Foster carers’ induction programme
Reflection on current practice and the journey of the child: departmental perspective

Session 1
Aims of the TSD Standards

The Standards are designed to:

• Equip Foster Carers with the Knowledge and skills needed to provide high quality care for the children & young people they look after.

• Ensure that all Foster Carers are given the necessary help to develop knowledge and skills to carry out their job as Foster Carers and appropriate opportunities for career development.
Objectives of programme

• Provide information on departmental policies and procedures
• Examine the roles & responsibilities of foster carers
• Provide information on how to access help and support
• Develop greater understanding of the child’s journey into care
• Develop greater understanding of the roles and responsibilities of agencies involved
Overview

• Session 1: Reflection on practice and the journey of the child: departmental perspective

• Session 2: The journey of the child: multi agency perspective and the legal and child protection process
Reflecting on practice as a foster carer

Discuss as a group your 3 positive experiences and 3 challenges

As a group identify your top positive experience and challenge
Matching stage: foster carer

- Children Services colleagues alerted to the possible placement need for child/young person.
  - Family and friends explored

Placements Team advised of the possible/confirmed placement need
- Via Placement Request Information form and Risk Assessment document

Placements Team commences search for placement within Localities
- Contacts with Fostering Duty Workers in all localities

Possible placements identified. Child/young person ‘matched’ with Foster Carer
- Decision made to contact Foster Carer to discuss the placement

Foster Carer contacted by Duty Worker or their Supervising Social Worker
- Foster Carer provided with information on the child/young person requiring placement

Foster Carer considers their willingness, capacity, ability to provide placement
- More information may be needed to enable Foster Carer to reach this decision

Foster Carer agrees to placement
- Arrangement made to proceed to placement

If Foster Carer does not agree
- Placement team resumes search
Matching stage: short breaks

Disabled child’s needs are discussed at a service meeting
short breaks agreed

If short breaks foster carers are to provide the short break,
child’s needs are discussed at short breaks monthly team meeting
Supervising social worker considers ‘matches’

Nurses/ OT input as necessary to determine the additional skills/ training
a carer may need for safe caring

Carer identified – information shared with carer by supervising social worker
Nurse/ OT input as necessary

Information on carer shared with primary carers
Carer meets parents/ child and introductions commence

Carer receives training in child-specific needs
health protocols/ moving and handling plans, use of equipment,
risk assessment etc need to be addressed
Bus stop

What was your experience of this process?
Case scenario – meet the family

Bob 35

Peter 40

Wayne 33

Jayne 33

George 70

Mildred 68

Lillian 5

Riley 6 months

Lisa 11

Tom 18

Sam 15

Bob 35

George 70

Mildred 68
Tom

- 18 years old
- Lives in his own flat
- Has no contact with his family
Sam

- 15 years old
- Disruptive at school
- Does not have many friends
- In trouble with police for petty crime
Lisa

- 11 year old
- Needs help with personal skills
- Quiet
- Does not like school
Lillian

- 5 years old Diagnosed with Epilepsy
- Has challenging behaviour
- Needs personal and social care
Riley

- 6 months old
- Failure to thrive
The first 72 hours in placement

• What do you think may be going on for the child(ren)?
• What would you do?
• Who will support you during this period?
Placement planning meetings: foster care

Within 72 hours a placement planning meeting is held

Chaired by: Team Manager (R&A/children’s services)

Attendees: foster carers / parents / child (dependent on age), social worker for child, supervising social worker (foster carers), education, health

Aims to: address and ensure child’s day to day needs met, safeguarding needs, contact, health needs, educational needs, routines, identity, religious needs, leisure activities

PLEASE NOTE: Family & Friends procedure may be different
Placement planning meetings: short breaks

- Planning meeting held when introductions indicate time is right for child to have an overnight stay

- Includes: Risk assessment, LAC/CiN forms, arrangements for link agreed by all, health protocol, moving and handling/ safe system of work plans

- Chaired by team manager for child and includes child's social worker, prospective carers, supervising social worker and primary carers (plus child/ young person if appropriate)

- Other professionals attend as required, e.g. nurse, OT

- Decision made on whether to proceed and move to first overnight stay of disabled child with carers
What was your experience of this process?
The first 6 months of placement

• Pull out an issue from your bag one at a time

• Discuss each issue and what your role as a foster carer would be
Looked After Children Reviews

