

HANDBOOK FOR FDAC PARENT MENTORS

This Handbook is about being a Parent Mentor with FDAC (the Family Drug and Alcohol Court).

- It gives you background information about the FDAC court and the FDAC specialist team.
- It explains your role as a volunteer Parent Mentor.
- It offers practical tips that we hope will help you with the important work ahead.

The Handbook is based on what we have learnt so far from involving Parent Mentors in the work of the first FDAC, based in London.

As you use the Handbook, please tell us how we can improve it for new volunteers in the future.

Thank you, and good luck!

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PART 1 - FDAC STRUCTURES AND ROLES

1. What is FDAC?

The full name for FDAC is the Family Drug and Alcohol Court but we use the short name 'FDAC' when talking about it. The term FDAC is used to describe two things:

- the court, where the judge leads the case, and
- the work with parents out of court, led by a specialist team of professional workers linked closely to the court.

The first FDAC opened in London in 2008, as a new way of doing care proceedings. What's new about FDAC is that it uses a problem-solving approach to help parents overcome their problems and care for their children safely. It is based on the work of problem-solving courts in the USA.

There are now FDACs in different parts of England, and in London there is an FDAC National Unit that works with all the existing FDACs and helps new ones get going. See www.fdac.org.uk.

FDAC supports families who are involved in care proceedings brought by the local authority because of concerns about serious harm to children as a result of their parents' alcohol or drug use or other difficulties such as mental health problems and domestic abuse.

The aim of FDAC is to give children the parenting they need. It does this by offering parents the best possible chance of solving their problems, working directly with the judge and with the specialist team. The team is often called the specialist multi-disciplinary intervention team because it includes a range of qualified and experienced professionals (social work, substance misuse, mental health, domestic abuse) who do different types of direct work with parents. If this intensive help from the judge and the specialist team doesn't work quickly enough for a particular child, the court will decide that the child should be parented safely away from home.

Parents describe FDAC as "tough but fair".

The FDAC team is independent of the local authority but, as you will find out, it works closely with all the agencies involved, including local authority social workers and lawyers, adult alcohol and drugs workers, residential treatment services, mental health services, and housing officers.

For information about the local FDAC court and judges, and who is who in the specialist team, see Section 3 below.

For how Parent Mentors fit into the work of the FDAC court and specialist team, see Section 4 below.

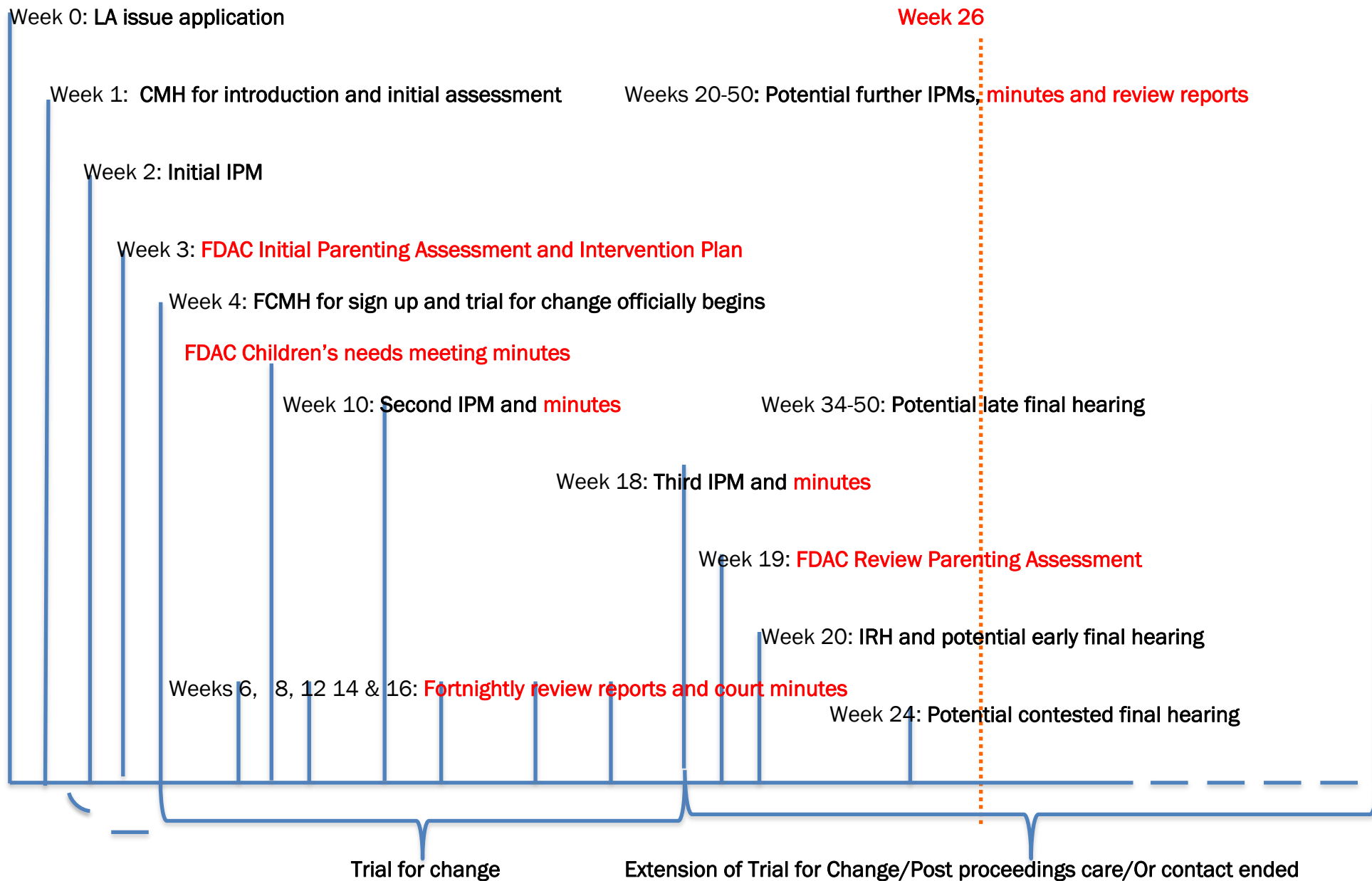
2. How does a case work in the FDAC court?

