their friends do it
• it makes them popular
• they are lonely.

**What you can do to help**

The first you hear of your foster child bullying may be when you get a call from the school. It is always tempting to dismiss such accusations, but it is best to listen to what the school is saying and be open to the possibility that they may be right.

• You should raise the subject of bullying with the child and try to find out why they are doing it. If you punish the behaviour without sorting out its causes, it will only make matters worse and not be very effective.
• Let the child know that you still care about them, but that it is their behaviour that is unacceptable.
• Try to keep calm.
• Work out a way for the child to make amends for the bullying, particularly encouraging them to think about what they have done, what it means to the victim and suggesting that they at least apologise to the victim.

• Work on ways to change their behaviour. You will need to be guided in this by the cause of the bullying:
  • if, for example, they are bullying because they are angry, work on finding more acceptable ways of coping with their anger and suggest that they get away from a situation in which they can feel their anger rising before it turns into aggression
  • teach the difference between assertive and aggressive behaviour
  • build up their self esteem, if this is causing them to bully
  • give them strategies for withstanding the pressure from their friends to bully, if this is an issue
  • challenge any stereotypes the child has about other people, especially if the bullying is homophobic, racist or misogynist in its nature

• If the school is involved, keep them up to date with what you are doing to prevent the bullying happening again and explain to them what has caused it and the child’s views about it, especially if they are sorry for what they have done. Talk to the staff about setting realistic goals if they expect too much too quickly and ask for a copy of their anti bullying policy if necessary. You should be a good advocate for your foster child.

• Praise the child for any achievements or steps they succeed in making to overcome their bullying.

You should not be left to deal with this kind of problem on your own. The child’s social worker and your family placement social worker should be there to help you and support you, as well as any other professional who could be of assistance in overcoming the bullying. An effective strategy for dealing with bullying should be part of the placement plan and care plan, if it is a long term problem.

Some useful websites about bullying
  http://www.education.gov.uk/search/results?q=bullying
  http://www.childnet-int.org/report/
  www.childline.org.uk
  www.thinkuknow.co.uk/Parents/
  http://www.cafamily.org.uk/publications.html?scat=a-e
  Contact a Family’s booklet “A guide to dealing with bullying for parents of disabled children”. (Scroll down to find it).
The safe use of televisions, DVDs, mobile phones and computers

The widespread use of new communications technologies has brought many advantages, but as with everything else there are some disadvantages and some serious dilemmas for parents and carers to resolve. The following guidelines are not only intended to keep the child safe, but also the foster family.

Televisions and DVDs

It is recommended that the ‘watershed’ hours (after 9pm) and the film classification system are followed by carers. However, these are only for guidance. You must decide for yourself in view of what you know about your foster child, their maturity and previous experiences whether a television programme or film is suitable for them to watch.

With so many children now having their own television in their bedroom, it is more difficult to monitor what they are seeing. Children have more opportunities than ever before to watch violence and sexually explicit images on television. It is essential therefore that carers set up their television and the child’s television, if they have one, with the parental controls that are appropriate to the child’s age and maturity.

Computer safety

Children attending secondary school will need to have a computer in order to do their homework, but increasingly children of a younger age are also being given their own computers. Learning how to use them safely is one of the most important skills children need to learn.

If Children's Services have provided the computer, the Council’s Information Technology Department will set up the computer before it is given to the young person with any necessary locks and you can also discuss which software is needed with the young person and their social worker.

Some tips for carers about the safe use of computers are:

- make sure that the internet site content is regulated by adjusting the level of content in the browser window to the age of the child
- use filters to block out any unwanted content and tools to monitor the young person’s online activities and amount of time spent surfing the web (go to www.getnetwise.org for information about these and the different things they can do)
- review the privacy and security settings on the young person’s social networking site to make sure they are set to ‘private’, where no one can see their profile, or to ‘friends’, where their profile is private to everyone except those friends the young person allows
- change passwords regularly and teach the young person that they must never reveal their passwords to anyone
• set an appropriate amount of time to be spent on a computer each week, like you set bedtimes and times by which children should be back home in the evening
• talk to the young person about internet safety and the responsible use of a computer:
  • explain about downloading music and films and that it is illegal to download music and films for free
  • discuss the disadvantages of posting photos of themselves and putting personal information online and make sure that your foster child has ticked the 'no picture forwarding' option on their social networking settings page to prevent pictures from being distributed without their permission
  • discuss the use of the webcam and particularly that it should not be used when in any state of undress
  • explain the dangers of social networking, in that the person they are talking to online may not be who they say they are and never allow a foster child to arrange a face to face meeting with someone they have met online without your permission or you accompanying them on their first visit
  • explain about the safe use of emails and that any email from someone they do not know should be deleted off the computer without being opened
  • discuss appropriate responses to dealing with online bullies and how to say no to requests for photos of themselves
  • tell the young person where they can report abuse or any illegal content they receive online
  • remind them that the internet is a public space and they should treat people online with the same respect that they would normally do in real life
  • make sure they back up all the information they keep on their computer, especially homework, and use a separate hard drive for this
  • discuss how to keep their computer safe, if it is a laptop, and not allow them to take it to school or let anyone else use it

Useful websites are:

www.thinkuknow.co.uk for information about computer safety, social networking, and cyber bullying and how to report if your foster child has received offensive or sexual chat online that makes them feel uncomfortable.
www.kidsmart.org.uk for information and tips
www.getnetwise.org for information about filters and tools
www.iwf.org.uk to report any illegal content online, such as indecent images of children or racist material
www.childnet.com for information for parents and children
www.bbc.co.uk/cbbc/help/web/staysafe
Mobile phones

Unfortunately the one thing children never seem to do with mobile phones is turn them off. Adults therefore need to teach them how to use the phone responsibly. Foster carers should discuss:

- using a PIN number with the phone to prevent unwanted access if the phone is lost or stolen
- keeping a separate record of all the contacts on the mobile phone in case it is lost or stolen
- transferring any pictures that the child wants to keep on to a computer in case the phone is lost or stolen
- buying a pay as you go phone for the child to limit the costs of using it

Reducing the risks

The worst things that can happen with a mobile phone are that your foster child receives abusive phone calls or text messages or pictures of themselves that they would prefer to keep private or offensive videos. Recently teenagers have started to use their mobile phones to take naked pictures of themselves or their private parts to send to boyfriends or girlfriends. This is called ‘sexting’.

Many young people do not seem to realise it, but making offensive phone calls is a criminal offence. It is also an offence under the Protection of Children Act 1978 and the Criminal Justice Act 1988 to have in their possession an indecent image of another minor and to distribute indecent images of a child. ‘Sexting’ comes within this law and is therefore illegal.

Foster carers should advise foster children against this practice.

The simplest way to stop getting unwanted phone calls and texts is to change the SIM card or the phone number. Alternatively, if you think it would be better you can contact the police.
What to do if your foster child goes missing

Hopefully children will have enough confidence in their carers and feel secure and happy enough in their foster homes to stay there, but we know that sometimes children will run away from wherever they are staying.

This may be because of an established pattern of running away as a method of coping with stress or a young person may be reacting to something in their present circumstances.

It is worth remembering that children can run to something, such as their parents or another member of their family, as well as running from something that is distressing them.

If a child has a history of running away, you should have been made aware of it when the young person was placed with you and there should be contingency plans in the care plan and your placement plan for dealing with it. However, it is important in these circumstances not to minimise the dangers of a child running away simply because it happens frequently. Just because they return regularly without having come to serious harm does not mean that it will be the same next time. Any young person who runs away persistently will have personal problems that could lead them into difficult or dangerous circumstances, depending upon who they meet, and each instance of running away should be treated with the same concern and urgency as if it was the first time.

The procedure to follow if your foster child goes missing is contained in Children's Services' policies “Children who go missing from home” and “Children who go missing from care”. All foster carers should read these documents at this point by clicking on their title.

Definitions

The term ‘missing’ refers to the situation where the whereabouts of a child in care are unknown, whatever the circumstances of their disappearance.

If a child in care is absent without approval or their whereabouts are known or thought to be known, this is referred to as being an ‘unauthorised absence’.

An ‘absconsion’ is a term that is used specifically when a child is in care and is subject to a court order giving the local authority a power of detention and is missing. The young person is said then to be an absconder.

What information will you need to have available?

When a child goes missing, a foster carer’s main responsibility is to report the child as missing to the police and then to telephone the child’s social worker or manager (or the Emergency Duty Team if it is out of normal office hours) to
let them know what has happened. You can contact the police by dialling 101 from any telephone. You will be put through to the police. Once you are connected, please ask to speak to someone in the Control Room.

You will need to give information to the police that will help them find the child. You should have available:

• a description of the child or young person, including height, size, colour of eyes, hair and style of hair etc as well as the clothes they were wearing when last seen and any items that they might have taken with them, especially money
• when and where the young person was last seen and with whom
• the names and addresses of acquaintances, friends or family that they might have gone to or be with
• a recent photograph
• information about the child and their circumstances that might increase the risk of them coming to any harm.

Preventing a child from running away

If a young person is threatening to run away or you are in a position to stop them before they do, you should try to persuade them to stay by talking to them and remonstrating with them only.

Ordinarily you should not try to restrain them physically if they are intent on leaving; but you may use reasonable restraint if it is necessary to prevent injury to them or anybody else or to prevent serious damage to property.

Planning for the young person's return

It is important when they return that you show you still care for them. There is little point in getting angry with them, even if it may be tempting to do so because they have caused you anguish.

What happens next will be decided by the circumstances of their running away and what is in their interests. The young person’s social worker will want to discuss this with you.

Every child who runs away in Norfolk should be offered a return interview. This is to give the young person an opportunity to talk to someone who is independent about the reason they ran away and what needs to be done to prevent it happening again. Foster carers should always encourage their foster child to take part in this.

Recording

Details of any absence should always be recorded and shared with the child’s social worker, covering the time and dates when they went and came back, the circumstances of their running away, where they had been and with whom and any harm that had been caused them.
What to do if your child is in trouble with the Police

Hopefully this will not happen while a child is with you, but because of the nature of the personal difficulties that young people in care have, it is always a possibility for some children.

It is important for foster carers to be able to give information to their foster children about their rights if they were to be a witness to a crime or if they were stopped and searched by the police or arrested. You might also become involved as an ‘appropriate adult’, if your foster child is arrested and the child’s social worker is not available.

Being a witness to a crime

If anyone sees a crime being committed or one that has just occurred, they should call the Police using the 999 number and any other emergency services that may be needed; otherwise it should be reported to the local police station.

Nobody is compelled to report a crime, but if your foster child knows that a crime has been committed, you can explain to them that their information may help to catch a criminal and that it could prevent the same thing happening to others. It is also important to reassure them that in giving information they are not in trouble themselves, but are only helping the police.

If a young person decides to give information, they may be asked to give a witness statement. In most cases a police officer will write down what they say, word for word, and they will be asked to sign it as a true record. However, children under the age of 17 may have their statement video recorded.

You will also have to explain that the statement may be used in court, if the matter gets that far, and the young person may be called to court to give evidence in person. If this happens a witness care officer will be appointed to help a young person with this.

The police and the court will keep the young person’s personal details, such as their address, private.

If the young person is worried about being threatened or intimidated, you can explain that it is a criminal offence itself to threaten or bully a witness and that they should talk to the witness care officer or the police officer in charge of the case if this is happening. The police and the court can protect them from this and keep their identity secret if necessary.

Being stopped and searched

The police have powers to stop, question and search young people depending upon the situation. They can also take away any alcoholic drinks that young people may have with them in the street.
If a young person is stopped and questioned by the police, the police officer must show them their identity card. The police officer does not have to be in uniform, but they must show their identity card. A community support officer who stops anyone must be in uniform. Therefore if anyone stops a young person and claims to be the police they must either show their identity card or be in uniform. It is important to let foster children know that nobody else has the right to question them.