Legislation:
- The Children Act 1989 and the accompanying Guidance and Regulations
- Care Planning, Placement & Case Review (CPPCR) (England) Regulations 2010

Reviews are chaired by an IRO and must take place as follows:

- Within 20 working days of becoming ‘looked after’ by the local authority (short breaks - within 3 months of first overnight stay)
- The second review must be not more than three months after the first
- Subsequent reviews must be held not more than six months after the previous one
Looked After Children Reviews

The review must “seek and take into account the views of

a) the child;
b) his parents;
c) any person who is not a parent of his but who has parental responsibility for him; and
d) any other person whose views the authority consider to be relevant;

including, in particular, the views of those persons in relation to any particular matter which is to be considered in the course of the review” (e.g. foster carers)

CPPCR Regulation 2010
What is discussed in LAC reviews?

- Health needs and how these are being met, including emotional health and wellbeing, and mental health
- Educational needs and achievements: how are these being met/encouraged, and how will they be met in future
- Emotional and behavioural development: a wide range of issues may be involved
- Identity needs, including specific issues regarding disability, ethnicity, sexuality, language, religion and culture
- Family and social relationships including issues around contact arrangements with family members, and encouraging positive friendships and managing difficult or destructive friendships/relationships
What is discussed in LAC reviews?

- Social presentation: appearance, personal hygiene, social skills
- Self-care skills: depending on the age and level of development of the child
- Capacity of birth parents AND corporate parents to respond to the child’s needs
- Review of care plan: are the current arrangements for the child appropriate and does there need to be changes in these in future
- Placement support needs
Preparing for LAC reviews

• Encourage the foster child to think about issues they are concerned about how they might express their views and questions to the review

• There is a ‘consultation booklet’ for children entitled ‘Listen to Me’ which the foster child is encouraged to fill in

• If you or the child has an issue which is very sensitive or needs to be highlighted before the meeting (or after it) you or the child can speak to the IRO directly
Preparing for LAC reviews:

- Foster carers often act as advocates for their foster children and reviews are an arena where this is frequently the case. This is an important part of the foster carer’s role.

- You need to advocate for yourself too, and you should expect your Supervising Social Worker to support you in this as long as this does not contradict the best interests of the foster child.
Bus stop

What was your experience of this process?
The journey of the child: multi-agency perspective and the legal and child protection process

Session 2
Aims of session 2

- Be familiar with the involvement of agencies within LAC process
- Link Training, Support and Development Standards to practice
- Understand the foster carers role relating to transitions
- Identify relevant legislation
- Outline child protection process and links to LAC process
- Highlight roles and responsibilities within these processes
Agencies Introductions

- Sue Hollingworth-Shaw - Youth services
- Sue Denholm – Education
- Yvonne Cottingham - Child and Adolescence Mental Health Services (CAMHS)
- Jo Shipley/Ailsa Burrill - Health
- Diane Thompson – Short Breaks Nurse
- Portia Newling - FLAG
Young People Looked After Youth Work Team

Are responsible for:

• The Children in Care Council (CiCC) and ensuring that young people looked after are represented at all levels in the Nottinghamshire system of Youth Participation.
• Encouraging and enabling young people who are looked after, adopted or living in residential care to engage in positive activities provided by the young people looked after youth work team and to independently access mainstream provision.
• Offering individual support to an agreed number of fostered young people.
• Engaging with at least 250 children and young people looked after in more than 900 attendances with staff.
• Working in partnership with Children’s Social Care.
Young People Looked After Youth Work Team

The YPLA team is responsible for the planning and delivery of a range of positive activities outside of school for looked after and adopted young people to enable them to come together to participate and have fun in events throughout the year as well as to have a voice about their life in care through the work of the CiCC.

The opportunities on offer for young people to engage are designed to promote and support them to build their confidence and self esteem.
Young People Looked After Youth Work Team

Young people looked after are signposted to universal services across the County as well as participating in small and large group work activities to ensure that they can gain the self reliance through learning new skills and experience positive relationships to help broaden their horizons.
Young People Looked After Youth Work Team

The positive activities young people participate in also promotes placement stability, as young people are actively engaged, as well as a platform for young people to share their views about life in care. A number of those young people will go on to be members of the sub groups of the CiCC and the more formal No Labels meetings.
Young People Looked After Youth Work Team

The work of the CiCC has direct links to The Pledge which is a set of promises that Nottinghamshire County Council has made to young people looked after and has strategic commitment from senior management and the Corporate Parenting Sub-Committee.