The FDAC court will usually hear FDAC cases in the same building as other care proceedings brought by the local authority. The same judge (called a District Judge) will be in charge of the case from start to finish. The procedure is similar to other care proceedings except that there are more frequent hearings in FDAC cases and most of the hearings take place without lawyers present.

The court's aim is for each case to end within 26 weeks though this can and does vary, depending on individual circumstances.

- | | |
|---|---|
| Case selected for FDAC | 1. When parents are notified that care proceedings have been initiated, and given the date for coming to court, they will also be told by the local authority if their child's case has been selected to be heard as an FDAC case |
| WEEK 1:
1 st hearing | 2. This is the start of the court case. The parents will be told about FDAC before court and in the courtroom, and the judge will ask them if they are willing to have their case heard in FDAC. If necessary, they will be given more time to decide. If parents are willing to try FDAC their assessment starts straight away. |
| WEEK 2 & 3:
Assessment by FDAC team | 3. A full assessment of parents and relevant others is undertaken by the FDAC team, to enable the team to understand the full range of needs to be addressed. |
| WEEK 4:
Intervention Plan presented to court | 4. At this next hearing, the FDAC team presents the judge with their proposed Intervention Plan, with its recommendations about the treatments and other services needed and any arrangements for the child or children. An agreement to having the case heard in FDAC is signed by parents, the judge and the local authority. |
| WEEK 6 and then fortnightly:
Review hearings | 5. The judge conducts an informal review of what is going well and not so well, how continuing problems might be resolved, and the next steps for everyone. Lawyers do not attend these hearings but a hearing with lawyers will be arranged if the judge considers it necessary. Guardians are welcome, as are relatives and parent support workers. |
| WEEK 26:
Final hearing | 6. This is the end of the court case, unless the judge has agreed to an extension beyond week 26, usually to give longer for a child's gradual return home. |

FDAC REPORT TIMELINE



3. Who is in the FDAC specialist team?

The FDAC specialist team varies from site to site, depending on the particular needs of the parents and children involved and the local arrangements for funding the FDAC service.

The list below explains who is who is in the specialist team and the main responsibilities of each member.

INSERT NAME

Service Manger

Responsible for managing the FDAC Team and the way the service is delivered, chairing planning meetings about the family, and for recommending the appropriate clinical interventions to help parents change their lifestyle and parent their children safely.

INSERT NAME

Parental Substance Misuse Specialist

Responsible for assessing parents' needs arising from substance and alcohol misuse, recommending a substance misuse intervention plan, and providing coordination and supervision of the plan.

INSERT NAME

Clinical Nurse Specialist

Responsible for assessing and supporting parents' substance and alcohol misuse needs, as above, and for taking a lead with parents who also have mental health needs.

INSERT NAME

Domestic Abuse Clinical Specialist

Responsible for working with parents to assess any risks arising from domestic abuse and to provide support around safe and effective parenting.

INSERT NAME

Social Worker or Senior Social Worker

Responsible for working with families to assess parental risks and support parents as they deal with issues around parenting, relationships and other needs.

INSERT NAME

Child and Adolescent Psychiatrist

Responsible for providing an expert assessment of the child's welfare and needs, for chairing planning meetings about the family, and for recommending the appropriate clinical interventions to help parents change their lifestyle and parent their children safely.

INSERT NAME

Consultant Adult Psychiatrist

May be called on to provide a prognosis about a parent's mental health needs, or comment on a diagnosis and treatment plan, or offer brief interventions, or be part of the formulation of substance misuse and/or dual diagnosis assessments.

INSERT NAME

Parent Mentor Coordinator

Responsible for recruiting, training and supervising FDAC's volunteer Parent Mentors. The Coordinator might do this work part time, alongside being one of the specialists listed above. She or he will be your main contact while you are working with FDAC.

Some new FDAC teams, instead of having their own Coordinator from the start, might link up with another local service already running a Parent Mentor programme.

