



A guide to the roles and responsibilities of foster carers and social workers



By Alan Fisher

There are two social workers directly involved in every foster care placement; the social worker for the child or young person and the supervising social worker from the local authority or fostering provider who supervises and supports the foster carer.

Each has specific and defined responsibilities, but both share with the foster carer the fundamental aim of creating and maintaining a caring foster home that meets the needs of the child or young person.

To meet the needs of a child or young person in foster care, these three people must work effectively and harmoniously with an unerring focus on the child's needs. The child's wellbeing will be harmed if this is not achieved. This is an edited version of Community Care Inform Children's guide to the responsibilities of the carers and social workers involved in fostering. For more information, go to ccinform.co.uk

"We all know what foster carers do – everything!"



The child or young person's social worker

On behalf of the child's responsible local authority, the child's social worker is responsible for their care plan and for ensuring that their welfare is safeguarded and promoted, that they are being properly cared for and appropriately educated, and that they are receiving good health care and maintaining appropriate contact with their family.

They have a duty to visit the child or young person in placement at regular, specified intervals and good practice indicates that they should form a meaningful relationship with the child so they may better understand them. These are their main responsibilities and duties in their working partnership with foster carers:

- Visit the child in placement.
- Ensure that the foster carer has all the information they need to care for the child e.g. history, likes and dislikes, achievements.
- Include the foster carer in meetings about the plan for the child, including case reviews, care planning meetings and other meetings of professionals.
- Ensure that a Placement Plan is agreed with the foster carer, and that this includes full details of arrangements for delegated authority.

- Ensure that the foster carer is aware of contact arrangements in writing.
- Ensure the foster carer is invited to and attends meetings and appointments regarding the child's education and health, such as personal education plan (PEP) meetings, reviews of special educational needs, school meetings, and meetings with health professionals.
- Provide advice, guidance and assistance to help the foster carer to meet the child's needs in accordance with their care plan.



Every foster carer has a supervising social worker (SSW) provided by their fostering service who is responsible for their supervision, ongoing assessment and support.

In local authority fostering services, the SSWs work for the same authority as the child's social worker but in a different section with separate supervision and management.

First port of call

As a rule of thumb, the carer's first port of call for advice, guidance and sharing information about the child will be their SSW. The SSW should facilitate a meaningful professional relationship with open communication and information sharing, a focus on meeting the child's needs and support for the carer's practical and emotional needs.

The National Minimum Standards (NMS) require the fostering service to provide support for carers with a specified purpose:

- To ensure they provide children with foster care that meets their needs.
- Takes the children's wishes and feelings into account.
- Actively promotes individual care.
- Keeps children safe.
- Promotes the children's health.
- Promotes children's enjoyment.
- Promotes children's education.
- Prepares them for independence.

The core role of the SSW is to ensure this is put into practice. The manner in which this is accomplished is not set out in detail in the standards so SSWs should follow the policies and procedures of their organisation. Key tasks will be to:

- Coordinate the practical and emotional support which is needed by foster carers.
- Provide information, advice and guidance for carers and their families.
- Identify and support foster carers' learning and development needs.
- Check on standards of care.
- Ensure compliance with policies and procedures.
- Liaise with children's social workers and support their working partnership with foster carers.
- Liaise with other professionals and support their working partnership with foster carers.
- Support foster carers' own children.
- Respond to comments, concerns and allegations.
- Carry out annual reviews of foster carers' approval.

SSWs must visit the foster home on a regular basis. The frequency is not specified in the NMS, so SSWs must make a judgement based on need; what is happening for the child or young person, for the foster family, the complexity of the issues the carer is dealing with.



Typically fostering services require a monthly visit as a minimum and/ or a weekly phone call, recorded updates etc. These visits must include at least one unannounced visit a year.

Meetings

The SSW will make sure meetings with their carers have a clear purpose and are recorded with the carers having a copy of these supervision notes. The agenda should cover the way the carer meets the child's needs, ensuring this achieves the required standards and develops the carer's skills.

Note that the fostering service must provide effective out-ofhours advice and support for foster carers. This is not defined further in the NMS but a minimum would be 24-hour telephone support from a qualified social worker from the fostering service who themselves has access to a manager from the service.

Supervising social workers may also recruit new foster carers and carry out assessments of people who have applied to become foster carers.