The police have the right to ask a young person what they are doing, why they are in the area and where they are going. They may also record the ethnicity of the young person. After being questioned, and if it goes no further, the young person should be given a record to keep showing the date and time they were stopped and the officer’s name and police station.

If the police officer has ‘reasonable grounds’ to suspect that the young person is carrying illegal drugs, a weapon, stolen property or something which could be used to commit a crime, the young person can be searched. A young person can also be stopped and searched without any reasonable grounds if a police officer thinks that serious violence could take place or they are carrying a weapon or have used one.

Before searching someone, the police officer must tell them their name and police station, what they expect to find, for example, drugs, the reason they want to search them, why they are legally allowed to search them and how they can get a copy of the search record, if it is not given to them at the time.

The officer can ask the young person to take off more than their jacket or gloves, and anything worn for religious reasons, such as a veil or turban. If they do this, it must be done out of public view (and may need to be done at the police station if there is nowhere else suitable) and the officer doing it must be the same sex as the person being searched.

After the search and if it goes no further, they should be given a record of the search which includes what the police were looking for and whether anything was found, why they were searched, the date, time and place of the search and the name of the officer carrying out the search. If the officer cannot give this record to the young person at the time, they should be given a ‘receipt’ which tells them how they can get a copy.

Confiscation of alcohol

It is not illegal for someone under the age of 18 to drink alcohol at home or at a friend’s house, but the police can confiscate alcoholic drinks from young people under the age of 18 if they are in a public place and there is reasonable suspicion that they will consume it there or they are over the age of 18 and intend to give it to a person under the age of 18. The police officer can dispose of the alcoholic drink in any way they think appropriate. They can ask for the person’s name and address and arrest the person if they do not comply with any direction of the officer.
If any of these things happen to a child in your care and these procedures are not followed, you should let the child’s social worker know so that this can be taken up with the police or a complaint made.

**Being arrested**

The police need reasonable grounds to suspect that a person is or may be involved in a crime. When they arrest someone they must identify themselves as the police, tell them that they are being arrested, tell them what crime they think has been committed, explain why it is necessary to arrest them and explain that they are not free to leave.

Reasonable force can be used to prevent someone who has been arrested from running off and they can be searched.

**At the police station**

After an arrest, the person arrested will be taken to a police station to be interviewed and possibly charged with an offence.

The person with responsibility for the arrested person’s welfare is the custody officer. They must explain why the person has been arrested and tell them about their rights: These are:

- access to free legal advice
- an opportunity to contact someone to let them know where they are, such as a parent or carer
- access to medical help, if it is needed
- to see the rules that the police must follow, which are called the Codes of Practice under the Police and Criminal Evidence Act 1984, commonly known as PACE
- to have a written notice of the main rules.

While they are being kept in a cell, they will have their possessions temporarily taken off them. Finger prints, photographs and a DNA sample may be taken and the person does not have a right to refuse to allow this.

If the person arrested is disabled or has a mental illness, they have the right to get someone to support them while at the police station.

If the person is under the age of 17, the Police must find a parent, carer over the age of 18 or a social worker to come to the police station to act as an ‘appropriate adult’.

**If you are asked to act as the appropriate adult**

Normally it should be the young person’s social worker that goes to the police station or a member of the Emergency Duty Team, if it occurs out of normal office hours, but there may be some rare occasions when nobody is available.
If the young person is in care voluntarily, the police could ask a parent to attend as the appropriate adult. Before you agree to do it therefore, you should check that nobody else is available and that the parent is refusing to go to the police station.

The responsibilities of the appropriate adult at the police station are to support the young person and to make sure that they are being treated fairly and according to the rules.

An appropriate adult should:

- always make sure that a young person in care has a solicitor present if they are being questioned in a police station. The young person can refuse, but you should try to persuade them that it is always best to have someone independent and knowledgeable to advise them and that it is a free service
- make sure that they are not hungry or thirsty and have been given sufficient food if it is a long time since they have eaten
- make sure that they are not too tired to undertake an interview, especially if they have been arrested after having been missing from care
- sit in the interview with the young person and make sure that the interviewer is not oppressive. A police interviewer should not put pressure on a young person by raising their voice, persisting with the same question until they get the answer they want, put words into their mouth or suggest what action will be taken by the police if the person being questioned answers questions, makes a statement or refuses to do either. This is to ensure that the police cannot get the answers they want by means of inducements or threats.

An arrested person can talk to their appropriate adult in private at any time. The appropriate adult can intervene in the interview if they think the interviewer is not following the rules of interviewing by calmly and politely pointing out their concerns on behalf of the young person.

A written record of the whole proceedings whilst a young person is in a police station must be kept by the custody officer. The young person and the appropriate adult can ask to see this at any time and to have a copy of it. The appropriate adult can also contribute to this record if they have any concerns that the rules have not been followed. If they are not happy with the way a young person has been treated, they should ask to have their concerns recorded in the custody record.

More information can be found about the subjects in this section at:

The rules in the PACE Code of Practice ‘C’ can be read at:
Equality and diversity

Equality and diversity is the term used to promote equality of opportunity for everyone in our society. It means simply giving every individual the chance to achieve their potential, free from prejudice and discrimination.

Equality is about creating a fairer society and recognising that gender, race, ethnic origin, disability, age, social class, sexual orientation and religion are all attributes that can be used to put others at a disadvantage.

Diversity means difference. It is about recognising and appreciating differences in individuals and groups in society.

Put together, equality and diversity means that it is possible to be different and to be treated fairly.

Discrimination is the act of treating someone less favourably or badly because of one or more of their personal characteristics. It works by making assumptions about people and stereotyping them, patronising them, humiliating and treating them with a lack of respect or taking some people or groups in society less seriously.

The law requires all public authorities to promote equality in everything they do and Norfolk Children's Services is committed to treating the children in their care according to these values.

‘Being comfortable in your own skin’

Fostered children do not belong to their foster carers. They come with their own particular family values, cultural, religious and linguistic background and unless they are staying in care permanently, will go back to their natural family.

Some fostered children may have a disability, for some English may not be their first language, some will have a dual heritage and some will have come here to seek asylum. There will be some foster children who are struggling with their sexual identity and some children will have a different religion to their carers or no religion at all.

It is essential therefore for foster carers to respect each child for who they are and to show that they value the differences. By doing these things carers can help children to:

- maintain their links with their natural family and culture
- develop confidence in their identity, and
- develop their resilience to bullying and discrimination.
It is not possible to go into detail about all the different characteristics in a general handbook like this, because there is far too much to cover, but here are some important points to consider.

**Cultural background**

The issues for children from black, Asian and ethnic minorities (BAME) and for children with a dual heritage are particularly evident because of the history of racism against these groups in our society; but there are also other groups who have come to this country from European countries and Western Asia (Middle East) for whom similar considerations exist. It is not only skin colour that is the basis of prejudice, but also assumptions that are made about an individual from these countries because of their dress, religion or our understanding of the political situation in those countries and their motives for coming here. Assumptions about behaviour may also be the source of prejudice, as with groups of people who have no natural homeland, such as travellers and Roma people.

It is important to remember that culture, religion and language vary considerably within a region and within every country. Most of Europe and Western Asia have experienced massive migrations of people and fluctuating national boundaries during the twentieth century, so there are a rich variety of traditions and languages within countries.

The fostering service has to be sensitive to these cultural factors and it is important for foster carers to keep children from other cultures and dual heritage cultures in touch with their own traditions and values, as well as those of our society.

Foster carers will need to be diligent in finding out much more about these from the child and their family, by making contacts with people from similar origins and by doing all they can to learn about the culture and background of that child’s home country.

The fostering service should be able to help and your family placement social worker and the child’s social worker are there to help you get this information. The specialist social work team for child asylum seekers is also there to offer advice and information. Your family placement social worker can contact them on your behalf.

**Language**

Children of immigrants and children seeking asylum will almost certainly speak another language, as well as English. Foster carers who are looking after such children will need to work out ways of keeping them in touch with their first language and giving them opportunities to speak it and hear it spoken.

This may be an opportunity to learn another language yourself! The internet now provides many opportunities to read newspapers and magazines and to listen to radio from all around the world. It is possible to watch television from...
all the European countries by tuning in to the European satellites. This can be done by buying a set top box and additional satellite dish, which can be tuned to television channels from specific countries in Europe. It includes all the Eastern European languages and some from Western Asia, such as Farsi. If the young person is not very fluent in English, interpreters and translation services should be considered, especially when important things are being discussed and decisions made. The use of such services should be considered particularly when the young person is attending reviews and conferences.

**Religion**

Foster carers should never impose their own religion on foster children and should respect their views if they have no religion.

If your fostered child has a different religion to you or if they have a religion and you do not, you should find out what it means to the child and enable them to practise it, as they wish. This may mean that you have to find out about their religion and its beliefs, ceremonies and festivals and arrange for them to go to a church, synagogue or mosque.

Provision for all these matters of culture, language and religion should be covered in the placement plan and care plan, but here are a few prompts to help you meet the cultural needs of children:

- Are you providing a diet that meets the child’s cultural, ethnic and religious choices?
- If the child has a different religion and wants to practise it, are you getting sufficient support from Children’s Services and your community to enable them to do so?
- Are you encouraging the child to understand their own cultural traditions, ceremonies, history and heritage?
- Do you celebrate key religious events and festivals from the child’s religion or culture with the child and their birthdays in a culturally sensitive way?
- Are you providing opportunities for the child to speak their own language as well as English?
- Are you respecting the child’s choices about clothes, personal requisites and skin care in a culturally sensitive way?
- Are you giving the child examples of successful role models from their culture?
- Are you familiar with and respect religious and cultural norms about physical contact between males and females and between different age groups?
- Are you familiar with the particular cultural norms about contraception and pregnancy for your foster child?
Sexual orientation

Sexual orientation describes a pattern of emotional, romantic and sexual attractions to males, females or both. Someone who is attracted to people of the opposite gender is described as heterosexual, someone who is attracted to people of the same gender is described as homosexual or more precisely gay or lesbian, depending upon whether they are attracted to males or females, and someone who is attracted strongly to people of both genders is described as being bisexual.

It is helpful to understand the difference between the terms ‘sex’, ‘gender’ and ‘sexual orientation’. A person’s sex refers to their biological maleness or femaleness and whether they have male or female sexual organs. Gender refers to feelings and behaviours and an individual’s sense of identity – whether they feel and act like a boy or girl or a man or a woman. Sexual orientation refers to a set of attractions to other people.

Describing these concepts like this helps us to understand that sex, gender and sexual orientation are separate things and that a person’s sexual orientation usually reflects their gender identity, not their sex.

It also helps us to understand why some people do not always identify themselves in the way that mainstream society expects, in the sense of a simple distinction between male and female, for there is a third gender which is a mixture of sex and gender identities. ‘Transgender people’ have the genitals of one sex but a gender identity associated with the other. They include transsexuals, cross dressers and transvestites.

The current academic and scientific consensus is that sexual orientation is not a choice. Research suggests that it is caused by a combination of genetic, hormonal and environmental influences.

Some people react with fear, confusion and loathing when confronted with experiences that do not fit in with their own experiences or their understanding of the situation. This is why there is much discrimination and bullying of gay, lesbian and transgender people, but clearing up the confusion about these concepts can help to eliminate hostility towards these groups. Describing the complexity of human sexuality can help to expand our notion of what it is to be human.

Coming to terms with sexual thoughts and feelings during adolescence can be confusing and disturbing for some children. Thinking sexually about the same sex and the other sex at the same time is not uncommon as adolescents sort out their emerging sexual feelings. This does not necessarily mean that someone is heterosexual or homosexual at this stage. However, many young people who know they are homosexual or transgender make this known during their teens or twenties.

Some gay and lesbian teenagers may feel different when their heterosexual friends start talking about romance, dating and sex. They may think they
have to pretend to feel things that they do not in order to fit in or have to hide who they are.

These feelings of being different and the possibility of facing prejudice and bullying if they are honest with people can lead some young people to keep their sexual orientation secret, even from friends and family who might be supportive.