INSERT NAME

Team Administrator

Responsible for the smooth running of the FDAC office and the regular updating of the data held about families receiving the FDAC service.

The FDAC judges are called INSERT NAME/S.

4. What is the role of FDAC Parent Mentors?

The role of the Parent Mentor in FDAC is set out in the independent research study of the first FDAC in the UK. The report says this:

“The parent mentor role is to offer FDAC parents support from another adult who has experienced similar difficulties to themselves in relation to substance misuse and concerns about children’s safety. Parent mentors help parents to engage with FDAC, understand the court process, and access services specified in their intervention plan.”

The report also explains that the ideal arrangement is that mentors are on hand at court, to have informal conversations with parents attending their first hearing, and are then matched to any parent who wishes to be linked to a mentor during their case.

You can read the report [here](#).

Parents in the research study were positive about having the help of a Parent Mentor. They liked having someone there *“just for you”*. Most important of all was the feeling that Parent Mentors would understand what they were going through. One parent put it like this:

“What’s good about it is hearing someone else’s experience and how they came through it. FDAC are all professionals, but the mentor is just like me. It helped a lot.”

The Parent Mentors in the study were clear about their role with parents. One said:

“Mentors can speak to parents at their level quickly whereas professionals can be too wordy and too directing. It works the other way too. We can explain to professionals the words, the street language, the mannerisms.”

And the professionals in the FDAC specialist team were clear about how Parent Mentors fitted into their work:

“Mentors are good for parents who don’t really trust the team. A good relationship with a mentor can make all the difference to a case ... their non-professional perspective is important and their insights can be so useful.”

What does this mean for your role?

Parents describe the FDAC approach as *“tough but fair”*. Their journey with the court and specialist team will be intensive and challenging. No two parents will be the same but they will all be anxious about losing their children and failing in other ways,

This is where your own life experience comes into play. You can help parents realise the value of engaging in the process. You can give them hope that change is possible. You can listen to their frustrations and difficulties and help motivate them to see things differently.

The Parent Mentor role falls into two different parts.

- **Phase 1 – General mentoring support:** this is when you offer informal support to several parents, at their first court hearing and then during their assessment and planning work with the specialist team.
- **Phase 2 – Matched mentoring support:** this is when you are mainly linked (or matched) to a particular parent. You spend time helping them work towards some of the specific goals in their Intervention Plan.

5. Phase 1 of mentoring: General support, at court and during assessments and meetings

(a) At court

You will be met at court by a member of the FDAC team and they will explain what they need you to do. It could be work with a new family, or help to parents coming back for review meetings, or a mix of both.

Your work at court involves:

- Talking to the team about the families coming to court that day.
- Checking the prompt sheet about welcoming families, to remind you about what to say to parents at court for the first time.
- Reading the court folder – this has the FDAC team reports on the cases listed for a hearing. This will help you assess the level of support that feels right to offer each family, introducing yourself to families waiting for their review hearing with the judge, asking how they have been getting on, and keeping them company while they wait to go into the courtroom.
- With a member of the team, talking to a new family about the services and support available from FDAC. Reassuring parents that support can be of benefit to them.
- Telling families about FDAC's volunteer Parent Mentors and the support they can offer them throughout their case.
- Giving parents and other people leaflets about the role of Parent Mentors.

At the end of the court day you must complete a 'contact record sheet' for each family you have spoken to. These are kept in the Parent Mentor court folder, along with leaflets about FDAC and about FDAC Parent Mentors, the Parent Mentor court rota, and forms for claiming your expenses.

Give your completed contact record sheets to a team member so they can take them back to the office.

(b) During assessment days

The assessment day can be long, with many different assessment activities. The structure will depend on the family composition, the number of parents attending and the ages of the children with them, and what is known already about the needs of each family member.

Topics explored and observed during the assessment include current and past parental drug or alcohol misuse, family relationships and dynamics, and parent and child interactions. Parents are asked how they are coping with their child or children, as well as being invited to reflect on their own experience of being parented.

Your role on these days is about:

- making parents feel welcome
- showing them where things are – the toilets, kitchen, garden etc.
- allaying any fears about what will happen during the day
- with a team member, (and before the assessment starts) explaining the plan for the day and why they are being assessed
- during breaks, being available to sit with parents and support them, if they want you to, and
- at the end of the day, completing and handing in a contact record sheet for each family.

(c) At planning meetings

Intervention planning meetings (IPMs) are the place where the specialist team leads a discussion with the family and other services involved with the family about an action plan that they can agree and take back to court. The plan is informed by discussion at the meeting about what the FDAC team have learnt from the assessment day, their recommendations about what needs to change, and the support that is needed to help parents make those changes.

Your role at these meetings is about:

- making parents feel welcome, being positive about their motivation in attending today, and allaying any fears about what the day holds for them
- with a team member, explaining the plan for the meeting and the reason they are attending
- during any breaks in the meeting, sitting with and supporting them, if they wish, and
- at the end of the day, completing and handing to the team a contact record sheet for each family.