While a child's social worker will concentrate on the child's individual needs, supervising social workers retain an overview of the fostering activity in the household, both at any given moment and over time as the carer's fostering experience grows.

In practice, there is some overlap. The SSW's primary responsibility is to monitor and support good fostering practice in the placement and in so doing clearly should get to know the child or young person. Equally, the child's social worker should provide the carer with advice and guidance about the care of the child or young person. They should communicate with each other on a regular basis.





We all know what foster carers do – everything! A comprehensive list of tasks would cover many pages and even then could never cover every eventuality. The following is a brief list of the main issues. While they may seem obvious, experience suggests that new carers at least would not be aware of them all:

- Every child and young person should be safe and know they are cared for.
- Every child and young person should be enabled and supported to achieve their potential.
- Ensure their home is warm, comfortable and welcoming for children and young people.
- Ensure the child or young person knows the carer has time for them as individuals, will listen to them and advocate on their behalf.
- The child or young person is part of the family.
- Meet the needs of the child or young person as would any responsible parent. This covers every aspect of family life and childhood, including health and leisure and social activities, ensuring they have the same opportunities as their peers.
- Communicate with their SSW, the child's social worker and other professionals.
- Prepare children and young people for adulthood.
- Work alongside the birth family of the child or young person.
- Contribute to and put into practice the requirements of the child's care plan and placement plan.

Feedback from foster carers shows that what surprises them most is not so much the childcare but the expectations surrounding it, especially recording, the level of monitoring and working alongside birth families. Also, carers should understand that their responsibilities and duties stem from the regulations and national minimum standards so they must adhere to them. SSWs and the child's social worker should be aware of this and offer maximum support and guidance.



Foster carers are core members of the team working with a fostered child, and should be recognised and respected by social workers for the knowledge, skills and experience they bring to their role.

Foster carers look after those in their care 24 hours a day, seven days a week and therefore will typically be best placed to comment on their behaviour, moods and reactions. Often the child confides in the foster carer and, where a child is unable to communicate this to children's services, their foster carer should act as an advocate on his or her behalf.

Both SSWs and children's social workers should have an appreciation of the demanding and varied task that a foster carer undertakes. They care for the child's physical needs (a place to sleep, food, drink, warmth) but also for their emotional needs (feeling valued, being listened to, coming to terms with past difficulties) and help them to take their place in society – supporting their education, helping them manage their behaviour, preparing them for independent living.

It is a multi-faceted role, which will inevitably have an impact upon the foster carer and on their family and community.

Social workers need to remain mindful of the demands of fostering and respect the fact that foster carers will need to consider their own needs and those of others in their home when making decisions about whether to accept or continue with a particular placement.





The independent reviewing officer (IRO)

This is an independent person charged with overseeing the creation and implementation of the child or young person's care plan.

This is a key role in ensuring the needs of the child or young person are met, the right services are provided and, above all, that the plans for the child are kept on track with everyone involved with the child or young person keeping to their responsibilities.

Their role and duties are defined in legislation, the Children Act 1989 and the Care Planning, Placement and Case Review Regulations (England) 2010. Their two main roles are:



- Chairing the child or young person's review: this is where foster carers will have most contact with IROs.
- 2 Monitoring the planning, progress and casework for the child or young person: this includes safeguarding issues, areas where there is a shortfall in service provision and/or delivery and where practice is poor. They must make sure everyone does what they have agreed to do.

The IRO makes sure the care plan is based on an accurate, detailed and up-to-date assessment of the needs of the child or young person. Also, they ensure the right services are in place to respond to those needs and identify any gaps. In so doing, they set timescales for any actions and make sure they are adhered to. If there are serious shortfalls, such as timescales and/ or actions are not kept to, services have not been provided or the child has not been listened to, the IRO has the power to take this up with the local authority - the child's social worker, manager or senior managers. Therefore, if carers, children, young people or SSWs have concerns, they must tell the IRO about this.

The main contact an IRO has with a foster home is through the child's review. However, the child or young person's social worker must keep them up-to-date with progress and any changes in between reviews, and they should take action accordingly, e.g. advocate with management for a service that the care plan requires but has not been provided.

In chairing this important meeting, the IRO must consult with the child or young person, the foster carer, the child's social worker and the supervising social worker. The review will also include the birth family if appropriate and other professionals from education and health. The IRO must be clear about the wishes and feelings of the child or young person. They must meet them in advance of the review, so the foster carer should make sure they have somewhere private to talk.

