Description

PARENT AND CHILD FOSTERING ARRANGEMENTS

Previous Page

Next Page

In parent and child fostering arrangements, the foster carers provide a home and support to young parents and their child/ren. The young parent may be pregnant or may have a baby. There is no set age for the parent. Some parent and child foster carers offer support to both parents, although most foster carers are only required to support the mother (and on rare occasions to a single father).

Parent and child fostering is specialist fostering because of the complexity of supporting both the parent and the child. Foster carers need to have a good understanding of how to support vulnerable young parents and their extremely vulnerable newborn babies; and perhaps the most challenging aspect of the role is enabling the parents to provide confident independent care to their children.

Regular challenges for parent and child foster carers include guiding parents who are depressed, using substances and/or spending time with peers who are a negative influence. The foster carers must also be particularly mindful of safe sleep practices for the child, safeguarding the child from harm (such as being shaken or neglected), and ensuring that the baby has good care (in terms of affection, nutrition and all other aspects of care).

This guidance must be read alongside other Sparks Fostering policies because many of the needs overlap: for example, the mother may be a victim of trafficking – in which case the Sparks Fostering policy on Modern Slavery should be reviewed. Also, the Sparks Fostering guidance on 'Caring for babies' should be read in detail alongside this policy. This guidance focuses on the issues linked to parents who continue to provide care to their children within a fostering arrangement.

Research on parent and child arrangements

Research with parent and child arrangements (from the NSPCC and The Child Psychology Service) has found the following themes:

Regarding the parents

- Some foster carers don't recognise that the parents are also children and so the parents weren't appropriately supported and safeguarded
- In 77% of cases the parents had intellectual/learning difficulties
- Parents were in placements due to low knowledge of childcare
- Parents may have a lack of emotional ability to parent
- Parents lacked support networks
- Parents had emotional or mental health problems (and were not receiving appropriate support)
- Some parents weren't prepared for transition to adulthood
- Practitioners didn't always understand how adverse childhood experiences (see Sparks Policy 'Impact of Trauma and Loss') can impact on a young person's capability to bond with and care for their own child years later.
- Parents were often involved in 'child protection' arrangements as children
- Practitioners weren't always alert to when a parent had been groomed or sexually exploited
- Some practitioners didn't recognise when parents were using alcohol or substances.

Regarding the babies/children

- Some carers focused on the needs of the parents and neglected the needs of the child
- Practitioners didn't always recognise the impact of domestic abuse on the child

The likelihood of rehabilitation is increased for older parents (age 20 or above), and mothers who had children before. One key factor noted as contributing to the success of a placement was clarity about the foster carer's role: in successful placements, both the carer and the parent were made aware exactly of their roles, and therefore both individuals knew what to expect from the placement.

Fostering processes

There are considerable overlaps between 'parent and child fostering' and 'mainstream fostering'; the particular fostering processes which apply to parent and child arrangements are outlined in this section.

Availability of foster carers

Due to the additional commitments for parent and child arrangements, the foster carers must make sure that there is at least one foster carer available at all times to support the parent and child should they need it.

Eligibility criteria for parent and child foster carers

All of the Sparks Fostering policies and procedures apply to parent and child placements; therefore, parent and child foster carers are expected to have a good understanding of all Sparks Fostering policies and procedures. Due to the complexity of parent and child arrangements, these foster carers are expected to have a better understanding of the Sparks Fostering policies and procedures than most other foster carers.

Parent and child foster carers are also expected to have a good understanding of up to date guidance on caring for babies – see the Sparks Fostering guidance 'Caring for babies'.

Foster carers who wish to become parent and child foster carers must also have relevant prior experience; for example, they should have parented their own children, or have experience as foster carers. They also need to have demonstrated good organisational skills and the ability to support people with multiple needs.

Applicants who do not meet the criteria to become parent and child foster carers can be supported to gain relevant experience and knowledge with Sparks Fostering after they have gained some experience as mainstream foster carers.

Matching processes

As with all fostering arrangements, Sparks Fostering will share all available information about the residents with the foster carers before a match is agreed. Matches would only be offered when it's believed that the foster carers may be able to meet the needs of the parents and children.

An additional consideration for placing parents is whether the parent is an adult and if DBS (police check) history is available. Where the DBS isn't available, attempts should be made to get a DBS check for the parent; as a minimum police checks should have been obtained by the children's social worker and those checks should be shared with Sparks Fostering. A parent who has committed a specified offence (i.e. a serious offence against a child) or other serious offences would require a detailed risk assessment for matching purposes (including a DBS check). If a parent has committed a specified offence, they cannot be matched to a fostering home that has children (or plans to care for other children).