(d) At parent mentor support screening days

All new parents are given an appointment with a Parent Mentor, to hear about the support they can offer. This meeting happens one week after the first Intervention Planning Meeting described above. The purpose of the meeting is for the Parent Mentor to ask parents to fill in the Support Menu (a tick-list of the different types of help that Parent Mentors can provide) and find out whether parents want to be matched with a Parent Mentor (this is the screening bit).

On these days the Parent Mentor:

- attends for the day and time indicated on the Parent Mentor rota
- meets parents when they arrive, explains who they are, and stays with parents throughout their time at the office
- contacts parents if they are running late, in case they have got stuck on the way
- explains what the Support Menu is and asks parents to fill it in (this usually takes 30 to 40 minutes at most)
- asks parents who want support from the list if they have a preference about the gender or background of a Parent Mentor they will be matched with
- asks parents who decline the offer of support to explain their reasons for not wanting to proceed with the offer at present, and
- adds information about the screening questions to the parents' case notes and places the completed Support Menu on the parents' file.

6. Phase 2 of mentoring: Matched support, working with parents on their implementation plan

Matching of a parent to a Parent Mentor starts after the court hearing at which parents sign the agreement about working with the FDAC team.

This is what happens next:

- The Parent Mentor Coordinator checks the completed Support Menu and any stated preferences of a new parent and decides which Parent Mentor best meets the parent's identified needs.
- The Coordinator discusses the case with that Parent Mentor and, if they are happy to proceed, the Coordinator liaises with the team's lead (or key) worker for the family.
- A time is agreed for the first meeting of the parent and Parent Mentor. The parent's key worker is there, too, to help write the Care Plan.
- At this meeting the Parent Mentor, parent and key worker complete a Matched Care Plan, using a standard form. This sets out the agreed work ahead, including the date of the next session, the identified areas to work on, and the date for reviewing the Plan with the key worker.
- After each session the Parent Mentor completes a feedback form or adds a case note to the family file. Unless a serious concern has arisen, there is no need to give verbal feedback to the key worker or another team member.

PART 2 – EFFECTIVE VOLUNTEERING

We want to make sure that you get the best support from us and that we get the best volunteering from you. This Part of the Handbook is about the procedures we have in place to help achieve this.

1. Induction checklist

Before you start working as a Parent Mentor you will go through a detailed induction process, including high-quality training, so that you are prepared for the work ahead and for doing it safely.

This section is a summary of the topics to work through with the Parent Mentor Coordinator. Once you have completed each topic, and had sign-off from the Coordinator, you will be ready to go!

2. Training

You will be asked to attend some core training modules, to give you insight and knowledge about issues such as confidentiality and child protection. In London, for example, Parent Mentors do the Common Core Skills training run by one of the local authorities using FDAC. The training is aimed at all professionals working with children and families and gives a certificate at the end of the course.

We know that some volunteers will want to use volunteering to increase their skills and move on to get paid work or further training. All volunteers get a Personal Development Plan at the start of their time with FDAC, and support to look at what they wish to achieve. In supervision sessions you can use the Plan to identify and record the skills and training you have completed during your time with FDAC. We can also give you a written reference for your future training and/or employment. If you wish to do some accredited training we can help you explore possible course options, although we can't pay for that training.

3. Child Protection

All Parent Mentors must be vigilant about possible risk and harm to children and be able to talk to a member of the team immediately about any concerns they pick up about this. This is why Child Protection training is part of your induction.

You will be given a copy of the Child Protection policy that the FDAC team work to, and this will help you understand how to report any concerns quickly.

4. Confidentiality

You will also be given training and the team's policy document about confidentiality. Confidentiality means the rules you have to follow about the things you have learnt

about families, from your work as an FDAC Parent Mentor. Or what to do if a parent wants to tell you something but doesn't want you to tell others what they have said. The information that an FDAC team member holds about families is information that the rest of the team will usually know about, because that will enable people to work well and safely together as a team. This will usually include you, too.

This means that you will not be able to tell parents that you can keep something they say "secret" from others – because you are required to share information with others working in FDAC.

You will get help from the team to work out how to explain to parents what your role is and the guidelines you must follow.

5. Boundaries

Boundaries are about the things you must and mustn't do in order to be sure of having a clear and professional relationship with the parents you are mentoring. Getting this right, and keeping it right, will help reduce any potential risk to yourself and/or parents, as well as making clear the sort of relationship you are aiming to build with parents.

Some of the boundaries that should never be broken are these:

- Never visit families at their home on your own. A home visit might be appropriate, but only if you are with a member of the FDAC team.
- Never agree to meet a family without FDAC knowing that you are doing that.
- Don't give out your personal contact details.
- If your contact with a family takes place away from the FDAC office, always contact an FDAC member of staff as soon as your meeting has ended.
- Don't take away from the office any information about a family.

Remember that you are a Mentor, not a friend. Mentoring and friendship are two very different relationships.

6. Disclosure about yourself

Telling people about your own circumstances can be valuable, but only when it provides something of benefit to the other person.

Be cautious about what you disclose about your past and current lifestyle. Always ask yourself these questions: (a) how does this help the parent? And (b) does this expose me or make me seem less credible?