Sue Hollingworth-Shaw - 07740845824
Julianne Tring - 07818015817
The Children in Care and Adoption Health Team

Presented by Jo Shipley
Clinical Nurse Specialist for Children in Care
2012
The Team

- Designated Nurse for Children in Care and Adoption
- Clinical Nurse Specialists for Children in Care
- Clinical Nurse Specialists for Adoption
- Senior Nurse for Children in Care
- Medical Advisers
- Designated Doctor for Children in Care
- Associate Specialist for Children in Care
- Children in Care Secretary
- Adoption Secretary
- Admin support
The team co-ordinates the health care of Children in Care and ensures that individual needs are met. We work in partnership with other agencies to ensure that each child has the best outcome possible, and is able to reach their full potential.
• Undertake the statutory health assessments
• Ensure every child has a health care plan
• Provide a link to other health care services
• Promote a healthy lifestyle for all children
• Undertake training for health and social service staff
• Provide a named nurse for each of the residential homes
• Undertake regular health promotion sessions for young people in residential care
• Signpost young people and carers to other services
• Attend adoption and foster panels
• Provide an adoption support service for families pre and post placement, and post adoption order
• Attend Children in Care reviews
• Provide advice on any health issue relating to Children in Care
• Initial health assessment to take place within 28 days of the child or young person entering the care system and the receipt of correctly consented paperwork
• Review health assessments bi-annually for under 5’s and annually for over 5’s
• Registration with GP
• Registration with a Dentist (over 2’s)
• Immunisations up to date in line with local and national programmes
• Appropriate referrals made to other services including referrals to the Child and Adolescent Mental Health Services (CAMHS) Children Looked After Team
The Children in Care Health Assessment

- Six monthly or yearly
- Initiated by child’s social worker
- Undertaken by the local Children in Care team, local paediatrician, GP, Health Visitor or School Nurse
- Children and Young People are listened to and their opinions on their health noted
- Full chronology of records undertaken
- Clearly headed actions and recommendations
Assessment of the child’s health and development, which includes:

- Physical health
- Development
- Emotional health
- Sexual health
- Behaviour
- Immunisation status
- Dental health
Who Can Consent to the Health Assessment and any Health Intervention

- Full care orders require the service manager’s signature
- Section 20 require the birth parent’s signature. If not available, it needs to be discussed with the Children’s Services legal department (case by case basis)
- A young person might be able to sign the form themselves
- Adoptive Parents if no restrictions and the child on a Placement Order
Evidence of Poor Health

A sample of 130 children, aged 3 years and above, placed for adoption had the following at entry to care:

- 43% had growth delay
- 52% had speech delay
- 31% had mobility problems
- Only 15% had no recorded health problem

At the time of adoption

- 21% had health problems
- 55% had moderate to severe emotional and behavioural difficulties

The majority of the children had multiple additional needs

(Selwyn et al, 2005)
Children in Care have increased health needs due to:

- Families affected by drugs, alcohol, domestic violence and child abuse
- Mobile families
- Poor access to health services in the past
- Frequent changes of placement/social worker
- Asylum seekers. Language/culture barriers
- Child or parent has special needs/learning difficulties
- Pre- birth factors effecting Children’s Health
- Alcohol
- Drugs- prescribed and street
- Lifestyle issues
- Smoking
- Domestic Violence
- Genetic Factors
- Nutrition
Children in Care Teams

The Children’s Centre
Nottingham City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB

Tel: 0115 883 1101

Child Health
Vulnerable Children’s Department
Kings Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

Tel: 01623 622515
Ext: 6455
The Children in Care and Adoption Health Team

Any Questions?
County Child & Adolescent Mental Health Service (CAMHS) Children Looked After & Adoption Team
We are;
A multi-disciplinary, multi-agency team whose purpose is:
to assess the mental health needs
to promote the psychological well-being

of young people and children within Nottinghamshire who are:
  living in residential care
  living with foster parents
  or who have been adopted.
Promoting placement stability through working with the network around the child via the following interventions

Consultation

Integrative Interventions i.e fostering attachments, therapeutic parenting, attachment focused family based intervention, systemic psychotherapy

- Theraplay, Dyadic Developmental Psychotherapy,
- Specific Diagnostic Assessment,
- Prescribing & Reviewing Medication
- Fostering Attachments Group
- 1-1 individual play therapy and art therapy, and psychotherapy
Maslow’s hierarchy of need adapted for looked after children (Dent & Golding, 2006)
Basing our decisions on:

- an individualised psychological formulation and intervention plan
- the evidence base
- NICE guidelines
- the views and skills of the client
- practice based evidence

Consultation allows for working with the complex network involved with each child which may facilitate communication between individuals. (The Laming Report, 2003)
• Regular CAMHS Initial consultations take place.