Matching and risk assessments must include the needs of both the parent and the child. There should be clarity around what support is expected from the foster carer(s) and what risks are to beconsidered. If this information isn't provided at matching stage, it must be provided before theplacement planning meeting (within 5 working days of joining the home).

Fostering Limit

The usual fostering limit is 3 children. Parents who are over the age of 18 (and sibling groups) do not contribute to the fostering limit – this means that a parent can be placed with more than 3 of their own children (if this is required) or a parent over age 18 can be placed with their child alongside two other unrelated children. However, care must be taken to ensure that the fostering family has capacity (space, time and facilities) to care for additional children or parents.

Allowances and fees

Parent and child foster carers are looking after at least two people for this arrangement (one parent

and one child) so the allowances/fees reflect the increased commitment. That said, it should be noted that allowances for caring for an older child are usually higher than the allowance for caring for a baby.

Carers should be mindful of the cost of baby items: If the parent doesn't have many items already, the foster carer should consider how these items are to be paid for; for example, it may not be feasible for a foster carer to pay for a crib, Moses basket, bottle feeding equipment, toys, clothing etc., especially if it's a very short arrangement. In such situations the foster carers (along with the support of Sparks Fostering) would ask the local authority for financial support for the parent. It would be understood that the parent and child would take all additional items with them when they move on. Where possible these discussions and agreements would be made before the arrangement is confirmed.

Foster carers and social workers should also have a clear understanding of any other benefits/income that the parent has access to so that the parent can receive any supplementary support. Foster carers should be made aware of how much of the allowance is to be given to the parents before the arrangement is agreed, and parents should be made aware of how much of their own and the child's costs are to be covered from their own income.

Care planning

Before a parent and child arrangement is agreed, the child's social worker should provide an indication of the level of support that is required. A fostering placement may be needed until the parent has learned enough parenting skills. Or perhaps the needs of the parent are unclear, and the primary role of the foster carer would be to oversee and assess the parent's skills and abilities. Either way, the foster carer would need to have close oversight of the safeguarding of the child and should be available to support the parent as required.

The support plan should address: Who will feed the child during the day? Who will feed the child at nighttime? Whose room will the child sleep in? Where will the child sleep? How will the parent/carer respond to prolonged crying? How often can the parent leave the child in the sole care of the foster carer? How often can the foster carer leave the parent alone with the child? Can the parent leave the home with the child? Is anyone else allowed to be involved in care of the child? Are there any other restrictions or expectations of the parent e.g. who they are allowed to visit? What should the foster carer do if the parent doesn't attend midwife, health visitor or other appointments for the child? Any other relevant information.

The parents should be included in the care planning as far as possible and the plan should be explained to the parents.

Care and placement plans should be written and provided by the child's social worker; however, Sparks Fostering carers are expected to take notes at planning meetings and write a list of agreed outcomes so that there aren't any delays in implementing the plans. If the plans aren't received from social workers in a timely manner, foster carers should share their draft plans with the child's social worker for the social worker to provide written (email) confirmation that they agree to the plan (with any edits if required).

Foster carers should also follow the escalation policy (as outlined on the foster carer records) so that the formal plan is received as soon as possible.

Delegated authority

As with mainstream fostering arrangements, the social workers of parent and child arrangements should confirm who has parental responsibility asap, and at the latest by the placement planning meeting (within 5 working days of the placement starting).

If the local authority has parental responsibility of the parent and child, the local authority can delegate some authority to the foster carer (foster carers and supervising social workers must ensure that the local authority signs the delegated authority form when it's completed).

Foster carers should be mindful that sometimes parents continue to retain parental responsibility of the child in placement. In this situation, the foster parent has to defer to the parent for all decisions involving the child, and the parent also retains the legal right to leave the fostering home with the child when they want to. If the parent is making decisions which place the child at risk, the foster carer must notify the child's social worker, who should apply to the courts for shared parental responsibility (if necessary).

Core tasks for parent and child foster carers

Introductions and welcoming to the home

Sparks Fostering shares any available information with foster carers before an arrangement is confirmed. Ideally the parent would also be provided a copy of the foster carer profile, and there would be preparatory phone calls, video calls and visits inside and outside the home; however, when planning isn't possible, the parent and child may make a quick move to the fostering home.

Welcome packs for parents and children may include items such as photo journals, baby essentials or pampering items for the parents. Foster carers must work with the parent and child's social worker to ensure that the child has all required items as soon as possible. Sparks Fostering will aim to get as much information as possible about the parent and child beforehand so that foster carers may include suitable items in the welcome pack.

Foster carers are expected to be sensitive to the fear and apprehension that parents are likely to experience when entering a foster home; the parents may attempt to mask their feelings (i.e. they may present as confident while feeling very worried) and they will need support to feel settled.

The child may also become unsettled due to the move and change in routines and familiarity, so the foster carers may need to be patient and very supportive while both the parent and the child settle into the home.