Remember that your main job is to encourage parents to share their thoughts and reflect on themselves. It is not about you talking about your thoughts and reflections. Never feel under pressure to disclose information about yourself to parents. Do it when you think it is appropriate and, each time, be clear why you are doing it.

7. Attendance

As a matter of good practice, we expect you to attend sessions that you have agreed to attend. If you are unable to come in on an agreed day, please let us know and give us as much notice as possible. Ring the office and tell the Parent Mentor Coordinator, or leave a message on the answer phone or with another member of staff. If you are running late please let us know so that we can find a way to keep the work going.

8. Lone working

Most of the time your work with parents will take place with other members of the FDAC team close by. But, occasionally, you will meet parents on your own, such as when you go with them to appointments.

Always arrange to meet parents during work hours, and in a public place such as the venue/service the parent needs to attend or a tube station on the way. Don't arrange to meet parents at their home. At the end of your meeting with a parent, please phone FDAC to let us know that a safe and complete contact has taken place. If a parent doesn't turn up at the pre-arranged time, please wait for 20-30 minutes then leave and let FDAC know what you are doing. If, at any time, you feel uncomfortable when working with a parent, assess whether you should check in with a member of staff or end the contact and leave.

For more information about lone working, please see the Lone workers Procedure.

PART 3 - PROCEDURES AND INFORMATION

1. Health and safety

It is the responsibility of all Staff and Volunteers to observe the Coram Health and Safety guidelines to maintain a safe workplace. We ask you to ensure that the work space is kept tidy, and any items used, are used safely. Please shutdown computers after use, ensure filing cabinet drawers are closed, and that any waste and food is disposed of appropriately. Be mindful of personal possessions, and keep valuable items on your person to prevent loss. Whilst at FDAC you can store your belongings in one of the blue lockers in the kitchen if you want to. Insurance does not cover loss or theft of personal property so please remain aware. We ask you to bring to the attention of staff any risk or potential hazard that may cause an accident. In the event of a fire or fire alarm please follow the fire procedure as demonstrated during your induction training. Whilst on site, please ensure you know where your nearest fire exit is. The Fire/Emergency assembly point for the FDAC team based in Gregory House is located in the Car Park beyond the FDAC garden.

2. Reporting accidents and incidents

If you are involved in or witness an accident or incident, you must record this. An accident/incident book is kept in the Admin office at FDAC. Record what happened in line with the Health and Safety Procedure, and inform the Parent Mentor Coordinator or Service Manager.

A first-aid box is located:

Named First Aider:

Named Fire Marshall:

3. Orientation

Maps of venues are at the back of the Handbook.

The FDAC Office

Address: Gregory House – 49 Mecklenburgh Square – WC1N 2QA

Phone: 0207 278 5708

Email: gthompson.fdacteam@coram.org.uk

Bus and train info: Russell Square/Kings cross tube stations – 10 minute walk

The FDAC Court

Address:

Bus and train info:

4. Forms to complete – contact forms and expenses forms

We try and do as little form filling as possible. The two main forms that you are asked to be responsible for completing are contact forms and expense forms.

Contact forms

These, and all other blank forms/documents, can be found in folders clearly marked and situated in the top drawer of the filing cabinet next to the photocopier in the Admin Office.

A contact form should be completed after each contact with a family/parent. Please place the completed contact form in the Parent Mentor Coordinator's pigeon hole in the Admin Office. If you are based at Court on a Monday, please check the Court section of the Handbook for information about contact forms.

Expenses forms

To claim expenses you need to fill in an expenses form. The FDAC Administrator is responsible for paying expenses and you can ask them for a form. Or you can get a form from the top drawer of the filing cabinet next to the photocopier in the Admin Office – they are in a file clearly marked “Parent Mentor Expenses Forms”. Complete the form and attach tickets/receipts to go with it. We discourage volunteers from building up expenses so please make claims as you incur them. (See the Parent Mentor policy for extra information about out-of-pocket expenses.)

5. Behaviour and dress code

We have standards of behaviour that we ask families to follow and as staff/volunteers it is our responsibility to model appropriate behaviour. Please be conscious of language used, and when and where you discuss sensitive information about families. We want to maintain a friendly relaxed environment but all the time remain and act professionally. If family members become aggressive, it is important that you are assertive but do not inflame the situation.

We ask you not to dress provocatively, and to dress in a way that would not offend another person. At court, you will mainly be working outside the court room. But if you do go into the court room with a client, smart or formal dress is expected. We make this clear so that you know what is expected and so you can decide what clothes you feel are appropriate and comfortable to wear at court.

6. Supervision and support

It is important that during the time you spend with the FDAC Team they feel valued and are provided with appropriate levels of support. We are very aware that working with people that, at present are vulnerable, can be challenging. We would encourage you to use the support we put in place to reflect how Volunteering with people who

are experiencing difficulties is affecting you. Supervision is viewed as an important part of Volunteering and so we ask you to commit to attending all organised support.

Volunteers will be asked to have a good practice meeting once a month with the Parent Mentor Coordinator. They will also be asked to attend a support group run by an external supervisor to look at issues that may arise when working with vulnerable people.