• Adoption Service & Permanency Team
• 8 sessions per month at Chadburn House.

• Children in Residential Care – monthly sessions at each residential home.

• Children Looked After – 12 sessions per month various locations Mansfield, Nottingham (Thorneywood), Retford
Team Developments

Fostering Attachments Group

The team has piloted an 18 week Therapeutic Group for foster carers. The aim of the group is to support foster carers to increase their understanding of how to meet the unmet emotional needs of the young people they are caring for. The pilot group received positive evaluation from the participants.

A second group is currently running and in discussion with our colleagues in the Fostering Service the plan is to develop this and hopefully increase the number of groups we can offer.
Why develop this group?

- Carers and adoptive parents are valuable parts of any intervention.
- Attachment plays a large role in the difficulties experienced by looked after children.
What is Attachment Theory

- Infants are BIOLOGICALLY PREDISPOSED to form ATTACHMENT RELATIONSHIPS.
Attachment behaviour/ Strategies

• Infants develop ATTACHMENT BEHAVIOURS that keep a carer close.

• These behaviours are triggered by needs, separation, rejection, or fear of the environment.
Secure Attachments

• If carers are sensitive and responsive to an infant's signs of need, infants experience SECURITY and COMFORT from these relationships.

• These children
  - can develop TRUST in others
  - Able to approach the world with CONFIDENCE
  - Able to take on challenges and seek support when necessary
Early experiences impact on attachment style

• HOWEVER, if parents/carers are not sensitive and responsive to a child's needs the child has to develop alternative strategies to get their needs met.

• This results in the child using ‘PROTECTIVE STRATEGIES’ to help get their needs met.

• i.e. Crying = no response ...child learns to be defiant/argumentative/ aggressive/ clingy in order to get the attention/response it needs.

• i.e. Crying = hit ...child learns not to express needs, withdrawn.
Attachment styles

• Secure

• Insecure
  – Avoidant
  – Ambivalent

• Disorganised
Who has attended so far…

• Foster carers caring for children that have been referred to CAMHS.

• Where the child’s main area of difficulty was in utilising attachment strategies in a way that made family life difficult.
Aims of the group

• To provide SUPPORT to carers who can feel very isolated caring for children with attachment difficulties.

• To INCREASE UNDERSTANDING of the children and their behavioural and emotional needs through an increase in understanding of attachment theory and its application to the parenting of the children.

• To increase SKILL and CONFIDENCE of carers.
Findings

Improvements in:

- Children's behavioural difficulties.
- Pro-social behaviour.
- The degree to which carers felt they understood the child's difficulties.
- Carers perception of their relationship with the child.
- The carers confidence in managing challenges that the child presents with.
- Carers perception of their skills.
- Carers communication with the child.
- Security of the placement also improved.
- Childs response to the carer.

- The impact of the child’s difficulties on their life reduced.
- Carers found the child more rewarding.
Findings

Foster carers comments
• Informative and helpful for practical application
• Group dynamic
  • Carers valued the group dynamic and relationships within the group
  • Offload difficulties
  • Helpful input and suggestions
  • Support and reassurance
• Confidence in parenting
  • Greater understanding of attachment and their children
  • Helped placements remain secure
House Model