Teenagers and young people who feel they have to hide part of themselves or fear rejection are more likely to develop anxiety and depression. Teenagers are also susceptible to problems with their body image. This can be problematic for teenagers anyway, but it can be even more complicated when a young person feels they were born into a body that does not match the person they know themselves to be inside. Eating disorders can result from being bullied for being gay, lesbian or bisexual.

It is important for someone who is struggling with these issues to be able to talk to someone who is knowledgeable and sympathetic. This could be their carer or it could be someone independent, such as a youth group, doctor, psychologist or trained counsellor.

Foster carers have an important responsibility therefore to create the emotional environment in which a young person can at least tell them that they have these feelings so that they can find the right kind of help. They will also need to be able to support a young person if they are being bullied because of their sexual orientation.

- Do you know enough about the issues facing gay, lesbian, bisexual and transgender people?
- If not, do you have access to this information and people to whom you can go to get it?
- Do you feel comfortable with these issues, so that you can talk about them to your foster child?
- Do you feel confident about supporting a young person who is being bullied because they are gay, lesbian, bisexual or transgender?

If you have to face these issues, it will be best to talk to your family placement social worker, who should be able to advise you about any support, training or resources that can help.
Disability

Although the needs of children and young people with a severe disability for care and supervision are pressing, it is essential to treat all of them first and foremost as children. This means recognising their rights to love, affection, security and protection, contact with their parents, consultation about their future and involvement in decisions made about them, their individuality and all the other things that are important to children and young people. It also means that every child with a disability is entitled to the same services as every other child.

Children’s Services has a legal duty to make life as normal as possible for children with a disability. The ‘Every Child Matters’ outcomes apply to all disabled children just as much as to other children.

Foster carers should therefore work hard to overcome any limitations of the child’s disability in order to give every child with a disability the same opportunities to develop, to take part in mainstream society and to make the most of their talents as other children. This includes facilitating access to mainstream schools, leisure, sporting and recreational activities and later on to work, training and educational opportunities, depending upon the child’s abilities.

They should be ambitious for their disabled foster child, but think carefully about what is realistically achievable and listen to what their child wants. Then they can work out what they need to do in order to overcome any barriers to those ambitions.

In Norfolk we have specialist teams of social workers and occupational therapists working with the most severely disabled children. Social workers from these teams will give you information about particular disabilities and be able to advise you about the specific needs of disabled children and offer any aids or adaptations that you might need. Children with less severe disabilities will have a social worker from your nearest area team.

- Do you have all the information about your child’s disability that you need in order to care for them successfully?
- Do you think you have all the skills needed to care for your child’s physical, emotional and social needs and any nursing and communication needs?
- Have you got all the aids your child needs and made all the adaptations to your home to accommodate the particular needs of your child?
- Have you got all the support you and your family need in order to care for the child?
- What are your ambitions and expectations for your disabled child?
- Are there people in your local community who will help you achieve your ambitions for your child?
- Do you feel confident enough to be an advocate for your child and capable of tackling any barriers to inclusion?
Respecting difference and challenging discrimination

Discrimination occurs because of ignorance or because some individuals or groups in society take out their frustrations and lack of fulfilment on others, usually those who are seen as being different for some reason.

Discrimination is always an indication of a problem in the person who is discriminating and never in the person discriminated against.

We can see therefore that it is possible to prevent discrimination by developing people’s security and sense of their own worth and by removing any threats to these attributes. People who are more secure in themselves and have greater self esteem can generally tolerate difference more easily.

This is another reason why it is important for foster carers to develop the self- esteem of the children in their care and to teach them to be proud of their own heritage, for helping them to respect themselves will enable them to respect others.

It is also an important factor in helping children in care to withstand any discrimination that they might experience. Being comfortable with their own personality and identity means they can see more easily that it is the other person’s problem.

Foster carers can develop a tolerance of difference in the children they look after by:

- setting an example themselves through their attitudes and behaviour
- answering a child’s questions about any of the above characteristics honestly and in a way that is suited to the child’s age and understanding
- as children get older, talking to them in more detail about the concepts of fairness and justice and the complexity of the human experience
- developing their own understanding and awareness of the issues facing people with the above characteristics
- correcting statements, views and attitudes that are discriminatory or are based on incorrect facts.

At this point you should read the fostering service’s policy on equal opportunities.
Maintaining contact with parents and family

In most cases there will be some contact with a child’s natural family while they are in care. Even if there are no visits, there may be contact by telephone or letter.

The type and frequency of contact is likely to vary according to the child’s circumstances and future plans. A parent may be visiting their baby every day, if it is a short placement. The frequency of visits may decrease over time, if it becomes clear that the child is not going home, or they may increase because the plan is for the child to be reunited with their family.

If there is staying contact, it will usually be with one or other or both of the child’s parents; but the contact arrangements may include brothers and sisters, if they have not been placed with the foster child, grandparents, aunts and uncles and any other significant person in the child’s life.

All these arrangements and any decisions that have been made to delegate responsibility to the foster carer for making them should be in the placement plan for the child. It should also contain information about people who the child should not see. However, foster carers are in a particularly good position to know who is important to the child and it may be that they discover during the placement that there is someone else whom the child wants to see. This should be discussed with the child’s social worker.

The importance of contact

Contact is arranged primarily because it is in the child’s interest. Whatever has happened in the family to cause a child to come into care, their family is still important to them. Most children want to go home at some stage. It is important for their own adjustment that they keep in contact with their family and especially people who will be there for them later on in life or can be a positive influence while they are in care.

Children also have a right to know who the members of their family are, so that later they can choose who they want to have a relationship with and work out whom and what has affected their life.

Finding lost relatives

It is particularly difficult to maintain contact with brothers or sisters who have been placed with another foster family. It requires a special effort to maintain a relationship over a long period of time and it is not uncommon for children of the same family to drift apart once they have been separated.

Occasionally one child in a family will be adopted whilst the others remain with foster carers. Brothers and sisters and other family members as well as parents now have the legal right to trace their adopted relative, once the adopted person has reached the age of 18, by applying to Children’s Services’ adoption service. A social worker will be appointed, who will contact the
adopted person to ask if they want contact with the person who has applied. If they say no, nothing more will happen, but if they want contact the social worker will arrange this.

The impulse to be reunited with lost relatives is very strong. Unlike adoption, there is no formal system set up for children who have been in care to trace relatives. They can apply to see their social work file to see if there is any information in it that might help them, but unless they have family members who can give them information, it is often a struggle.

However, foster carers should be aware that children may be able to find missing relatives now for themselves, including adopted relatives, by avoiding the usual system altogether. The growth of social networking websites, such as Facebook, and the ease with which people can now find another person’s address on various internet sites has enabled young people to be quite imaginative in finding ways of tracing relatives on their own. At the moment there is no regulation of these sites for this purpose and these activities are uncontrolled.

Young people are using these sites not only to trace adopted relatives, but also to make contact with separated parents, whom sometimes they may never have known. Often there is a happy conclusion, but young people are not always being prepared for the unwanted consequences of their curiosity. Sometimes they are doing it without being aware of the risks involved and there is always the possibility that their search may end in yet another rejection.

Foster carers should be aware of these developments. If their foster child shows any interest in tracing a lost relative, they should discuss it with the child’s social worker to see if there is any information about the relative and whether it would be a good idea or not for the child to have contact. Foster carers should be supportive but at the same time open and honest with the young person about any risks that there may be and should prepare them for the possibility that the lost relative may not want to know them. If it is an adopted relative who is being traced, the young person should be advised of the correct system for doing this.

**Facilitating contact**

One of the main skills required of foster carers is an ability to make parents feel welcome.

It is best never to underestimate how difficult it is for parents to visit their child in someone else’s home where they are being constantly watched. Some parents may feel threatened, some may feel guilty or resentful because you are managing their child better than they did; but whatever you are faced with, you have to try your best to keep a relationship with them for the child’s benefit.
It may be worth re-reading the information on what parents feel about having a child in care at this point on pages 74 to 76.

Honesty, openness, understanding, empathy and discussion are the best tools for developing a good working relationship with parents. They have a right to know what is happening to their child and how they are getting on. The more you can involve parents by sharing information and explaining what you are doing for their child and why, the more likely it is that they will appreciate you. Being supportive, not judgemental, and recognising their strengths as well as their limitations will also help.

**Being prepared for what can go wrong**

Both foster carers and parents have the capacity to undermine the contact arrangements, if they are not careful. Some of the things to watch out for are parents who

- criticise the foster carer
- criticise the care that is being given by the foster carer
- undermine the foster carer’s abilities by frequently comparing them unfavourably with other carers or previous carers, if the child has had more than one placement
- make promises to the child about visits, birthdays etc that they do not keep
- try to ‘buy their child’s love’ by giving lots of presents to the child
- are uncomfortable playing their natural role as a parent in someone else’s house
- take foster carer’s legitimate comments personally and see it as a criticism of them
- do not turn up on time, miss contact appointments or give up visiting altogether.

Foster carers need to be especially understanding of parents who show these kinds of behaviour. Try to look at it from their point of view and not take their criticisms personally. It is possible that the parent’s criticisms may be valid, but they may be an attempt to ‘equalise the relationship’ or overcome feelings of guilt and inadequacy. However, you are not expected to put up with verbal abuse. If this happens, you should let the child’s social worker or your family placement social worker know straightaway.

Some parents may continue with the same patterns of behaviour that they had when the child was at home, such as buying love by giving lots of presents. During a visit you may dislike what you see or hear. Generally it is better for a foster carer to let the child’s social worker know of this after the visit, so that you can decide between you how it should be handled.

It is legitimate for foster carers to show a parent a better way of doing things by explaining to them how they do things differently and why it works. This needs to be done gently and tactfully by ‘getting alongside’ the parent. It is
not expected of a foster carer, but some carers have managed to create very helpful relationships by being 'a parent to the parent'.

You should let the child’s social worker know if parents are being hesitant about contact or unreliable in keeping to the arrangements.

Foster carers should also be aware of their own feelings about the contact. Some of you may:

- feel apprehensive about it
- may not be convinced that it is in the child’s interest
- may be concerned that you have such different backgrounds and values from the parent
- find it difficult to relax and be yourself during contact as well
- be self-conscious about disciplining the child, if it is needed during contact, in case you are criticised
- feel angry and frustrated with the parent’s attitudes and behaviour and find it hard to keep these feelings to yourself.

If you are experiencing any of these feelings, you should put any concerns you have about the contact arrangements to the child’s social worker. If you cannot agree with the arrangements, you should remember that the child's social worker and their manager are responsible for the decisions about contact and you are not to blame if it goes wrong.

You should not let your frustrations develop into arguments with the parents or contradict them in front of the child. These are things for the adults to sort out in private during the intervals between visits. Your family placement social worker is there to support you and you should discuss these matters and feelings with them, before things get out of hand.

**Supporting the child before, during and after contact**

Visits by family should be enjoyable experiences for the child. It may seem obvious, but it is important to let the child know well in advance what is planned, who will be coming, when and what will happen. The child will need to be told of any changes to the arrangements. The carer should explain these as honestly and as best they can, especially if the parents are not able to keep to the arrangement. What you say will depend of course upon the age and understanding of the child. If you do not do this, the child is likely to make up their own version, which may be that Mummy and Daddy are not interested in them any more.

You may need to think carefully about such things as where the visit can take place from the point of view of the child’s comfort, what they are going to do during the visit, whether the parents can take them out or whether it is to be a supervised visit, and have some toys available or possibly the child’s favourite comforter, depending upon the age of the child and relationship with the parents. The timing of the visits should coincide with the times when the child
is not too tired. With very young children visits should be fitted around their normal routine, for example, if a child has a sleep during the day.

Children can get excited about visits or become very tense. Young children are likely to be tired afterwards. Visits can awaken feelings of loss for the child or they may stimulate a desire to go home with their parents. Inevitably, they are likely to bring back the reality of what it is like to be in care. Contact may lead to a variety of anxious behaviour after the visit, such as reverting to bed wetting, temper tantrums and sadness. This can last for days after the visit in some cases.