Children's Guide

Parents should be supported to view the ‘Children’s Guide’ because it offers a quick overview of the care that they can expect to receive in the fostering home. Parents should also be supported to review the rest of the Sparks Fostering policies and procedures if they have the capacity to do so.

Building positive relationships

As with any residents in the fostering home, foster carers must attempt to build positive, constructive relationships with the parents in their care. Without a foundation of trust, it makes it very difficult for parents to accept the advice of foster carers. Foster carers can build trust by being sincere in their wish to support the parents (regardless of the challenges in the home), by being transparent about the foster carer role and what is expected of the parent, and also by celebrating any of the successes of the parent.

Foster carers must be sensitive to the support needs of parents who may have been repeatedly let down and exploited throughout their lives. Building trust with vulnerable and recovering people takes time and patience.

That said, foster carers must always maintain ‘respectful uncertainty’, which means that they mustn’t rely on the word of the parents to ensure that the child is safeguarded and receiving good care. Foster carers must explain to parents that it’s a vital part of the foster care role that foster carers check all information and be able to record how information was verified.

Wishes and feelings

The views of parents should be given particular attention, because the parents are being assessed for their ability to make decisions which are in their own interests, and in the best interests of their children. When parents make decisions which are harmful, the foster carers will work with the parent (and social workers) to help the parents gain the knowledge required to make better decisions. Foster carers should take time to reflect on how the parent's decision affects their safety or the child's safety; foster carers must be careful to separate any personal judgements or preferences from safeguarding decisions. That said, parents cannot be allowed to make decisions which place their child at risk or harm.

Parents may struggle to communicate their wishes and feelings for a range of reasons; for example, perhaps their views have never been listened to previously; perhaps they don't have the confidence to express their views; there may be trust issues; there may be language issues; or the parents may be fearful of being judged negatively. A key role for foster carers is to help parents to articulate themselves and to help the parents to develop the skills required to engage in meaningful and constructive discussions.

The children in parent and child placements are usually pre-verbal. When children aren't able to communicate verbally, foster carers are expected to develop an understanding of the child's wishes and feelings by considering the child's behaviour, presentation, and interaction with others.

Advocacy and explaining child protection processes

Becoming a new parent can be stressful for most people; however, for parents who are joining a fostering home, the stress and worry is likely to be significantly higher. Often these parents have had difficult backgrounds, have ongoing struggles, and involvement with social care in itself can be a very stressful process. Foster carers can attempt to ease some of the stress by helping the parents to understand and navigate the social care system and processes.

'VoiceAbility' has produced a booklet 'If Children's Services feel your child is at risk of harm', for parents with learning difficulties to help them to understand child protection processes. The booklet may also be useful for parents without learning difficulties because it outlines key child protection processes.

A summary of care proceedings is also available on the 'Coram' website.

Parents who want independent advocacy and advice may wish to contact the Family Rights Group.

Foster carers should offer this information to the parents and help the parents to understand the information if this is required.

Safeguarding the parent and child

Parent and child foster carers should be mindful that both the parents and the children are vulnerable

and in need of support. The abilities and needs of the parents should be assessed alongside the needs of children in the fostering home.

Balancing the safeguarding needs of the parent alongside the safeguarding needs of the child can be challenging; for example, a parent may be using substances outside the home or spending time with people who are a negative influence, and yet they may be assessed as offering 'good enough' care to the child when they are in the home. Foster carers must report their observations and views to the child's social worker and the supervising social worker so that appropriate action can be taken by the 'team around the child'.

Foster carers who are supporting parents must be particularly mindful of how the parent's struggles impact on their ability to provide good enough care to their children. When there are high risk situations (for example if the parent isn't following safe sleep guidance or is handling the child roughly), the foster carer must intervene and call services for direction. Emergency services should be called if there is immediate risk of serious harm to the child.

Every person who is cared for under a fostering arrangement should have individualised safer care plans, risk assessments, health assessments, and education/training/employment support. Parent and child foster carers must give each person in the home as much support as they would do as if they were unrelated. Offering support also includes safeguarding the fostered resident from harm and taking steps to prevent the resident from harming others.

The NSPCC has collated lessons to be learned from incidents when a young parent and/or their child have been exposed to serious risk. Whilst the reviews aren't directly linked to fostering arrangements, the learning is nonetheless applicable to fostering homes so all parent and child foster carers should read this report. See NSPCC report 'Young parents: learning from case reviews'.

Responding to challenges in caring for parents and their children

When a parent is struggling to offer good care to the child (or is struggling to care for themselves appropriately), the foster carer is expected to offer advice and support with respect, sensitivity, patience and compassion. It can be difficult for anyone to be told that they are doing something wrong, and this can be more difficult for a new parent who is living in an unfamiliar home and fearful of being separated from their child.