<table>
<thead>
<tr>
<th>Secure Base</th>
<th>Rewards and Sanctions</th>
<th>Step aside from confrontation</th>
<th>Choices &amp; logical consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide security and a solid foundation</td>
<td>help child manage behaviour</td>
<td>discipline with empathy, avoid battles, remain calm</td>
<td>matched to need not age</td>
</tr>
<tr>
<td>Be Playful</td>
<td>Structure—routine and boundaries</td>
<td></td>
<td>Security—help the child feel safe</td>
</tr>
<tr>
<td>Be Accepting</td>
<td>Supervision—matched to need not age</td>
<td></td>
<td>Choices &amp; logical consequences</td>
</tr>
<tr>
<td>Be Curious</td>
<td>Attunement—experience of emotional connection and understanding</td>
<td>Interactive Repair—let the child know they are loved and values</td>
<td>Re-attunement—following mis-attunement</td>
</tr>
<tr>
<td>Maintain Empathy</td>
<td>Family Atmosphere— Maintain positive emotional rhythm</td>
<td>Help child experience Mutual enjoyment</td>
<td></td>
</tr>
<tr>
<td>A home for containing anxiety and building trust and security</td>
<td>Family Rituals</td>
<td>Claiming— help child belong</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look after yourself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reward and Sanctions—help child manage behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be Curious</td>
<td>Maintain Empathy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Step aside from confrontation: discipline with empathy, avoid battles, remain calm
- Structure: routines and boundaries
- Supervision: matched to need not age
- Attunement: experience of emotional connection and understanding
- Interactive Repair: let the child know they are loved and values
- Family Rituals: look after yourself
- Family Atmosphere: maintain positive emotional rhythm
- Re-attunement: following mis-attunement
- Help child experience Mutual enjoyment
- Claiming: help child belong
- Be Playful
- Be Accepting
- Be Curious
- Maintain Empathy

Secure Base
Provide security and a solid foundation
How do you contact us:

• The Child’s Social Worker completes the ‘request for consultation’ form and returns to us at the below address:-

   County CAMHS Children Looked After & Adoption Team
   Forest House
   Southwell Road
   Mansfield
   NG18 4HH
   Telephone  0115 9560843
How it works

• Identify any specific issues from health, education, leisure and emotional wellbeing

• Discuss what and who could support the child
Transition Plans

In your group, discuss how you will support the child in your case study:

- What support will the child need?
- What support will you need as a foster carer?
- Who can help you with this support?
- How will you manage endings, aftercare and outcomes?
Outcome of the placements:

- **Lillian & Riley**: Social care has been granted a placement order and the care plan remains for Lillian and Riley to be placed for adoption together with sibling contact.

- **Lisa**: After the assessment has been completed and is successful, Lisa will live with her Dad.

- **Sam**: The care plan for Sam is that he stays with Julie until he is 18 years old.
Referrals: Allegations or suspicions of abuse

Everyone has a responsibility to report any allegations or suspicions of abuse against a child.
Referrals: Allegations or suspicions of abuse

• If you know a child has a social worker that worker would be your first port of call. If you are unsure contact your local office and they will direct you to the appropriate person.

• If the child is unknown to social care the referral will be taken by MASH.
Procedure

• The procedures are applied to any allegation or concern where any person who works with children:
  • behaves in a way that has harmed a child or may have harmed a child
  • possible committed a criminal offence against or related to a child
  • behaves towards a child or children in a way that indicates that they are unsuitable to work with children.
Allegations or suspicions of abuse

Check Records & Evaluate Evidence

Refer to Social Care/MASH Staff

Strategy Discussion/Meeting

Ensure Immediate Safety & Medical Treatment

Section 17 Child in Need

Section 47 Investigation

Initial Child Protection Conference (Child Protection Plan)

Core Groups

Review Conference

Initial Assessment/No Further Action
Managing Allegations; Serious Concerns; Complaints

• Referral received via Children’s Social Care - Team Manager informs the LADO and they agree who contacts the appropriate manager for the carer

• Enquiries should not be undertaken by the foster carer’s supervising social worker or by the social worker for the child

• Strategy Discussion takes place to agree:
  – That a *Strategy Meeting* is needed
  – What action will be taken, by whom, prior to the meeting
Strategy Meeting

• Chaired by a Child Protection Co-ordinator (CPC)

• Agencies invited should provide information about the allegation and context and identify who will attend

• Child Abuse Investigation Unit (CAIU) and designated/ named nurse should always be invited

• Other attendees - Service Head Fostering
Purpose of the meeting

• To ensure proposed actions are identified and understood
• Agree roles and responsibilities including future management
• Agree timescales
• Make recommendations re disciplinary procedures
• Co-ordinate support for the alleged victim, foster carer or employee
• Agree when and by whom the alleged perpetrator is informed of the allegation and that a strategy meeting has been held
• Arrange a follow-up or conclusion meeting
Thank you and goodbye!