It can be very upsetting for foster carers to see this and have to deal with the consequences. It can cause them to question the value of the contact or wish it could be stopped, when it is sometimes an inevitable part of contact, part of the child’s world. If you are feeling like this, you should always discuss this with the child’s social worker or your family placement social worker, so that you can get some support and work out what is best for the child together.

It will help if you write down your observations of the visit – what happened, what went well and what went not so well. You should record any concerns that you have about contact and any severe or adverse reactions to the visits by the child. Be factual and write exactly what the child said. It is most helpful when you note exactly what happened rather than your personal opinion about it.

The foster carer’s nightmare

Possibly the worst thing that foster carers fear the most, is for a parent to turn up and snatch their child away from them.

On rare occasions a parent may unexpectedly demand to take the child away when this is not part of the plan, but whilst most carers will never experience this, it is always best to be prepared for the worst scenario.

If you are faced with this situation:

- explain that this course of action is not part of the plan and that they should discuss this with the child’s social worker or manager before doing anything else
- tactfully explain that their child may be very upset if this were to happen very suddenly
- if it is feasible, you could offer to ring the child’s social worker or manager or if it is out of normal office hours, the duty family placement worker, so that the parent could discuss it with someone immediately

However, if the parent persists and is not amenable to persuasion or is threatening to be violent with you:

- you have to let the child go with them, if the child is in care voluntarily and you are sure there is no immediate risk of them coming to
significant harm, and then let the child’s social worker or manager or the duty family placement worker, if it is out of normal office hours, know what has happened immediately

- if the child is in care voluntarily and you believe that there is a risk of the child coming to serious harm, you can call the police for assistance
- if the child is on a care order, you can call the police to have it enforced. It is a criminal offence for someone to hide a child in care or otherwise keep them away from their carers.

Failure of parents to return a child

If a child visits their family in their own home and the parents fail to return them, you should let the child’s social worker or, in their absence, their manager or the duty family placement worker, if it is out of normal office hours, know what has happened. You will need to let them know what time the child was expected back and the circumstances. They will then decide what to do.
Independence and the transition to adulthood

What ‘independence’ means

We are now coming to the culmination of this section’s purpose, the creation of independent adults who are capable of making a positive contribution to the world.

The term ‘independence’ is not meant to mark the automatic end of a young person’s period in care when they reach the age of 18, but to signify the end of a maturational process that leads to a child becoming an adult in the fullest sense and choosing to leave home when they are ready. As with other young people, this will happen to children in care at different ages. Often it will be well beyond their eighteenth birthday. Indeed, it is likely that children who have experienced early delays in their development will need longer to catch up.

So far the importance of a child’s health and emotional, psychological, educational and social development has been emphasised, but there are some other aspects of growing up that need to be covered before we look at the transition to adulthood.

Developing the capacity to choose

We saw in the previous section how abused and unconfident children have difficulty making choices, so giving them opportunities to choose and respecting their wishes is very important.

Parents normally start to let children choose at a very early age. A very young child can choose whether they want an ice cream or a lollipop, which type of biscuit they prefer and so on. At first the choices are limited to suit the capability and maturity of the child. More choice is introduced gradually as they get older and more responsible. Adolescents begin to take much more significant decisions, not only about what they wear, and what hairstyle they have, but about which subjects they want to study at school, whether to stay on at school or find work and what career they want to pursue.

Foster carers can introduce choice in much the same way for traumatised children. It is very important for their development that all foster carers develop an approach that gives children the information they need in order to make informed choices, discusses options with them and respects the choices they make.

Involving children and young people in decision making

Children who have been abused and ignored may not automatically expect to be involved in decision making. We saw in the previous section how frightening the world is for traumatised children whose parents are out of control and give them little sense of their own worth. Such children come to expect very little from adults and from life in general.
Giving all children and young people a say in what happens to them is important to develop their self-esteem and sense of efficacy, but it has an added importance for children in care who may need to be given some confidence that they can influence events in a responsible way. This is as true for disabled children as for others.

By the time children leave care they will have become used to being involved in all kinds of meetings where they will have had to listen to adults talking about them, what the adults want to happen and what is best for them. Most children do not have this experience and it is one of the great differences for children in care.

Foster carers can play an important part in encouraging children in care to take part in these meetings and to express their views. Their social worker will ask them to give their views before the statutory looked after review on a special form (there is one for foster carers too). You may need to help your foster child complete this by talking with them about the issues, why it is important that they have their say and helping them to decide what they are going to say. Sometimes it can be helpful for the child to write down a list of the things they want to say in the meeting and to take the notes with them in case they get too nervous.

Some things you need to check before the meeting are:

- does the time and venue make it easy for the young person to take part and is it outside school hours?
- is the venue somewhere where the young person will feel comfortable and not embarrassed because friends or others will be aware of what is taking place
- do they know who has been invited and have people been invited who the young person does not want to attend?
- are there some people there who would cause the young person to feel inhibited?
- do they want to attend for all the meeting or just part of it?
- do they know what the purpose of the meeting is and what is likely to happen?
- are there things they want to discuss and have put on the agenda?
- is the meeting likely to last longer than the young person can comfortably manage from the point of view of concentration and tiredness?
- has any difficulties the young person has in communicating been accounted for?

They may need an advocate to speak on their behalf. You can talk to their social worker about this and ask them to arrange one for the child.

Norfolk has its own ‘In-care Council’, which passes on opinions and concerns from children in care to senior managers and councillors. Getting involved with the In-care Council is a good way for young people in care to learn about
advocacy and to improve matters for themselves and other children who will come into care in the future.

Anyone over the age of 18 who spent all or part of their childhood in care can join the Careleavers Association. This is a national organisation that represents and campaigns for improvements in the care system. It is run by people who were in care themselves and they have strong links with Government. They also run a ‘careleavers reunited’ website, which puts people in contact with other people they were in care with if they have lost contact. They can be particularly supportive to adults who were formerly in care wanting to see their social work records.

**Involving children in the community**

Young people in care may want to do some voluntary work and this is to be encouraged. They may come to this because of a particular interest or it may be that they want to help other people in similar situations. Whichever is the case, children in care can gain a great deal from realising that they are not the only one who has had a difficult time. The child’s social worker should be told if a child is going to do any voluntary work, so that they can check that it is appropriate and safe.

Foster carers should encourage their foster child to do work experience when the time comes to do this through school.

If a teenager wants to do some paid work, there are tight local regulations about the number of hours that can be worked and when the work can be done. These are enforced by Norfolk County Council.

**Child employment**

All children who work or assist in a trade or occupation that is carried on for profit are considered to be employed, even when they receive no payment for that assistance. A child is defined for this purpose as being a person who is not over the compulsory school age.

No child under the age of 13 can work. Those over the age of 13 who work cannot work during school hours and can only work for no more than two hours on a school day or a Sunday. During term time no more than 12 hours can be worked in total in any week. The number of hours that 13 and 14 year olds and 15 and 16 year olds can work on Saturdays and during the holidays is also restricted, according to their age.

There are restrictions on the type of work that they can and cannot do; for example, they cannot work in any commercial kitchen or serve alcoholic drinks in a pub, restaurant or club or sell door to door or collect money.

Within one week of the child starting work, the employer must send a completed ‘employers notification form’ to Norfolk County Council, so that an employment permit can be issued to the child. This gives details of the
child’s employment and must be signed by the child’s employer and parent or carer. This way you should know when your child is working and be able to check that the employer is complying with the regulations.

You should be aware of these regulations, not only to make sure that your foster child is not being exploited, but also if you want to give them some experience of work yourself by asking your foster child to help you in your own trade or occupation.

All the details about child employment laws can be found online at: www.norfolk.gov.uk/Childrens_services/Activities_for_children_and_young_people/Child-employment/index.htm

You can also download a leaflet from this site, giving you all the information you will need.

**Teaching skills for daily living**

The teaching of skills to enable a young person to live away from home takes place throughout childhood and by the time a young person is ready to leave care we would expect them to have gained the rudimentary skills for daily living.

Here is a short checklist of essential daily living skills:

- Be able to shop for essential food items and household goods
- Know how to shop cheaply, using discounts, and know the comparative value of things
- Be able to plan some simple menus, prepare and cook some meals
- Know how to store different kinds of food safely and food hygiene generally
- Be able to manage all aspects of their personal care
- Be able to use a washing machine, dry and iron clothes
- Know how to wash up and keep their room clean
- Be able to sew on a button
- Know how to make an appointment with the doctor and dentist
- Know how to store important documents safely
- Be able to manage their money and credit cards
- Know about the basic bills that have to be paid and how to pay them on time
In addition, young people should:

- Have their own bank account and possibly a savings account
- Have a passport to prove their age and identity, as well as travel abroad
- Have their insurance number
- Have their birth certificate
- Learn to drive and have a driving licence, if they wish, at the appropriate age

Getting a national insurance number

Young people will be sent a national insurance number automatically just before their 16th birthday, if they live in the United Kingdom and their parents or guardians are getting child benefit for them. As parents cease to get child benefit eight weeks after their child comes into care, many children in care do not receive a national insurance number automatically and they have to apply for one.

If your young person is between 16 and 20 years old and does not have a national insurance number, they should contact the National Insurance Registrations Helpline on 0845 915 7006 for advice. Lines are open from 08.30 to 17.00 Monday to Friday.

In most cases the young person’s social worker will do this and apply for a passport as well, but you should check that they have these documents.
The transition to adulthood

We began this section by looking at some ways in which we can help children in care overcome their early experiences of trauma and distorted relationships with their parents. We have seen how developing their self-esteem, self-awareness and acceptance of themselves and their heritage is important for their emotional and psychological well being and how this is the springboard from which they can do well at school, grow up healthily and keep themselves safe. We have stressed how important it is to encourage children in care to learn how to choose, to involve them in the decisions that affect their life and to give them the practical skills they will need when they leave care. We have recognised also that throughout this process it is beneficial in most cases for children and young people to keep some contact with their family.

We are now coming to the end of our journey through a child in care’s life and development. By the time the young person is preparing to leave care all the hard work that you have put in to develop these aspects should be paying off.

The final section looks at what happens after school, when the young person either finds work, goes on to do some further training or goes into further or higher education and leaves care.

Life story work and life reviews

By the time a young person leaves care, they should have a good understanding of why they were in care, their family and background, what their formative experiences were and what has happened to them whilst they have been in care.

The best way to keep this knowledge is in the form of a life story book. This is an account of the child’s life in words, pictures, photographs, documents and mementos. It is not usually something that is created just before a young person leaves care or indeed in one session. It is their book that is developed throughout the child’s time in care and is there for them to take with them when they leave care.

A life story book is made with the child or young person. It is usually started and done by the child’s social worker, who will use it not just as a record but as a therapeutic tool to talk to the child about their experiences. It can be quite upsetting for the child if it brings back painful memories, but it is also immensely valuable later in their life when they are trying to work out who they are or tell their children about their family history. Foster carers should be prepared for the child to get upset sometimes when this work is being done and allow them to feel sad.

Foster carers can make a great contribution to this book by supplying photographs, dates and records of events while the child is with them. The contents will depend upon the age of the child at the time and will change of course as the child grows up. The record should be honest. It should include
all the good things that happen and the child’s achievements in school and out of school; but it should not shrink either from recording the difficult and painful bits.

Once the life story book has been completed, it belongs to the child. It goes with them if they move to another placement or return home. Because it is liable to be lost in all the moves and turmoil that can be a feature of some young care leaver’s lives, it is best for a copy to be made and held by the social worker on the child’s file.

As young people mature they may become more interested in their past and want to find out more about it. In addition to having their life story book, young adults may want to see their social work file to find out more about who made the important decisions in their life, to recover lost memories or check out different versions of the truth about why they came into care that they have been given by various family members.