7. Exit interview

When you decide that you can no longer volunteer with FDAC, we would like you to take some time to give us feedback about your experience of volunteering with us. We are very keen to improve the service for future volunteers and so your feedback is very welcome, both during and at the end of your time as a volunteer.

8. Work Mobiles

FDAC has a pool of work mobile phones for staff to use. These are for you, too, when you accompany parents or families away from the office. This is in case of emergency, but also to help you meet the lone-working standards about reporting in to the office (see the Volunteer Policy about that).

To get a work mobile please see the FDAC Administrator to log out a phone when you need it. Please return the mobile at the end of the day so that other volunteers can use them and stay safe.

9. Useful numbers, including emergency contacts

Taxi:

AA National Helpline: 0845 769 7555 www.alcoholics-anonymous.org.uk

NA National Helpline: 0845 373 3366 www.ukna.org

Shelter: 0808 800 4444 www.shelter.org.uk

Benefits: www.direct.gov.uk

Samaritans: 08457 90 90 90 www.samaritans.org

NHS Direct: 0845 46 47 www.nhsdirect.nhs.uk

FDAC Service Manager:

FDAC Parent Mentor Coordinator:

FDAC fax:

FDAC email:

Children's Social Care Duty Numbers:

Emergency Contacts:

Please contact these numbers if you feel that support, guidance or help is needed:

- Difficult situations or concerns about clients:
- Emergency services: **999.**

APPENDIX - List of common words

Professionals working with children and families often use words and phrases that sound like jargon to other people. This list explains the unusual words you are most likely to hear as a Parent Mentor.

A good tip is this - if you don't understand what someone is saying, ask them to explain what they mean.

A

Accommodated: where a child or young person is being looked after by the local authority with the agreement of their parents.

Adoption: a child is placed with approved adoptive parents and a court makes an adoption order which places the child permanently with those parents and they carry full parental responsibility for the child. An adoption order, therefore, ends all *legal ties* between the child and their birth parent and the child/adopted person is treated in law as if they were the birth child of the adoptive parents. The child is able to have contact with their extended birth family if this is consistent with their needs and welfare.

Advocate: someone who works with children and parents to help them speak about what they want or think. If children and parents wish, an advocate can speak for them and help with other problems.

Anti-discriminatory practice: a practice designed to tackle discrimination. Discrimination is an everyday reality in many children's lives and we must ensure that agencies' responses do not reflect or reinforce that experience and, instead, counteract it. Anti-discriminatory practice is about understanding and respecting differences in family structures, religion, culture and ethnic origins in bringing up children. Children with needs arising from disability or a health condition must also be assessed and have their needs met.

Anti-discriminatory practice seeks to reduce, undermine or eliminate discrimination or oppression by challenging discriminatory or oppressive practice, and by ensuring access to services and opportunities to achieve optimal development.

See also **diversity**.

Assessment: in this context it is a process of examining and determining a child's developmental needs as well as the capacity of their parents/carers and their family and environment to meet these needs. It is a continuing process and is not separate from the delivery of services/treatment.

Attachment: Bowlby describes attachment as a propensity to make strong affectional bonds to particular others and it explains the distress and disturbance felt and demonstrated when there is separation or loss from that person or persons.

B

Behaviour management plan: a plan for supporting positive behaviour, or dealing with challenging behaviour in ways that will meet the needs of the child. It should be part of the care plan and the placement plan/information record.

C

Care leavers: looked after children who have reached the age of 16 and whose situation falls into one of the following categories.

Eligible – aged 16 or 17 and have been looked after for a period of 13 weeks since the age of 14 and remain looked after (planned periods of respite care do not count)

Relevant – previously 'eligible' but no longer looked after and under 18

Former relevant – any young person aged 18 or over but under 21 who was 'eligible' or 'relevant' prior to becoming 18. The authority responsible for the young person when they were looked after is responsible for providing support and assistance up to the age of 21, or 24 if they were in an education programme at 21.

Care Order: made by the Court to protect a child if the court is satisfied that the child *is suffering or is likely to suffer significant harm* in the care of their parents and that an order placing the child in the care of the local authority is the best option in this particular case.

Care plan: this determines why it is in the child's best interests to become looked after or whether other support services would be able to meet their needs; it identifies their assessed needs and the services to meet those needs, and sets the framework for the services provided to the child and family to enable the desired goals and outcomes to be achieved.

Care planning process: the way in which decisions are made, and reviewed, about how looked after children are cared for. This includes things like where they live, contact with family, school, health, legal issues, money and other activities. This is in four stages:

- assessment
- planning
- intervention
- review.

It includes the court care planning process where the court decides the final care plan for the child, which social services is then responsible for implementing.

Chair: the person who is in charge of a meeting.

Child in care: see **looked after child**.

Children: used throughout this toolkit except where the text refers to young people specifically. However, the practice described throughout is inclusive of young people up to the age of 24 for whom agencies have caring and leaving care responsibilities.

Children's guardian: a person from the court who works to ensure the child's views and best interests are provided to the court in Care or other Legal Proceedings. May also be referred to as 'guardian' and previously known as a 'guardian *ad Litem*'.