The carer should also prepare the child or young person beforehand to enable them to say what they want to say. For instance, the carer should in the weeks leading up to a review encourage the child or young person to think about what they want to happen, what they need, what they want for the future and anything else that is on their mind. Preparation and consultation is not a one-off meeting. Rather, it is about thinking things through over a period of time.

Finally, the carer themselves should prepare for the review, either in writing or perhaps just to be clear about how things have been in their home, what they think the child needs, how they have developed since the last meeting, their abilities and achievements, and anything else that is important in the child's life.

The National Minimum Standards for fostering

Local authorities need to ensure the fostering service they provide meets standards set out by government and are inspected against these by Ofsted. Different services may approach how they meet them in different ways. Different families will also have different ways of achieving the same goal, i.e. responding with sensitivity and acceptance to children and young people and making them feel part of the family. Carers can creatively use their individual skills and experience on behalf of each child and young person.

The full list of standards can be found by searching for 'fostering national minimum standards' on www.gov.uk. The standards are child-centred and aim to give a sense of what should be happening in foster homes and the service. They stress the need to take into account the child's wishes and feelings, for carers to promote a positive identity, resilience, a positive view of diversity and to improve self-esteem. Where a standard places an expectation on a foster carer, this should be interpreted as an expectation on their fostering service to support the foster carer to meet the standard.

Evidence required

A fostering service must evidence how it is meeting the standards and the outcomes set out in Every Child Matters. Some evidence is quantifiable. For example, monitoring a child's health includes registering with a GP and the number of visits to the dentist and optician. Education starts with school attendance. Providing opportunities for leisure includes a list of activities a child or young person has taken part in.





Attachment theory and the Secure Base Model form the theory upon which foster care practice is based.

Measuring attachment and the implementation of the Secure Base Model is less straightforward than the number of visits to the dentist but vital. Observation by professionals, feedback from carers and the child's behaviour may all be used to gather significant information.

Attachment theory

By David Wilkins

British psychiatrist John Bowlby first described the attachment system of human infants in the late 1940s and early 1950s. Bowlby argued that because babies are so relatively helpless, they need close carers to do far more than simply meet their basic needs – they also need to form a small number of attachments with these carers in order to derive comfort and protection.

There is a robust correlation between children with a secure attachment to a particular carer and that carer's ability to treat their child as an individual with a mind. These 'mind-minded' carers will tend to act as if their child's behaviour has meaning and that it represents and results from an internal world of feelings, thoughts and motivations

From a child's perspective, they need their attachment figure to play two key roles – to be a safe haven and a secure base. For a child, their attachment figure is a place of safety, somewhere they can return to for comfort and protection. They may need comfort and protection because of a physical danger in the environment – think of an infant, playing in a playground and then suddenly running for their mother at the sight of a fast-approaching and unknown dog – but they may equally need comfort and protection in response to emotional distress or discomfort such as when they are unwell.

Children in foster care may play out patterns of behaviour from their early attachment relationships – for example if they did not consistently receive comfort and protection, they may expect rejection and unconsciously behave in ways that seek to push away the very people who can offer them a secure base (see box).



The Secure Base Model

By Gillian Schofield

Providing a secure base is at the heart of any successful foster or adoptive family.

- Every child needs a secure base caregiver who provides comfort when they are distressed, who reduces the child's anxiety and enables the child to explore, learn and enjoy activities.
- Secure base caregiving is associated with a secure attachment – but also a wide range of developmental benefits, through other trusting adult and peer relationships and through engagement with constructive and fulfilling activities.
- Providing a secure base requires the caregiver to be attuned to the needs, thoughts and feelings of the particular child – sensitivity is key.
- Secure base caregiving in foster care and adoption is particularly valuable and therapeutic as it promotes security, confidence, competence and resilience in children who have lacked previous good experiences of caregiving and are likely to have suffered neglect and abuse.

The Secure Base Model also includes family membership and belonging – key elements in successful family placements. Five caregiving dimensions make up the model and each is associated with a particular developmental benefit for the child:

- 1. Availability Helping the child to trust
- 2. Sensitivity Helping the child to manage feelings
- 3. Acceptance Building the child's self esteem
- 4. Co-operation Helping the child to feel effective

5. Family membership – Helping the child to belong For more information about attachment theory and the Secure Base Model, please visit ccinform.co.uk



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