This can be an opportunity to go through the main events in their life once again, but this time giving them a more grown up account in what is more like a life ‘review’ than a story. Even adults who come back to see their record often only have a simple and childlike explanation of why they were in care and it can be therapeutic to give them an adult account of what happened. It can also be the time to be frank about who let them down.

People who are in care or were in care come to this at different times in their life. Often it is events that trigger it, such as when they start their own family; or, if they have not had expert help with their abuse, when they encounter difficulties in their relationships and they realise that their current difficulties can only be resolved by facing their early experiences. It may be a matter of curiosity or of maturity. Much of a child’s time in care is spent just coping with the everyday business of being in care – coping with all the changes, managing two families at once and handling the feelings of being different. It may be much later, when they are more settled, that they can find time for self reflection.

If a young person wants to see their social work file, the request should be handled by their social worker and it should be their social worker who goes through the file with them; but foster carers should let their foster children know of their right to do this and support them if they do.

Pathway planning

In one sense it could be said that the transition to adulthood begins on their 16th birthday, for this is when the formal process of planning starts, but as we have seen, preparation takes place in reality throughout their childhood.

An assessment of the young person’s future needs, leading to a pathway plan, should be done within three months after their 16th birthday. The pathway plan is the guide to the support that needs to be given to enable the young person to leave care smoothly and successfully. Foster carers will be
expected to make a significant contribution to this assessment. The assessment should consider whether the young person continues to need to be looked after.

If it is agreed that the young person is going to stay in care, the plan has to concentrate on promoting their health and development, their wish to continue education or find training or employment, contact with their family and their ability to manage money.

If they know they want to leave the foster carer’s home and eventually find their own accommodation or return to their natural family, the plan should include details of how they are going to be supported to do this.

The local authority’s responsibilities towards disabled care leavers are the same as for others. Those with complex needs may be transferred to the Community Services (Adult Care) to continue their care beyond the age of 18. The pathway plans for children with disabilities should reflect their individual preferences and needs and capabilities in matters such as housing, education, employment and leisure.

The pathway plan for an unaccompanied child seeking asylum will have to take account of their immigration status. There may need to be a transitional plan during the period of uncertainty while a decision is made about their entitlement to remain in this country, as well as a plan that takes a longer view of the young person’s needs, if they are granted permission to stay.

**What happens if the young person stays with their foster carers after they are 18 years old?**

For some young people it may be appropriate for them to continue living with their foster carers beyond their 18th birthday. This is known as *staying put care*.

The main change is in their legal status. They are no longer ‘looked after’, but become a lodger in the foster carer’s home. The foster carer ceases to be a foster carer for that young person only and becomes their legal landlord.

There may be changes to the way the placement is funded too, because the local authority will no longer be able to pay fostering allowances. The arrangements for making this kind of placement a success, including finance, will be agreed at the beginning of the placement.

While the fostering regulations no longer apply to a ‘staying put’ arrangement, the regulations for the transition to adulthood state that there should be yearly reviews of the carers in this arrangement, a re-assessment and re-registration every three years, new Criminal Records Bureau checks every three years, health and safety checks, regular supervision from the supervising social worker and training.
You can find more details about the ‘staying put’ arrangements, including what finance and support is available, in the policy about ‘staying put care’.

The other major change that will take place when a young person reaches the age of 18 is that Children’s Services will not be required to provide a social worker to coordinate their care, because they will no longer be in care. However, the local authority must appoint a ‘personal adviser’ to continue the support to the young person. In many cases this person will be the young person’s social worker, but it does not have to be. The young person’s foster carer could take on this responsibility, if it is the most appropriate arrangement.

**Further and higher education, training and employment**

The pathway plan for each young person will give details of how Children’s Services will support a young person either to do training, find work or continue their education, including any financial assistance that is necessary. Foster carers will also need to continue to offer their support and encouragement for whatever direction the young person decides to go in.

Foster carers might help by:

- showing the young person where to look for jobs or giving them information about any jobs they know of
- encouraging them to think about where they might want to work and in what kind of job
- supporting the young person with job interviews
- supporting the young person to get careers advice
- assisting them with setting up their bank accounts and managing their money
- assisting them with obtaining any student loans
- if they go to university and are living away from home, helping them to set up their accommodation and make any necessary arrangements for them to return to live with them during vacations.

**Financial support**

In addition to the general duty that local authorities have to assist young people in further education, training and employment and the system for student loans, there are some specific allowances available to young people who are in care or have been in care to help them with their education or training after school:

- **The 16-19 Bursary**: looked after children and care leavers who are attending sixth form or college and are between the ages of 16 and 19 are entitled to a guaranteed bursary of £1,200 each academic year to assist them with expenses. The money will be paid to them directly by the school or college they are attending. Each school or college will
decide how frequently it will be paid, whether weekly, fortnightly or monthly. The young person or their carer will have to let the school or sixth form know that they are in care; otherwise they will not receive the bursary. The school or college will also have to have written confirmation of their status from Children's Services.

- **The higher education bursary:** former children in care who are attending university in accordance with their pathway plan are entitled to a bursary of £2,000. This is a single payment for the whole of their course.

Young people who come from overseas, are in care or are care leavers and have been in the United Kingdom for more than 3 years are treated as ‘home students’ if they go to university. This means that they will not have to pay overseas student fees.

Children’s Services’ policy on helping young people make the transition to adulthood gives more specific information about all the financial assistance that is available for education, training and employment.

**Leaving the foster carer’s home**

It can be quite exciting for young people to live on their own for the first time, but it can also cause quite a lot of anxiety. Children's Services and foster carers have a responsibility to make this transition as smooth as possible.

Foster carers can help by making sure, for example, that when young people move, they have sufficient cooking utensils, cleaning materials and other household goods (and furniture if they are moving into unfurnished accommodation). They can help the young person actually move in and keep contact with them afterwards to offer advice and emotional support, especially if they have been with you for a long time.

The aim should be to do what any good parent would do for their children at this time of their life.

The arrangements for a young person to move into accommodation of their own should be covered in the pathway plan. However, the local authority also has a responsibility to support their move to independent accommodation financially.

**Young people’s top 10 worries about leaving care**

- Being on your own
- Not being able to cope
- Not being able to get help when you most need it
- Not having enough money to live on
- Cleaning up after yourself
- Leaving care before you are ready
- Having nowhere to go/come back to
- Being in a ‘dodgy’ place
- Having nowhere to live
- Not being settled anywhere and having to keep moving around

*Children’s Rights Director’s Report 2006.*
**Finance**

Children's Services provide a *setting up home allowance* to enable a young person to live on their own for the first time. This should cover things such as the first television license, the first household contents insurance premium, removal costs, ensuring that any gas or electrical goods are installed by an approved fitter, a decorating grant and health and safety items, such as spare keys, smoke and carbon monoxide detectors and first aid equipment.

Up to date information about what is covered and the amount of the allowance can be found in Children's Services' policy for the 'setting up home allowance'.

In addition, Children's Services should help with any transitional costs, such as bridging the gap between starting work and getting their first wage or salary payment or between leaving care and getting their first benefit payment.

**A note on welfare benefits for 16 and 17 year olds living with foster carers**

Some young people, aged 16 and 17, may be entitled to national welfare benefits whilst they are still living with foster carers if they are disabled or a lone parent.

Disabled young people of this age may receive employment and support allowance and specific premiums in certain circumstances. However, this does not entitle them to housing benefit or the local housing allowance.

Lone parents may be able to claim income support, child tax credits (family, baby and child element), child benefit, and healthy start vouchers and they will qualify for a Sure Start maternity grant from the day of the birth of their baby.

Both disabled young people and lone parents will still be entitled to help with accommodation from Children's Services.
Bringing a placement to an end

This section of the handbook has concentrated on the child’s journey through care; but not all children will stay long enough with their foster carers to experience all of this.

Some of you will only be offering short term placements. Some foster children may need to move to a different placement. They may go home to their parents or to another member of their family. They may move to another substitute family permanently, either under a special guardianship arrangement or adoption. Some may have to move to a different foster family because the placement has not worked out as everyone had hoped.

Sadly, moving home is a common experience for children in care. It can arouse a mixture of feelings of excitement, happiness, sometimes relief, and also nervousness, regret, insecurity and uncertainty. It is a significant event for them and should be handled as sensitively as possible.

Ideally, all moves will be carefully planned. It should be part of the child’s care plan and expectations for the placement. The child’s social worker should have involved you and the child in discussing the move, where they are going, why they are moving, what will happen and what support you will be given afterwards. You should be clear about the part you are expected to play in making the move go smoothly and successfully. If you are not sure about any aspect of the move, you should discuss your views and feelings with the child’s social worker or your family placement social worker. If you find also that the child does not understand any aspect of the move or is feeling apprehensive about it, you should let their social worker know straightway, so that this can be resolved quickly.

Moving to another placement

In order to make the transition a smooth one you will need to work closely with the new foster carers. There is likely to be a series of introductory visits for the child and it would be a good idea for you to be involved in these.

You will need to pass on detailed information to the new carers, not only about how the child has been with you, their likes and dislikes, but also information about your own lifestyle and ways of parenting. The idea is to make sure that the new family understand what the child has experienced while they have been with you, so that they can appreciate the changes that are involved for the child.

You will need to make sure that the child has everything they want to take with them – clothes, school work, computer, photos, pictures, mementos and any life story book – and make sure that they have suitable luggage, such as a suitcase or holdall in which to take it. You may need to contribute to the life story book after the child has left you.
You will need to agree the arrangements for the transfer with the child’s social worker. Usually you will be expected to go with the child and social worker to the new placement. It is just as important for the child that you do this even if the placement with you has not been a happy one, unless of course, the child says that they do not want you to accompany them. The child needs to understand that when people do not get on, they can still behave decently and respectfully towards each other.

Moving back to the child’s own family

A child’s return to their family should also have been planned in advance. Much the same considerations apply as to moving to a different placement. However, there may be a much more prolonged and intense period of visits, which will increase gradually until it is time to move.

You will need to be involved in the discussions with the family and pass on information in the same way as for other foster carers or residential carers. It will be an important time for you to talk to the child about any worries they may have about going home to live and to let the social worker know if the child has any doubts.

Ideally you will be happy with the move and be able to support the child in doing something that they want to happen; but we are aware that these moves can be distressing sometimes for foster carers, especially if they do not agree with the decision for the child to go home. Foster carers can sometimes worry that the standard of care at home, while ‘good enough,’ may not be as good as their own or what they think is best for the child. Sometimes social workers can be a little more optimistic about the changes that have taken place at home than foster carers or the child has a more rosy view of home life than either the foster carer or the social worker and may be pushing for a return home in spite of the doubts about the wisdom of such a move. If a child is in care voluntarily, Children's Services do not always have the ability or the evidence to control the outcome.

Sometimes we all have to accept that the situation may not be perfect, but it is the best that can be achieved when all the circumstances have been taken into account. This is the time when you may need the support of your family placement social worker.

Should I keep in contact after the child has left?

It is implicit in the idea of a gradual and smooth transition that there should be no abrupt ending to a placement. Great emphasis is commonly placed on the arrangements in the lead up to a move, but it is also important to consider what is best for the child after they have moved.

If the child has been with you for a long time or even if the placement has been brief and the relationship has been of great significance to the child, it will be appropriate for some contact to continue for a while afterwards. This is
to give the child time to adjust gradually and, if necessary, to grieve. Contact could take the form of phone calls or visits, if they are near enough.

The essential thing is that any continuing contact should take place only because it meets the child’s need. The child should determine whether it is to take place and for how long it is needed. You will know from their reactions when the child has let go and contact can be phased out.

It can be appropriate to enable the child to keep in contact with you even after they have returned to their family, but this may not always be possible if the family do not want it.

You must let the child’s social worker and your family placement social worker know, if you make these kinds of arrangements.

**Unplanned endings to placements**

Sometimes things do not go according to plan. A foster carer can reach the point where they know they cannot go on any further. A young person may decide they have had enough and want to leave. For whatever reason, placements can occasionally break down.