Children's home and **children's residential care home:** a home for children who are not living with their family or foster carers. Children are looked after by staff of the home. Children's home can also be a specialist home for children receiving therapeutic support or for disabled children.

Children's rights service: a service in local authorities that gives independent advice and support to looked after children. (It may have a different name, depending on the authority.)

Children's services: see **local authority**.

Commissioning: the process by which all agencies, jointly or separately, identify needs and then plan and deliver services from within their own resources or from a range of providers. It includes monitoring the delivery and quality of services and their responsiveness to defined need.

Communication plan: sets out a child's preferred way of communicating with other people (very important if a child has a communication difficulty, or does not use fluent spoken English/Welsh as their first language).

Complaints service: a service in the authority/agency which deals with any complaint that children or their family may have about being looked after. Staff will listen and help sort out the problem.

Concurrent plan: the child is placed with foster carers who are dually approved as foster carers and adoptive parents, and who, if the birth family cannot parent, become the adopters.

Consultation: an opportunity for children and young people, and their family, to talk to adults about what they think of a service, what they would like to be provided.

Consultation form and **contributions form:** a form on paper or on computer that children, their parents and their carers are given before a review. It asks them to

provide details about how everything is going, and their opinions, wishes and feelings about what should happen.

Contact: generally means time spent communicating or meeting with a child, but usually refers specifically to contact between the child and its family members and between the child and its friends. Includes letters, emails, texts, photos, reports as well as face-to-face meetings.

Contact plan: this is part of the overall care plan and details the contact arrangements for each individual child with members of their family or friends.

Contingency plan: the plan which will replace the agreed care plan if that fails to be achieved.

Corporate parents: the whole council/elected members are 'corporate parents' to all the children who are looked after by that authority/council. It does not only refer to the councillors with responsibility for children's services but to all the members and services that play a part by accepting responsibility for children in their care, making their needs a priority, and seeking the same outcomes any good parent would want for their own children.

D

Designated doctor and designated nurse: their roles are to assist Clinical Commissioning Groups (CCGs) to fulfil their responsibilities as commissioners of services to meet the needs of looked after children. It is a strategic role, although the post holders may also provide direct services to individual children.

Designated teacher for looked after children: a role in a school, filled by a teacher who has an understanding of care and its impact on education. Each school should have appointed a teacher to this role. They must have sufficient authority to make things happen both for the individual child and across the school for looked after children in general. They act as an advocate for looked after children; ensure speedy transfer of information; ensure that each looked after child has a **Personal Education Plan** and that a home-school agreement is drawn up with the primary carer.

Diversity: children and their families may present with very different and individual circumstances. Our task is to understand and work sensitively and knowledgeably with different and diverse needs to identify the particular issues for the child and their family. It does not mean all children are treated the same but that they have opportunities for access to services which meet their different needs.

F

Family group conference: a meeting organised for everyone who is important in the child's life – for example, parents, other family members and close friends – to talk

about who within the family and friends' network can help look after the child or provide other care or contact.

H

Health plan: states a child's health needs, and how they are to be met. It forms part of the care plan.

Health professionals: people like doctors and nurses who work to make sure children are well and help their family to meet the child's needs.

I

Independent Fostering Agency/Service (IFA/IFS): foster carers and a fostering service provided by a private, independent provider, not the local authority/children's service.

Independent reviewing officer: the person who makes sure that children have reviews; that their views and wishes are heard as well as those of their family, those working with them and making plans for them; and checks that the child's assessed needs are being met, that their welfare is paramount, and their rights are not being breached.

Independent visitor: if children have had no contact with their family for a year, they can be provided with an independent visitor, subject to their wishes. They will visit the child, take him or her out, give advice and be a friend.

Individual Education Plan: the plan for a young person, based on their statement of educational needs, which is reviewed at least annually. (See also **Personal Education Plan**)

Intervention: services and resources provided for looked after children to meet the assessed needs, desired outcomes and plan for the child.

K

Key worker: each child living in a children's home or residential special school should have one of these. A key worker is responsible, in the children's home, for ensuring that the work with the child and how they are cared for is consistent with the care plan and placement plan/information record. He or she is responsible for reporting to the review on the agreed work to meet the plan, and whether the outcomes have been achieved.

L

Local authority: the (children's services) authority that is responsible for each looked after child, their care and their care plan. They are also called **corporate parents**. The terms local authority/children's services/multi-agency have been used to include all

the different and changing structural arrangements at the time of developing this toolkit.

Long-term fostering: a child is placed with a foster carer(s) and it is envisaged that the child will remain with them until they are 18 or older. The child is part of the foster carer's family but parental responsibilities will be shared (see **parental responsibility**).

Looked after child/young person, or child/young person in care: a young person being looked after by the local authority. The term covers **accommodated** children and those who are in care under a **Care Order**/interim order. This can include: living with family or friends, in foster care, a children's home, residential school, special school or in supported lodgings.

M

Minutes: a note of everything that has happened in a meeting including decisions made, with explanations for these, and disagreements. They are usually sent to all participants and to those for whom decisions may be being made or who may be affected by the decisions.

Monitoring: this is an activity within the review process. It is a continual checking that outcomes are being achieved, that the right services are being provided, and includes processes to check whether needs are changing and requires re-assessment.