If there's no immediate risk to the child, carers should consider waiting until it's a good time to speak with the parent so that they receive the advice well.

If the child (or parent) is at immediate risk, the foster parent must intervene immediately. When uncertain, the foster carer should call the supervising social worker and/or child's social worker. In high risk situations where this is a risk to someone's safety, emergency services should be called first.

Foster carers must ask themselves 'how does this affect the child, the parent or others' when assessing the impact or relevance of the parent's behaviour. Social workers can support the foster carer to understand the impact of the parent's behaviour on the child.

Foster carers should refer to the Sparks Fostering 'Behaviour Support' policy when caring for a parent who is struggling to control their behaviour.

Supporting the parent to meet the child's needs

'Family Lives' offers a free online course which has six interactive blocks filled with helpful techniques and ideas that will help parents become more confident and happier. Foster carers should offer to support parents to complete this course. It should be explained to the parents that engagement and completion of the course would show their social worker that they are committed to meeting the needs of their child. Parent and child foster carers may also be asked (by their supervising social worker) to complete this course, as it would strengthen the foster carer's training record and would also strengthen the foster carer's profile (making them more likely to secure suitable matches in the future).

Foster carers and parents should also download the 'Baby Buddy' app – a free multi-award winning, interactive pregnancy and parenting app. Foster carers should encourage and support parents to access and utilise the learning offered in the app, which would guide the parent to offer good care to their children.

Best Beginnings have put together a range of resources that are very useful for young parents and for the team supporting young parents. Foster carers and staff supporting young parents should review the resources and become familiar with them before encouraging young parents to make use of the resources.

Parents (and carers) who would like to learn more about parenting by watching videos may wish to review the YouTube Channel 'ParentChannel.tv'.

Supporting the parent to meet their own needs

Parents who aren't able to meet their own needs will struggle to meet the needs of their children. Parent and child foster carers may find that the parents who join their home have considerable personal struggles, such as recovery from trauma, poor decision making, learning needs and/or poor self-esteem. Foster carers must support the foster carers in much the same way that they should be supporting any child who joins the home under a fostering arrangement.

In the initial days and weeks, the foster carer may find themselves offering high levels of care to both the parent and the child; however, as time progresses, it's expected that the parent will work towards taking better care of themselves and their child. This may mean, for example, that in the first few days the foster carers do all the cooking, cleaning, shopping etc. and sleep with the baby in their room and keep the baby for most of the day; however, over time the parent will do more for themselves and the baby until their social worker agrees that the parent has shown sufficient ability to be able to care for the baby on their own. By offering high levels of care in the first few days and weeks, this gives the parent time to reflect, rest and recuperate; once the parent has rested and is showing that they are doing well at taking care of themselves, the foster carers should gradually hand over caring responsibilities of the child to the parent.

Foster carers should note that some parents haven't yet learned how to take care of themselves, let alone their baby. Foster carers should not assume that parents know how to cook, wash up properly, wash their clothes, manage their finances etc. Respectful and patient support should be offered with all tasks. The best way for foster carers to support parents is to be great role models, to explain as much as possible to the parent and to engage and motivate the parent to grow and excel.

Monitoring and reporting

Parent and child foster carers must develop the skills and knowledge needed to understand the threshold for 'good enough' parenting. Foster carers are assessed to much higher standards of care than 'good enough' – this means that foster carers are expected to provide a much higher level of care than birth parents. Foster carers must be able to differentiate between the care they would provide and the level of care that is required of the parents they care for. When a foster carer is conflicted, they must make use of supervision and the support offered by Sparks Fostering and they should also speak with the child's social worker.

A child should never be placed at risk and the child's development should not be impaired under any

circumstances; however, parents should not be expected to provide a higher level parenting than that expected of parents who aren't subject to social care intervention. If the child is consistently safe (when alone with their parent) and has their basic level needs met, it is likely that the child's social worker would consider that to be 'good enough' parenting.

Record keeping

As with all records about residents, foster carers should encourage parents to review their non-confidential records. This should not discourage foster carers from being honest and fully transparent; only that foster carers should be sensitive and respectful when writing records.

As with other fostered residents, parents and children should be encouraged to contribute to their records and to review their records. In particular, parents and children (who are old enough) should have regular input into their journal entries whenever this is possible.

Foster carers who are supporting parents should evidence in their records both how they are supporting the parent and child/ren, and also how the parent is supporting the child/ren. Where gaps are identified in the support provided by the parent, the foster carer must describe the support that they have offered to the parent (and any additional support offered by the team around the child).

If foster carers wish to keep some information confidential (for example because they don't want to lose the trust of the parent or because sharing the information could jeopardise the safety of the child), they can ask their supervising social worker, who can work with child's social worker and the Sparks Fostering registered manager to agree on how to proceed and where to store confidential information. Foster carers cannot withhold information from their social worker under any circumstances.