Usually the feelings are intense and often there is an angry demand to have the child removed immediately. If matters get to this point, the child’s social worker and the family placement social worker will want to find a way of stabilising the situation first of all that does not involve moving the child. There may be additional support that can be given to the foster carer or it may be possible to get the child to wait until another placement can be found that would better meet their needs. It is always best to try and do things in a reasonably calm way that gives everyone time to think about what will be the best step for the child, not just react to the feelings of the moment.

Even if, after this, it is agreed that the placement cannot continue, the social workers will expect you to give them a reasonable amount of time to make alternative arrangements and set up a new placement in the best way possible.

Social workers may want to hold a special statutory review to look at the child’s care plan, make any adjustments to it and plan for the next placement. Such events can mark a significant change in the direction the plan takes and it is important that time is given for this to happen. For example, it could mean that the young person would be better placed in residential accommodation or in a specialist setting.

You will still be expected to play your part in making the transfer to any new placement as smooth as possible, in spite of any angry feelings that may be around.

Once the intense emotions have calmed down, unplanned endings to placements can leave foster carers and the child with a sense of failure and
possibly guilt. Your family placement social worker should be available to support you at this time.

**Disruption meetings**
Disruption meetings can be a way of coming to terms with placement breakdowns and dealing with any sense of failure. They can provide closure.

The purpose of the meeting is to establish what went wrong and to learn from the experience. It should be attended by those most closely involved, but also have the benefit of the views of other people who were in a position to be a little more objective where this would be helpful. It is likely that the child will benefit from attending, as long as they are of an age to understand and the meeting is conducted in a positive manner.

It is not a meeting where anyone should feel blamed; but it is a place where everyone can admit their responsibility in the breakdown, including staff from Children’s Services and the fostering service. It is a time to acknowledge in front of the child where and how they were let down. The meeting should be set up to make everyone feel comfortable enough to do this.

Although this can be challenging, it should be an opportunity for everyone to learn and for any additional support or training to be provided where it is needed.

**Looking after yourself**
After a placement has ended you and your family will need some time to recover and adjust. There is likely to be a mixture of emotions. Some of the things about your foster child and the placement you will miss; but there may be other things that you will definitely not miss!

You will need time as a whole family to talk about what happened, what went well and not so well, what you have gained from it and what you will miss about it. Your children may have had very good relationships with the foster child and it is important that they are included in this process.

If the placement was particularly challenging you may want to think about taking a break from fostering for a while, before taking up the next challenge.

The placement may have stimulated some ideas for further exploration and training and you may think that next time you want to take on a different challenge.

But hopefully, your experience of fostering overall will have left you with a feeling of satisfaction and fulfilment and a sense of a job well done.

The final section of this handbook looks at the support that is available for you.
Section 6:

All about you
Supervision and reviews for foster carers

The fostering service recognises that fostering is not an easy task. It can be fun and rewarding, but also challenging and emotionally draining. Supervision is the main medium by which the fostering service provides emotional support to foster carers.

**Supervision**

The purpose of supervision is to provide regular support to you and your immediate family. Supervision sessions should take place every four to six weeks.

This is your time to discuss what is happening in the placement, to raise any issues or concerns and seek advice and information. It is the appropriate time and place to air any frustrations with your work and to reflect upon what is going well and not so well.

The discussions should cover:

- the information and advice you need to do your job well
- any assistance you might need in dealing with other services
- any need you have for a break or additional support for your family
- any financial and practical matters
- any training needs that you might have
- any significant changes in your family that might affect your fostering.

The fostering service also uses supervision as the medium by which it makes sure that foster carers:

- are doing what we have asked them to do
- are clear about their task
- are able to raise issues with the fostering service and about the fostering service
- understand the needs of the child and the placement plan, and
- that the service is meeting their needs in caring for the child.

Most supervision sessions will be arranged in advance, but the fostering service is required to visit you at least once a year without any warning. This visit will not be treated as a supervision session.

A record of the supervision session will be made by your family placement social worker. This will be kept on your file and a copy of it will be given to you to keep.

Everything that is discussed in the supervision session is confidential and should not be discussed anywhere else.
Reviews

A foster carer’s approval to foster is reviewed annually to make sure that they continue to be suitable and to make any necessary changes to the terms of their approval.

It is another opportunity to comment on the service you receive and your own experience of fostering. It is also time to consider any additional training and opportunities for personal development that you might wish to undertake.

The review is comprehensive and the views of all those involved in the review will be sought before it takes place. The children that you foster, and where possible their parents, will be asked to contribute their views as well. At the same time your family placement social worker will want to check that certain documents are up to date.

The information that is needed for the review is:

- your family placement social worker’s report about your fostering
- evidence that your Criminal Records Bureau and doctor’s checks are up to date
- evidence that the health and safety checklist and risk assessment (and any dog ownership questionnaire) is up to date
- your own views, and
- the views of other people, such as your own children, the foster children and their parents, their social worker and any other relevant person.

The review will usually be conducted by your family placement social worker’s manager, but there are some circumstances where the review report will be presented to the fostering panel. These are:

- upon the first review after approval
- a review that follows an allegation about your care
- a change in circumstances that causes the fostering service to consider your continuing suitability to foster
- where a change in the terms of the approval is sought, such as the type of fostering that you want to do or the number of places you can offer
- where the foster carer has a new partner or there is an application by another person for joint approval
- where, in the opinion of the manager, there is any contentious issue that needs to be considered by the fostering panel or the foster carer makes comments that should be noted by the panel.

Foster carers are welcome to attend the panel, if they wish.

As long as the foster carer is approved at the review, a summary of the discussion and the decisions will be given to the foster carer and the original placed on their file.
Other forms of support

In addition to the regular supervision arrangements there are support groups held throughout the county, which include educational and social events.

Membership of the Fostering Network is paid for by the fostering service, so all foster carers can receive the benefits of joining this national organisation.

All foster carers are given an account to access Norfolk’s online information and communication service, ‘Fosternets’, which encourages communication and the sharing of information with other foster carers and Children’s Services’ staff.

Respite for foster families

We recognise that sometimes foster carers need a break themselves from caring, even while a child is with them, and an alternative, temporary carer has to be found. This can be needed when the foster carer goes on a holiday that has already been booked and cannot take the foster child with them or occasionally when it is not appropriate to take the fostered child on holiday with them. It can also be needed to sustain the viability of a placement, because of the pressures and challenges created by looking after a particular child.

Any such holiday arrangements should be discussed with your family placement social worker and the child’s social worker at the beginning of the placement and they should be included in the placement plan.

If you are feeling under so much pressure that you need a break during the placement, you should discuss this with them also as soon as you are aware of the signs, rather than leave it until the placement breaks down.

If your own children are struggling to cope with the consequences of having another child or young person living with them, you should also raise this with your family placement social worker as soon as any problem occurs. There may be ways of providing additional support to them or making changes to overcome the difficulties.

The additional support that is available to foster carers in their own home and short breaks is described in the fostering service’s policy ‘Supporting foster carers practically’.
Accreditation and training

The accreditation scheme

In Norfolk, foster carers are approved to provide:

- ‘task centred’ placements, to meet the aims of a child’s care plan
- permanent placements, offering a substitute home to a child indefinitely
- regular short breaks, either for children with a disability or to support the child’s own family or to give full time foster carers a break.

Foster carers who are approved to provide ‘task centred’ placements join an accreditation scheme to encourage their personal development and reward them for their skills, training and experience.

There are 5 levels, starting at level 1 where foster carers have to show the essential competencies for fostering, through to level 5, as they improve their knowledge and understanding and develop their skills.

Not all foster carers will be able or will want to progress to the next level. It may depend upon what they want from fostering and how much time and personal commitment they can give to it; but if you are interested in making a ‘career’ out of fostering you should discuss this with your family placement social worker at your annual review.

You will have to show that you are ready to take on the challenges of fostering by your commitment to personal development and training and have good reports from the children you have looked after, their social workers and your own family placement social worker.

Training

The Children’s Workforce Development Council (CWDC) has produced a set of standards for foster carers, to which all foster carers should attain. The standards are contained in their guidance, called ‘The Training, Support and Development Standards for Foster Care’. These are a national benchmark and will give you the recognition you deserve, as well as ensuring that your knowledge and skills are up to date.

You will have to provide evidence that you are meeting these standards. The standards are accompanied by a workbook that sets out how examples of meeting everyday events can be used to provide this evidence. Your family placement social worker and an experienced foster carer will help you through this process.

The standards are:
• Standard 1: understand the principles and values essential for fostering children and young people
• Standard 2: understand your role as a foster carer
• Standard 3: understand health and safety and healthy caring
• Standard 4: know how to communicate effectively
• Standard 5: understand the development of children and young people
• Standard 6: safeguard children and young people
• Standard 7: develop yourself.

The preparation training that you did while you were being assessed will be taken into account and you are required to have completed the standards within 12 months of being approved.

Foster carers who are approved to provide short breaks will be expected to achieve the Training, Support and Development Standards for Short Break Carers.

There is no formal qualification at the end of this process, but you will get a Children’s Workforce Development Council Certificate of Successful Completion. However, if you subsequently do a BTech qualification you will be able to put the work you have done for the standards towards that qualification.

After this, you will have a training and development portfolio, in which you can keep all your records about training and subsequent courses that you have attended. It should also contain plans for your training and personal development.

Core training
There is some training that we see as being particularly important. We expect that all applicants to foster will have completed an emergency aid course either before they are approved or as soon as possible after approval. This course must be repeated every three years.

All foster carers are also expected to attend the Safeguarding Children course as soon as possible after approval.

Norfolk County Council training

There are a number of courses that are provided by Children's Services, either especially for foster carers or courses that foster carers can attend.

The training programme is reviewed regularly, so it is subject to changes.

The current draft training programme can be found on the fostering website for Norfolk County Council by clicking here.

It will be best to talk to your family placement social worker first about any specific training in which you are interested.
Money

The fostering allowance

Foster carers are paid a maintenance allowance to cover their basic costs of looking after children. It is not a salary or a wage and therefore foster carers are not employees of the Council.

The basic allowance is disregarded for income tax purposes. Because it is not deemed to be earnings, the amount of the allowance cannot be included in any calculation of income for the purpose of securing a loan or mortgage. If a foster carer’s means of financial support is from state benefits, the basic allowance does not affect these and it can be received on top of their benefits.

This allowance is paid to cover the normal costs of caring – food, clothing, pocket money and the usual personal, household and transport costs. In addition there are specific allowances paid for holidays, birthdays, Christmas and other religious festivals and a setting up grant.

Religious festivals and birthday allowances are paid automatically. The holiday allowance can be claimed at any time of the year, depending upon the foster carer’s plans, and can be used either to take the child away on holiday or on day outings.

The setting up grant is paid to make sure that the foster carer has all the necessary clothing, essential possessions and equipment to look after the child at the beginning of the placement. This may include car seats, cots and safety gates for young children and furniture for older children. It can include expenditure to enable a child to pursue special interests or meet special needs and any additional transport costs connected with the activity.

If a child has a disability, the advice of an occupational therapist should be sought initially about any equipment, aids or adaptations that may be needed and whether there are any funds available to purchase them. Only if this is not possible will the cost of these items be paid for out of the setting up grant. Where a permanent placement is being considered, Children's Services may support an application to the district council for major adaptations to be made to a house or pay for the work to be done if it is not covered by the district council’s responsibilities.

The amount of money you receive will depend upon your level of accreditation. It is paid to you fortnightly. The amount that is designated to cover the normal costs of looking after a child is the value of the allowance paid at level 1, called the ‘basic maintenance allowance’. This is paid to all foster carers. The additional allowances at the levels above this are paid in recognition of the individual skills, training and experience of the foster carer.