Multi-agency/multi-disciplinary/inter-agency: children's services carry the responsibility for the care plan but different agencies and professionals contribute to it, for example, the school, the GP, the looked after children's nurse, and adult services for the parent or for the young person as they approach adulthood. A range of professionals have a role in assessing a child's general well-being and development.

Their responsibility is to provide more specialist assessment and to respond to needs by providing services in combination with social/children's services. It is not just children's services who are the assessors and providers of services. It is important that these services contribute to, and are involved in, the individual care planning process and the strategic development and commissioning of services to meet need.

O

Out-of-authority placements: where the child is placed outside the geographical boundaries of the local authority/children's services responsible for them and they use services of another local authority/agency where partnership arrangements are not in place – for example, for education, health, leisure, and housing.

Outcomes: individually set objectives for each child which relate to each assessed need. They are aspirational, but set the objectives for the services engaged to meet those needs and are monitored and reviewed to ensure that they are attained. They can contribute to an agency's **performance indicators/key thresholds**.

P

Parallel planning: see **twin-track planning**.

Parental responsibility: the rights and power of parents to make decisions about a child. Where the child is looked after because of a Care Order, social services are given parental responsibility by the courts and this is shared with parents. Where a child is accommodated, parents retain parental responsibility. The child's welfare remains paramount in all decisions.

Participation: taking part *and* having some influence over decisions and actions.

Pathway plan: involves all the planning for leaving care for eligible young people from the age of 16. It builds on and replaces the care plan.

Performance indicators/key thresholds: government and services set targets to be achieved. They are based on individual need and objectives to promote inclusion for disadvantaged groups. The thresholds or indicators are the numbers or percentages to be achieved in a particular area. For example, one of the performance indicators concerning placement stability of looked after children is the percentage of children looked after at 31 March with three or more placements during the year.

Each individual child's looked after experience will contribute to the attainments of the service (see also **outcomes**).

Personal Adviser (PA): a person to support and plan for eligible young people from the age of 16 leaving care.

Permanence: this is a framework providing children with a sense of security, continuity, commitment and identity – a sense of belonging for each child. The objective is to ensure children have a secure, stable and loving family to support them through childhood and beyond. This can be achieved through: a return to birth parents; placement with extended family; placement with a substitute family through **adoption or long-term fostering** .

Permanence plan: this should be made at the 4-month review and should include one of the permanence options (above) along with a contingency/twin-track plan.

Personal Education Plan (PEP): the assessment and plan to meet the educational needs of a child. It forms part of the care plan.

Placement officer: A person from the local authority who finds the placement for the child which will best meet their needs (see also **commissioning**).

Placement plan/placement information record: this takes forward the care plan into a written plan for a child's daily life in placement. It details how the child will be looked after, how his or her needs will be met by the home/carer.

Planning: a continuing process, arising from the assessment, to ensure that services are in place to meet the assessed needs of the child.

Public Care: see **Looked after**.

R

Residence Order: parental responsibility is shared but the child cannot be removed from the care of the person who has been granted the Residence Order. It establishes with whom the child lives until the age of 18. Parents have a continuing role to play in the life of the child but are unable to provide day-to-day care for them.

Resilience: ability of children to respond to stress and adapt despite adversity; develop coping mechanisms; and succeed in some areas of life when they could easily fail.

Review: See 'Review process' and 'Review meeting'

Review process: a process of continuous assessment and monitoring of the care plan; ensuring that the right services are in place, at the right time, to meet the required needs and outcomes.

Review meeting: A meeting or meetings where the care plan is considered, reconfirmed or changed and such decisions agreed and recorded in consultation with all those who have an interest in the child's life, including the child.

Risk assessment: a written document, which supports the care plan that identifies hazards and any action necessary.

S

Social services: the old name for the department of the local authority (or council) that supports and protects people. The part that helps children and families (as opposed to adults) is now called children's services.

Special Guardian: a person granted parental responsibility for a child under a Special Guardianship Order.

Special Guardianship Order (SGO): an order made by the court – usually in care proceedings, but sometimes in private law family proceedings – that gives parental

responsibility to a relative or friend of the child. This order is often made instead of a care order where the court has decided the child cannot return home.

Special Educational Needs (SEN): needs or problems that get in the way of learning and need particular support that can lead to a Statement of SEN, which states what these needs are and how they will best be met.

Statement of Purpose: details of a service that says how it will look after children, provide services for them and help them with their problems, including the aims and objectives, policies and procedures followed, facilities and services provided.

Supervising social worker: a person who supervises and helps each foster care family.

T

Transitional plan: for children with Special Educational Needs at age 14, that says what will happen in the last years at school and plans for college or employment. It feeds into the Individual Education Plan for all children with statements of educational need, the Personal Education Plan and the care plan for looked after children with statements of educational need.

Twin-track planning: while the child is in foster care or residential accommodation, the parents and the extended family are being assessed at the same time as a care plan is being developed for possible placement outside the family.

Y

Youth offending team: the youth offending team aims to prevent children and young people committing crime.

Young person in care or looked after young person: (see looked after child).