Foster carers should also be mindful that the parent may be subject to court proceedings at some point and the foster carer recordings may contribute to the proceedings. Furthermore, the foster carer may be asked to testify in court. The supervising social worker will keep close oversight of the resident's records and foster carer journal entries to ensure that they are suitable for presentation to court if necessary.

Support through pregnancy and labour

Foster carers may be offered the opportunity to care for pregnant young people, and subsequently support the young person through the labour and birth and early parenting of the baby. When support can be offered during pregnancy, the young parent is able to settle into the home and feel more relaxed, safe and supported before their child arrives. Trust can be established, and the parent can be given the information they need in good time to meet their own needs as well as the needs of the child.

Support and information about pregnancy and labour would primarily be provided by health professionals and the team around the child. However, additional information can be found online on the following services: NHS webpages; NHS information about 'Screening tests for you and your baby'; Tommy's Pregnancy Hub; MAMA Academy: The Safer Pregnancy Charity; Pregnancy Sickness Support; Department of Health and Social Care guidance – 'Physical activity guidelines: Pregnancy and after childbirth'; Pelvic Partnership for information about pregnancy-related pelvic girdle pain (PGP) ; Kicks Count (to learn about baby movement); Diabetes UK 'Planning for pregnancy when you have diabetes'; Action on Pre-Eclampsia: CMV (Cytomegalovirus) Action – Pregnant Women; Group B Strep Support – Group B Strep and pregnancy; Bliss – for babies born premature or sick; and the Birth Trauma Association (the only charity in the UK solely dedicated to supporting women and families who have experienced traumatic birth).

Foster carers who choose to support pregnant parents are expected to have a cursory understanding of the information provided on these websites (and via the team around the child); the websites should be revisited as and when required.

Support through labour

Parents may ask their foster carers to be their birthing partners, which is an indication of the strength of the bond formed between the foster carers and the parent. Before agreeing, the foster carers must check with the child's social worker.

It's not obligatory for the foster carers to be the birthing partner if asked; for example, the foster carer may have a phobia of hospitals or have had traumatic previous experiences linked to childbirth or hospitals. There should be respectful and sensitive communication with the parents and social workers to come to a suitable alternative.

Labour support for parents of ethnic minority heritage

Black women in the UK are statistically four times more likely to die during childbirth than White women. Women from Asian ethnic backgrounds are three times more likely to die due to complications than White women (see 'Is childbirth more dangerous for Black women in the UK?'). Foster carers of pregnant mothers who are ethnic minorities should discuss this concern with the midwife and the child's social worker and put an appropriate plan in place.

Coping with the loss of a baby

The website for Tommy's provides information on its website on the topics of miscarriage, ectopic pregnancy, stillbirth, molar pregnancy, neonatal death, terminating for medical reasons, dads and partners, baby loss stories and baby loss statistics.

Further information is also available on the 'Miscarriage Association' website; Sands (Saving babies lives. Supporting bereaved families); or Lullaby Trust (who have a bereavement support helpline).

Foster carers and staff must review the information and discuss with the team around the child to explore how to offer support to the parents should they suffer the loss of a child. Care must be taken to support the co-parent when it is possible.

Staff must also be mindful of the potential impact on the emotional wellbeing of foster carers in such difficult circumstances, so appropriate support should also be offered to foster carers when this is required.

Staff may also need to utilise line management support, peer support and personal support networks at such times.

If a child passes away or is harmed in a fostering home, it may result in an investigation to determine if there was anything that could have been done to prevent harm to the child.

Supporting parents with additional needs

Single parents

The Gingerbread website explains that ‘Despite most being in work, single parents are twice as likely to be in poverty than a parent in a couple. They face prejudice and judgement. And the loneliness and isolation they experience compounds things, putting their mental health and wellbeing at serious risk’. Gingerbread supports single mums and dads to meet each other on their online forum or in local and digital groups. They also have information pages, webchat and a helpline which provides expert guidance on a wide range of topics.

Foster carers should support single parents to access Gingerbread.

Supporting fathers and partners

Typically, the ‘parent’ in a parent and child arrangement is the mother; however, it’s possible for the resident parent to be a father. One parent may join the home, or two may join. When the resident parent continues to have a relationship with another adult who is considered to be the other parent (whether birth parent or not), there should be consideration of family time arrangements with the non-resident parent. Note that parents may have non-traditional gender roles and their identities must be respected.