There may be circumstances where it is reasonable to pay the foster carer a retainer fee, but this can only be given for a specific child and for a specific period of time.
Unfortunately it has been known for foster carers to be overpaid. You will need to keep a constant eye on whether you are receiving the correct amount due to you. Any overpayments will be recovered by deductions from the ensuing payments or, if this is not possible, by a separate payment. An overpayment is most likely to happen at the end of a placement when the payments team have not been notified promptly that a child has left. You must make sure therefore, that your family placement social worker and the payments team know immediately when a child leaves you.

The rates for payment of the allowances are reviewed annually. For this reason, the actual amounts of the allowances and special payments are not given in this Handbook. You can find all of this information in Children’s Services’ document “Fostering allowances for children and young persons”, sometimes referred to as CH (F) 13.

**Tax matters for foster carers**

Although the basic maintenance allowance does not count for tax purposes, any allowances received above the reimbursement of costs may do. The Inland Revenue has a scheme for foster carers under which allowances below a certain threshold are disregarded. If a foster carer’s allowances are above this, they may choose either to pay tax on actual profits or on gross receipts minus the ‘qualifying amount’. The ‘qualifying amount’ is made up of a fixed amount and an amount per week for each child placed. These amounts change from year to year.

Foster carers who receive allowances above the reimbursement of costs are considered to be self employed for tax purposes. You will need to register as self employed with the Inland Revenue as soon as you receive any additional allowance. You can be fined if you do not do this.

Any sessional payments that are paid to foster carers who are members of the fostering panel or are trainers or which they receive for providing day care are taxable.

More information about this can be found at http://www.hmrc.gov.uk/individuals/foster-carers.htm.

**National Insurance**

Foster carers receiving additional allowances will be classed also as self employed for national insurance purposes. However, they may be eligible for the small earnings exemption, depending upon how much they receive. You need to apply for this exemption before receiving any payment.

**Home Responsibilities Protection**

This is available to foster carers who are looking after a child under the age of 16 and are not in work. It is designed to protect their entitlement to the basic
state pension and covers them for each full year in which they foster without any other employment.

You can apply for this by completing Form CF411 from any Jobcentre Plus or from the Inland Revenue.

**Foster carers receiving benefits**
Additional allowances may affect foster carer’s entitlement to benefits and you will need to get advice about this from the Benefits Agency.

Foster carers who also act as members of the fostering panel or are trainers or receive payments for providing day care may have their entitlement to benefit affected.
Insurance

The Council provides the following insurance for foster carers:

- loss or damage caused by their foster child to property owned by the insured persons
- legal cover to ensure that foster carers have free legal advice in connection with any legal action and that any legal expenses of up to £30,000 are covered
- public liability, so that you are not held responsible for any damage to other people’s property that is caused by your foster child
- personal accidents, to insure you against any injury that is caused by your foster child.

Damage to property includes accidental damage, malicious damage and fire or arson. Property includes the building and its contents, cash and motor vehicles. The contents are insured whilst they are outside the home on condition that they are in the possession of an insured person.

For the purposes of this policy, ‘insured person’ means foster carers who are registered in Norfolk by the fostering panel, any member of the foster carer’s immediate family who is under the age of 18 and other adults, all of whom must be living permanently with the foster carer.

Making a claim

All claims must be reported to the Council’s risk and insurance section.

You can contact them by emailing them at claims@norfolk.gov.uk or by calling them on 01603 222839.

You must also let your family placement social worker know of the claim at the same time.

The risk and insurance section will want to know the value of any goods and property that has been damaged in order to make a fair settlement. It is a good idea therefore for all foster carers to keep the receipts for any goods or property they purchase, in case they are needed for a claim.
Recording and keeping records

During the time a child is with them, foster carers will be expected to make written records of what happens to the child and they will also have records written and kept about them. They will have their own file and will contribute to the child’s file.

All the records are the Council’s property and at the end of each child’s placement, foster carers will have to pass all of them to Children’s Services for safe keeping.

The foster carer’s file

Your foster carer’s file will be divided into two parts. The first will contain details of your assessment, records of all your statutory checks and references, your terms of approval, and their reviews. All other documents will be put into the second part.

The information that you hold about the child and the records that you make about the child during the placement must be kept separate from your own records. This is because information about the child will be passed to the child’s social worker at the end of the placement for it to be placed on the child’s file. Information about each child, even where there is more than one child from the same family, must also be kept separate, because Children’s Services are required by law to make sure that each child has their own file.

There is more information about this in the fostering services document ‘Guidance on the composition of foster carer files and recording’.

In addition, the fostering service must keep a register of all approved foster carers. This contains the following particulars about each foster carer:

- name, address, date of birth and sex
- the date of approval and of each review of approval, and
- the current terms of approval.

What should you record about the child?

You will need to keep records about the child because they will be required:

- as the record of a child’s life in foster care
- to record changes in the child
- to contribute to assessments, reports and reviews about the child
- as a record of parental contact and contact with other people
- as a record of significant events
- to assist in creating a life story book for the child
- for accurate information in the event of an allegation, and
- possibly as evidence in court proceedings.
Shortly after you are approved, you should be given A4 binders, a diary, a lockable filing box, a ‘Recording workbook’ and various forms on which to make your records.

Each child should have their own set of records.

You can find detailed information on what to record in the following documents:

‘Recording guidance for carers: quick reference card’ and ‘Recording by foster carers: guidance for supervisors, children’s workers and carers’.

Confidentiality

The information about fostered children should be kept confidential and should only be shared with those who have a legitimate and current need to know, such as the child’s social worker, manager, parents or doctor. When you do share information, you should only disclose the part of the record that they need to know. There are hardly any circumstances when you will need to disclose all the information you have, even if you are asked for it; for example, there may be information in your child’s records that you have recorded about their brothers or sisters or other members of their family and this should not be disclosed without gaining their permission first.

If you are asked for information about the child, it is always best to tell the child first what is being asked for and who is asking and ascertain from them if they mind the information being given, depending upon the child’s age and understanding.

The main circumstance when it is reasonable to disclose their information against their wishes is when a matter of child protection is involved.

Storage of files

All your records should be locked away in the filing box provided. You can ask for more boxes, if you need them.

The boxes should also be kept in a locked cupboard, if at all possible.

The records should not be left out in a room or anywhere in the house where it is possible for other people to see them, especially visitors to the house. They should be put back in their box when you have finished using them.

Because these records will be kept for a long time after the child has left you (see below), you can help to preserve them by keeping them in a dry place and if possible in a cool place. They should never be allowed to get damp or be used where a liquid can be spilled on them, such as in the kitchen. It is also best not to leave them in a place or a room where there is strong sunlight, as this will increase the chance of decay.
Foster carers are advised not to keep personal information about children on their computer. If you do, you will have to register with the Information Commissioner to keep within the law.

**Retention of records**

All the records that you have will be kept by the Council after a child’s placement has finished and your foster carer’s file will also be kept after you have given up fostering.

By law a local authority has to keep the file of a child who has been in care until their 75th birthday. This is in case they need any information from it later in life or want to see it to find out what happened when they were a child.

The law also requires local authorities to keep foster carer’s files for at least 10 years after they cease to foster. As a matter of policy, Children’s Services may decide to keep the files of certain foster carers for much longer, in some cases for as long as 30 years. This would be because the foster carer’s registration was terminated because of gross misconduct or offences committed against children or for some other reason where children who might be placed with them in the future would be at risk of harm.

The foster carer register will be kept permanently in the Norfolk Public Record Office. Because the records in the Public Record Office are normally open for viewing by the public, there will be special provision made for the foster carer register to be closed to the public for 100 years after it has been deposited there to keep it confidential.

**Access to records**

Most of the information about a foster carer will be shared with them at the time it is created or during their period of fostering, for example, copies of supervision notes and reviews. However, you may wish to see the file itself and you have a right under the Data Protection Act 1998 to ask for a copy of it. You will be able to keep the copies that are disclosed to you.

In reality you are unlikely to be able to see everything that is contained in it, because there may be some information that must remain confidential, such as references or communication between Children’s Services and the Council’s solicitors or confidential information about someone else.

You will not have a right to see personal information about the children you have fostered, because it is their information, unless they are old enough to understand the process and they give permission for you to have it; but otherwise you will be given all the information that relates to you.

If a foster carer moves to another local authority area or goes to another fostering agency, the new fostering provider should ask the Norfolk fostering service to give them information about the foster carer and their record of fostering.
The new provider should tell the foster carer that they are going to do this before contacting our fostering service. The Norfolk fostering service should respond by letting you know that they have received a request for information and ask for your permission to disclose the information. If there are any concerns about child protection recorded in the foster carer’s file, they will be disclosed without permission.

The Norfolk fostering service should then send the information within one month of receiving the written request from the new provider.
Grievances, representations and complaints

We hope that the relationship that develops between us will mean that any difficulties that arise can be resolved quickly and easily by discussion; but inevitably there will be some occasions when this does not work out satisfactorily.

If you cannot resolve your dissatisfaction or disquiet by talking to your family placement social worker or their manager, you can use the formal complaints procedure.

You may want to do this because of a grievance that you have as a foster carer or you may want to do so on behalf of your foster child.

Foster carer’s complaints

Your family placement social worker should tell you about the complaints process and how to make a complaint soon after you are registered.

Using the complaints leaflet will ensure that your complaint is heard and that it is looked at by someone who is not part of the situation.

Anonymous complaints can be accepted, but this may limit the ability of the person looking into the complaint to do justice to it; for example, they may need more information from the complainant but will not be able to get this without a contact number and name and they will not be able to let the person complaining know of what is being done about the complaint. Usually it will be better to give your name and contact details when you make the complaint. If you are worried that you may be put at a disadvantage by complaining, you can always use the whistleblowing procedure.

Local authorities do not need to consider a complaint if it is made more than a year after the reason for the complaint arose, but they may choose to do so if it is still possible to consider the complaint effectively and efficiently. They can also consider ‘late’ complaints if they think it would be unreasonable to expect the complainant to have made the complaint earlier.

You may find that your complaint is dealt with in another way if it relates to a matter that is covered by a different procedure; for example, if you are complaining about the actions or behaviour of a member of staff, it may be dealt with under the disciplinary procedures. You will be told how your complaint will be dealt with after you have made the complaint.

Complaints by and on behalf of children

All children in care should be told of their right to complain and how to do it by their social worker or independent reviewing officer, but foster carers should also make sure that their foster children know about this.
You may need to help a child make a complaint. If they are too young to understand or do it on their own, you can make a complaint on their behalf.

**What can children complain about?**

Children may want to complain about all kinds of things. Adults should listen carefully to what children are saying, for their dissatisfaction may not be expressed in ways that is obviously a complaint. Sometimes it may seem more like a moan, such as “nothing ever gets sorted out”, but which ought to be the subject of a complaint. Here are some of the things that may be complained about:

- a disputed decision
- concerns about the quality of the service
- delays in making decisions
- not keeping promises or not fulfilling what has been agreed in the care plan or at reviews
- the attitude or behaviour of the people looking after the child, including the professionals
- the decision by the local authority to ask a court for a care order or supervision order, if the child does not want it
- the local authority’s actions and decisions where a care order is made
- control of contact with parents
- decisions about the return of a child to their family
- the quality or accuracy of a social worker’s report about the child to a court.

Complaints should not be restricted to this list of course, but it is included to give you some idea of what issues merit a complaint.

If you are complaining on behalf of a child, the person handling the complaint will normally want to confirm with the child that they are happy for the complaint to be made and that it reflects their views.

More information about the complaints procedures and how local authorities should respond to complaints can be found in these documents:

- the fostering service’s policy on representations and complaints,
- the policy on grievances and disciplinary matters,
- the policy on whistleblowing for foster carers.

In addition, there are some regulations and statutory guidance about children making complaints, which can be seen by clicking on the titles:

A complaint can also be made to the Local Government Ombudsman about a matter of maladministration by the local authority. However, this can only be done after the local authority’s own complaints procedure has been tried and exhausted and you still feel that your complaint has not been dealt with properly. The complaint must relate to maladministration, that is, the local authority has not complied with the rules or acted reasonably. This process cannot be used to complain about a difference of opinion between you and the fostering service.
Coping with allegations against you

This section is only about allegations that are made against foster carers that may be deemed to be a matter of child protection.

We know from experience that some foster carers abuse children. We also know from experience that this can happen even in what are considered to be ‘perfect’ foster carer’s households; and so all allegations are taken seriously by the social work staff, even if to the foster carer the allegation may seem ridiculous or obviously false.

At the same time we have a duty towards the foster carer too, and so the fostering service will continue to supervise every foster carer and their family who is subject to an allegation.

If you are ever in this situation, your main contact with the fostering service and your main source of support will be your family placement social worker. They will let you know what is going to happen and keep you informed at every stage. However, they are employed by the local authority and this means that their primary responsibility is to the child, even while they continue to support you. They will also have a responsibility to provide information about you and the background circumstances to the person who is looking into the allegation.

It is important for you to understand the family placement social worker’s dual responsibilities at this time, so that you are not confused by their approach or feel let down by them.

It is for this reason too that the fostering service will always encourage a foster carer who is subject to a serious allegation to seek free and independent support from the Fostering Network (see page 21 for the contact details).

Foster carers have a right to know of any allegation and the substance of it. However, there may be some limitation upon what information can be shared with you and at what stage of any investigation it is shared with you. This may be because of a need to protect evidence or because immediate disclosure of some information may undermine the investigation. We recognise that this can be very frustrating and cause more distress at a very vulnerable time, but it is sometimes necessary to ensure that the investigation is thorough and successful.

Whatever the reason or the motive behind the allegation, Children's Services has no choice other than to investigate the allegation immediately. If the child is considered to be at immediate and serious risk from you, you should be prepared for the child to be moved to other carers very quickly. If it is considered to be a matter of child protection, the police will be involved. You may want to take your own legal advice if this is the case.
Principles of good practice

- the child’s interest should remain the main focus of our efforts when an allegation has been made and during any subsequent investigation
- it is everyone’s responsibility to protect children from abuse by those who look after them
- when an allegation is made Children’s Services have a duty to investigate it promptly, fairly and thoroughly
- foster carers who are subject to an allegation have the right to be treated fairly and with respect; they have a right to be heard and kept informed of what is happening at every stage of an investigation
- foster carers should be protected from any lingering doubts and suspicions about them or their practice following investigations that do not find any evidence of abuse having taken place
- where an investigation is inconclusive, foster carers should be provided with assistance and guidance about their future actions and those of the fostering service
- where the abuse is substantiated, the foster carer should be told of what will happen about their registration
- all child protection allegations, investigations and the result of the investigation should be recorded and kept on the foster carer’s file.

Processes
What happens after an allegation is made is described fully in the procedures of the fostering service. Every foster carer should read the following:

- ‘Referral and immediate response’,
- ‘Allegations procedures’ and
- ‘Review of approval following exploration of an allegation or concern’.

At any time during the process you can apply in writing to see what has been recorded about you in your file under the provisions of the Data Protection Act 1998.

The fostering panel will be notified of any investigation about a foster carer under the above procedures and will recommend whether the foster carer’s registration will be allowed to continue or not. If the registration is allowed to continue, the panel may attach conditions to the terms of approval, depending upon the circumstances and result of the investigation.
Deregistration

A foster carer’s approval may come to an end either because it is removed from them or because they give up fostering.

Compulsory termination of a foster carer’s registration

A foster carer’s approval can only be terminated after full and careful consideration of all the circumstances by the fostering panel, which will recommend whether it is to be terminated or not. It is the agency decision maker who finally decides. They will write to the foster carer to let them know of the decision and give them a complete written summary of the reasons for it.

If the foster carer’s approval has been terminated because of serious concerns about the care they have given to a child, the agency decision maker will consider whether to send the carer’s name to the Independent Safeguarding Authority. This is a national register of the names of the people who have been found to pose a threat to children. It will be checked when people apply to look after or work with children.

Withdrawal

Foster carers who wish to give up fostering should give 28 days notice of their intention to do so in writing to the fostering service. Regulations say that the termination takes place at the end of this period.

The family placement team manager will write to the carers upon receiving this notice to let them know formally the date on which their approval ceases. The letter should also offer you an opportunity to meet the manager to talk about the reasons for you giving up. This is called an ‘exit interview’. It is held to help us appreciate why you have given up and learn any lessons from your experience.

If you have given up because of a disagreement with us that has not been resolved you should be invited to make a formal complaint.
Want to find out more?

**You might like to try these books**

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camila Batmanghelijh</td>
<td>Shattered Lives: Children who live with courage and dignity</td>
<td>2007</td>
</tr>
<tr>
<td>Nick Luxmoore</td>
<td>Feeling Like Crap: young people and the meaning of self-esteem</td>
<td>2008</td>
</tr>
<tr>
<td>Guishard-Pine, McCall and Hamilton</td>
<td>Understanding Looked after children: an introduction to psychology for foster care</td>
<td>2007</td>
</tr>
<tr>
<td>Annabel Goodyer</td>
<td>Child-Centred Foster Care: a rights-based model for practice</td>
<td>2011</td>
</tr>
<tr>
<td>Kim S Golding</td>
<td>Nurturing Attachments: supporting children who are fostered or adopted</td>
<td>2007</td>
</tr>
<tr>
<td>Colby Pearce</td>
<td>A Short Introduction to Promoting Resilience in Children</td>
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</tr>
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<td>Kate Cairns</td>
<td>Attachment, Trauma and Resilience: therapeutic caring for children</td>
<td>2008</td>
</tr>
<tr>
<td>Gillian Schofield, Mary Beek</td>
<td>Attachment Handbook for Foster Care and Adoption</td>
<td>2006</td>
</tr>
<tr>
<td>Chris Taylor</td>
<td>A Practical Guide to Caring for Children and Teenagers with Attachment Difficulties</td>
<td>2010</td>
</tr>
<tr>
<td>Vera Fahlberg</td>
<td>A Child’s Journey Through Placement</td>
<td>2008</td>
</tr>
<tr>
<td>Atle Dyregrov</td>
<td>Supporting Traumatised Children and Teenagers: a guide to providing understanding and help</td>
<td>2010</td>
</tr>
<tr>
<td>Nina Biehal</td>
<td>Reuniting Looked after children with their Families: a review of the research</td>
<td>2006</td>
</tr>
<tr>
<td>Gillian Schofield and Emma Ward</td>
<td>Understanding and Working with Parents of Children in Long-Term Foster Care</td>
<td>2010</td>
</tr>
<tr>
<td>Lynn Davis</td>
<td>A Practical Guide to Fostering Law: fostering regulations, child care law and the youth justice system</td>
<td>2010</td>
</tr>
</tbody>
</table>
## Looking for something?

<table>
<thead>
<tr>
<th>If you want to know about this</th>
<th>go to …</th>
</tr>
</thead>
<tbody>
<tr>
<td>What fostering is</td>
<td>Pages 8, 9 and 97</td>
</tr>
<tr>
<td>What we are trying to achieve</td>
<td>Pages 96, 100, 103-108, 109-124</td>
</tr>
<tr>
<td>What other people do</td>
<td>Pages 11, 15-25, 129, 132, 173-174</td>
</tr>
<tr>
<td>How many children can I foster?</td>
<td>Page 37</td>
</tr>
<tr>
<td>Can I change my foster child’s name?</td>
<td>Page 38</td>
</tr>
<tr>
<td>What my foster child should call me</td>
<td>Page 103</td>
</tr>
<tr>
<td>Contacting someone out of normal office hours</td>
<td>Page 14</td>
</tr>
<tr>
<td>What I need to do when a child comes to me for the first time</td>
<td>Pages 101-103</td>
</tr>
<tr>
<td>How many bedrooms do I need to foster</td>
<td>Page 101</td>
</tr>
<tr>
<td>What rights do parents have?</td>
<td>Pages 27, 28, 29</td>
</tr>
<tr>
<td>What should I do if a parent wants to remove their child from care without any agreement</td>
<td>Pages 186-187</td>
</tr>
<tr>
<td>I would like to take legal responsibility for my foster child</td>
<td>Pages 31, 32</td>
</tr>
<tr>
<td>Do I need to register a foster child with my doctor and dentist?</td>
<td>Pages 110, 137</td>
</tr>
<tr>
<td>I want to know about all the reviews that take place</td>
<td>Pages 64-66, 194-195</td>
</tr>
<tr>
<td>My foster child cannot get to sleep</td>
<td>Pages 87, 122, 147-148, 151, 161</td>
</tr>
<tr>
<td>What should I do if my foster child smokes, drinks or takes drugs?</td>
<td>Pages 149-153</td>
</tr>
<tr>
<td>My foster child is being bullied – what can I do?</td>
<td>Pages 162-165, 166-168</td>
</tr>
<tr>
<td>My foster child has not come back – what do I do?</td>
<td>Pages 169-170</td>
</tr>
<tr>
<td>My foster child is in trouble with the police – what do I do?</td>
<td>Pages 171-174</td>
</tr>
<tr>
<td>My foster child wants to find a relative – what do I do?</td>
<td>Pages 182-183</td>
</tr>
<tr>
<td>Question</td>
<td>Page(s)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>What do I need to know if my foster child wants to take a Saturday job?</td>
<td>Pages 190-191</td>
</tr>
<tr>
<td>What do I do if my foster child tells me they have been abused before and nobody knows about it?</td>
<td>Page 156</td>
</tr>
<tr>
<td>My foster child has not been given a national insurance number – what do I do?</td>
<td>Page 192</td>
</tr>
<tr>
<td>My foster child has not got a copy of their birth certificate or a passport – what do I do?</td>
<td>Page 192</td>
</tr>
<tr>
<td>What help is available for my young person to train for a job, go to college or university?</td>
<td>Pages 196-197</td>
</tr>
<tr>
<td>Is there any help for my foster child when they leave me?</td>
<td>Pages 197-198</td>
</tr>
<tr>
<td>Does my foster child have to leave when they reach the age of 18?</td>
<td>Pages 195-196</td>
</tr>
<tr>
<td>Can I keep in contact after a placement has ended?</td>
<td>Pages 200-201</td>
</tr>
<tr>
<td>Can a foster child who has been abused get any compensation?</td>
<td>Page 121</td>
</tr>
<tr>
<td>I am worried that it is not safe to take a child who has been sexually abused</td>
<td>Pages 123-124</td>
</tr>
<tr>
<td>What support is available to me and my family?</td>
<td>Pages 204-206</td>
</tr>
<tr>
<td>What are the fostering allowances?</td>
<td>Pages 209-210</td>
</tr>
<tr>
<td>What do the fostering allowances cover?</td>
<td>Pages 209-210</td>
</tr>
<tr>
<td>Do I have to pay tax?</td>
<td>Pages 210-211</td>
</tr>
<tr>
<td>Am I covered for damage to my property and myself?</td>
<td>Page 212</td>
</tr>
<tr>
<td>Can I get any financial help with adapting my home to take a child with a disability?</td>
<td>Page 209</td>
</tr>
<tr>
<td>What do I do if I want to make a complaint?</td>
<td>Pages 217-219</td>
</tr>
<tr>
<td>I want to complain, but I am too frightened to do so</td>
<td>Pages 156, 218</td>
</tr>
<tr>
<td>Someone has complained about me – what happens?</td>
<td>Pages 220-222</td>
</tr>
<tr>
<td>What should I record?</td>
<td>Page 213-214</td>
</tr>
<tr>
<td>How should I keep my records?</td>
<td>Page 214-215</td>
</tr>
<tr>
<td>Can I see my records?</td>
<td>Pages 33, 34, 215-216, 221</td>
</tr>
<tr>
<td>How long are the records kept for?</td>
<td>Page 215</td>
</tr>
<tr>
<td>Will information about me be passed on if I move to another area or fostering agency?</td>
<td>Pages 215-216</td>
</tr>
</tbody>
</table>