Sometimes the second parent (particularly fathers) are sidelined when plans are made for caring for children. This is not acceptable because it’s not in the best interests of the child. Unless there are safeguarding reasons why a child should not see the other parent, there should be consideration of how to facilitate family time. Foster carers should be involved in these discussions so that there is clarity about how the carers are involved in supporting family time. Family time may be in the fostering home, or outside the home – the child’s social worker should clarify which locations are acceptable and also what level of supervision is required by the foster carer. Foster carers should offer support and advice to the non-resident parent when it is possible to do so because better parenting from both parents is in the best interests of the child. Foster carers should support both parents to build healthy

relationships; indeed, the parents may not have experienced healthy relationships and they may not know how to handle interpersonal conflicts.

When foster carers and staff are supporting two parents (or other members of the support network), they must ensure that the dynamics between the adults doesn't distract from the needs and welfare of the child.

Resources

'Being a new parent: juggling life as a new dad and co-parent' is an online guide (with a video and lots of links to other resources) from the NCT.

The Dad Info website is a community of active, involved dads with an interactive forum, providing peer to peer support and advice.

DigiDAD is an online E-Learning platform full of father friendly content.

Fathers and breastfeeding: 2-page guide from NCT.

Future Men offers structured school programmes and youth hubs to individual one-to-one sessions and outreach work, to help boys and men become healthy and dynamic future men.

One Plus One. Evidence-based early intervention resources to help people build and maintain healthy relationships.

Relate. Relationship support, with online chat, face to face help, resources and more.

Summary of 'The myth of invisible men': safeguarding children under one from non-accidental injury caused by male carers (NSPCC). The summary addresses the findings from the Child Safeguarding Review Panel's review, which used information gathered from perpetrators, analysis of serious incidents and a review of the literature. Rick factors that were identified include: Men whose own parents were abusive, neglectful or inconsistent may lead to poor attachments styles as adults and inappropriate responses to the needs of children; men who have histories of impulsive behaviour and low frustration thresholds; men who use substances, especially drugs, to a degree that encourages increased levels of stress and anxiety, sleeplessness, lowered levels of frustration tolerance, heightened impulsivity, poor emotional and behavioural regulation and poor decision making; men who have low self-esteem, or other issues around mental and emotional health; men who become parents at a young age, including care leavers; men who mitigate their difficulties with others through violence and controlling and angry behaviour, including some who are perpetrators of domestic abuse; and men experiencing external pressures such as those brought about by poverty, debts, deprivation, worklessness, racism and poor relationships with the mothers of the children.

'Tips for your birth partner' – from the NHS.

Unseen men: learning from case reviews. This NSPCC briefing highlights that male caregivers and male partners sometimes go 'unseen' by services involved with children due to: a lack of professional engagement and curiosity; an over-focus on the quality of care children receive from their mothers; and inadequate information sharing between services.

Parents suffering domestic abuse

Domestic abuse may include controlling behaviour, threats of violence and physical violence (including risk to life).

Young parents in foster care may not recognise their relationship as being abusive and they may have grown up in an abusive home so they may consider it to be how all relationships are. Indeed, they may even expect abuse in the fostering home. Foster carers may need to support the parent (or both parents) to understand what a healthy relationship is and how to manage conflict appropriately.

Foster carers must also be mindful of the impact of domestic abuse on the children as well as the parents. Parents may neglect or abuse their children whilst practitioners and foster carers are distracted by toxic dynamics between the parents. Practitioners and foster carers must be skilful in being able to balance conversations and work around the parents needs and the needs of the children.

The Anna Freud website has information about conflict between parents, including information and video blogs about the impact of conflict on children and young people.

The Freedom Programme is an intensive 2-day domestic violence programme which is free to access via local organisations (or £12 online). Foster carers should encourage parents to complete the course if there are any indicators of unhealthy relationships.

The Refuge website also has information which may be useful to the parents and Refuge also run the National Domestic Violence Helpline.

Women's Aid also provides support to victims of domestic violence, including chat support and online information.

Parents with multiple children

The Family Lives website has information to support parents of twins or multiples. The website also has information about how to introduce a new baby to a sibling and how to manage sibling rivalry.

Parents recovering from trauma

NSPCC research on serious case reviews explored how adverse childhood experiences affected parents in their care of children, stating that:

Some of the young parents and partners in these case reviews had experienced trauma earlier in their childhood. This included bereavement, family separation, abuse and neglect. Some had received support from child protection services when they were younger. Practitioners weren't always aware of the trauma that young parents had experienced, or how this impacted on their mental health.

Practitioners didn't always understand how adverse childhood experiences can impact on a young parent's capability to bond with and care for their own child years later. Sometimes this resulted in children being at risk of abuse and neglect. Practitioners weren't always curious about young parents' backgrounds and experiences. This affected their ability to understand young parents' circumstances and provide appropriate support. In one case, a young mother had experienced trauma including bereavement and domestic abuse. This led her to not use contraception because she wanted to have a child who would love her. Practitioners didn't understand how these experiences had affected the mother's overall wellbeing and her capability to provide appropriate care for her child. This meant they didn't provide the support necessary for her to look after both her child and herself.

Practitioners sometimes wrongly assumed that grandparents and extended family members could protect and support young parents and their children. Sometimes, the same grandparents and/or extended family members had abused or neglected the young parent earlier in their childhood so were less likely to be able to provide effective support and be a protective adult. As well as contributing to the young parent's trauma, encouraging young parents to have contact with grandparents could put them and their child at further risk of harm.

Sparks Fostering carers and staff are expected to try to explore information about the parent's adverse childhood experiences so that the information can be summarised on the Residents Record and an appropriate plan of support can be put in place.

Emotional mental health problems

Around 12% of women experience antenatal and prenatal depression – this figure is likely to be much higher for women who are subject to social care intervention. Signs and symptoms of antenatal depression include: feeling sad, a low mood, or tearful a lot of the time; feeling irritable, or getting angry easily; losing interest in other people and the world; not wanting to eat or eating more than usual; negative thoughts, such as worrying you'll not be able to look after your baby; feeling guilty, hopeless or blaming themselves for their problems; or having problems concentrating or making decisions.

Postpartum psychosis (PP) is a severe but treatable form of mental illness that begins suddenly in the days and weeks after having a baby. It can be frightening and shocking for the mum experiencing it, and for others in her life. The first port of call for someone with concerns about their health (including emotional and mental health) is their GP, midwife or Health Visitor. The social workers and health professionals supporting the parent should be notified of any new information immediately.

The NSPCC has summarised key issues and learning for improved practice around parental mental health and child welfare in 'Parents with a mental health problem: learning from serious case reviews'. The key issues identified are lack of understanding about mental health and diagnosis; inadequate responses to disclosures of thoughts or threats to harm; not considering mental health in context with other issues; and lack of understanding of the impact of parental behaviour on the child. Recommendations are to recognise how mental health affects parenting capacity, engage with the family's support structure, understand the lived experience of the child, explore parental history and background, use professional questions and challenge, complete good quality assessments and visits; and improve information recording and sharing.

Support and advice about mental health before, during and after pregnancy is available on the Action for Postpartum Psychosis

website; the Mind website; on the Tommy's website; NHS website; 'PANDAS' (PND Awareness and Support – a community offering peer-to-peer support for parents, their families and their networks); and the Maternal Mental Health Alliance. The Lullaby Trust has produced a well presented 'young parent guide to loneliness', which should be shared with parents who have poor support networks or negative peer influences. Young fathers are also at increased risk of depression, which has been written about by the National Childbirth Trust.

Parents with eating disorders

The 'First Steps Nutrition Trust' has produced 'Eating well in pregnancy: A practical guide to support teenagers'. It's quite a lengthy and detailed guide so foster carers should offer to go through the guide with the parents in small sections – perhaps a few pages at a time.

Tommy's has also produced 'Pregnant teenagers and diet: A guide for professionals who work with pregnant teenagers but who do not have specialist training in nutrition'. This shorter guide should be read by parent and child foster carers.

If foster carers are concerned that the parent has an eating disorder, this should be discussed with professionals. The website 'Eating Disorders and Pregnancy' may provide some useful information.

For more generalised information around eating disorders, see 'Beat Eating Disorders' – a charity which also has a helpline.

Parents who have been sexually exploited

The NSPCC research into parent and child arrangements found that '*in some circumstances, fathers or male partners were significantly older than the mothers. Practitioners weren't always aware of these age differences and didn't question whether this might be an indicator that a young parent had been groomed and/or sexually exploited. Because some practitioners viewed young parents as adults, they didn't always recognise the seriousness of child sexual exploitation and respond appropriately. Young parents weren't always aware they had been groomed. This affected their capability to keep their child safe. For example, children were sometimes present and unsupervised when young parents were being sexually exploited. Practitioners didn't always investigate whether young people were being exploited online. By the time online exploitation came to light, young parents were at increased risk or had already experienced significant harm. This had a knock-on effect regarding their children's wellbeing. Some young parents were being exploited when they were aged under 18, but the exploitation continued after they turned 18. Practitioners didn't always consider how being groomed as a child could impact on the young parent's capability to consent to sexual activity as an adult*.'

The Survivor's Trust has produced 'An on-line resource: Pregnancy, birth, and parenthood after childhood sexual abuse'. The resource helps women who have experienced childhood sexual abuse (CSA) to prepare for pregnancy, birth and parenthood.

All foster carers are expected to have read the Sparks Fostering Policy 'Modern Slavery' and be alert to the signs of exploitation. The parent may trust the abuser and may not understand what it means to be in a healthy relationship and they may not understand how their relationship could have a negative

impact on their child. Foster carers must build a trusting relationship with the parent and gently educate them about healthy relationships and how to build and maintain them.

Parents with addictions

The NSPCC research on parent and child related case reviews found that '*practitioners didn't always understand that young parents might have been using drugs and/or alcohol as a way to cope with the challenges they were experiencing. This meant that they didn't always take appropriate action to support the young parent or assess risk to the child. For example, in some situations children had access to drugs within the home. In other circumstances, using substances limited how much care and attention young parents were able to provide to their child*.'

If the child's social worker is aware that the parent is using excessive amounts of alcohol or substances, the foster carer should be notified before the parent joins the home. Plans and agreements about how the foster carer is expected to support the parent and child should also be in place before the parent joins the fostering home. However, it's possible that the child's social worker wasn't aware that the parent uses substances, so the foster carer will need to be alert to signs of alcohol and substance use. If there are concerns, the child's social worker and supervising social worker should be notified immediately.

Alcohol and substance use during pregnancy can affect the health of the baby – see the Sparks Fostering 'Caring for Babies' Policy for more information about this. Parent and child foster carers must remain alert to any signs that the child's health may have been affected by substance use during pregnancy.

Foster carers must record the parent's behaviour with sufficient detail so that it can be analysed by the team around the child. Some parents use substances but nonetheless they are able to provide good care to their child; however, some parents aren't able to meet the child's needs when they're using substances. Also, substance use is likely to accompany other issues, such as poor emotional health, negative peer influences and financial struggles. The combination of struggles may make it too difficult for the parent to be mindful of the needs of their child.

As with all other parent and child arrangements, the foster carers may need to slowly withdraw support from the parent while they're living in the home, so that the parent's capacity to care for their baby can be assessed. While support is withdrawn, supervision of the parent and child must remain at a high level. Support must be increased when it's believed that the parent isn't able to provide 'good enough' parenting to the child. Foster carers must ensure that the parent consistently follows safe sleep guidance and that the child isn't shaken (or harmed in any way). Foster carers must be particularly alert to risk to the child when the parent is under the influence of alcohol or other substances.

The NSPCC produced a briefing on 'Parents with substance use problems: Learning from case reviews', which summarised that children of parents with substance use issues who have been subject to serious case reviews have been harmed as a result of sudden infant death syndrome associated with co-sleeping; chronic neglect; accidents or harm due to lack of supervision; or parents or carers deliberately giving their child drugs or alcohol. The report highlighted the need for professional curiosity; remaining focused on the child's voice (even when the child is pre-verbal); to understand the network of support around the child; information sharing and interagency cooperation; and to

implement effective interventions. The full report should be read by any foster carers who are caring for parents who use alcohol or substances excessively.

Parents with learning needs

‘Learning needs’ is a broad term which includes ADHD, dyslexia, auditory processing disorder, dyscalculia, dyspraxia and ‘profound and multiple learning disability’. Everyone with Down’s syndrome has some level of learning disability, and so do many people with cerebral palsy. Some people with epilepsy also have a learning disability and so do many autistic people.

Foster carers who are looking after a parent (or other resident) with any diagnosed needs must either have prior experience and knowledge of the specific needs, or they must undergo appropriate training as soon as possible.

Carers must share information and work with the team around the child to identify any undiagnosed needs (if there are any). Parents with borderline needs may not have met the threshold for diagnosis, but nonetheless their additional needs must be supported during the fostering arrangement. Supporting parents with learning needs should have the same general approach as when caring for any residents; foster carers and staff must be patient, clear in their communication, firm in their safeguarding practice and kind and respectful. Carers must be particularly sensitive to parents (and other residents) who may fear judgement and ridicule, which can be a barrier to effective learning and may make it hard for residents to say when they are confused. Carers must be mindful that parents may not fully understand why they are in foster care, so all relevant information should be shared and repeated if necessary.

The parents should be encouraged and supported to voice their views and opinions as much as possible and they should be supported to take the lead on as many issues related to their own care (and the care of their child) as possible. Parents should feel empowered and heard, not patronised or belittled. A strong relationship with foster carers will allow the parent to feel safe enough to ask for help when they need it, and foster carers should celebrate the parent’s successes with them.

As with all residents, parents with learning needs should be supported to understand the contents of the ‘Children’s Guide’ as soon as possible after they join the fostering home. The guide is available as an animation and in 20 languages, which may be helpful to the parent. If the parent, foster carers or social workers have suggestions for a different format (for example visual prompts) which would benefit the parents more, they should attempt to implement the new format as soon as possible. The Registered Manager should be informed of the new format, so that it may be considered as a new resource for Sparks Fostering.

Attempts should also be made to help the parent to understand other information from the Sparks Fostering website; namely, the safeguarding policies which are relevant to the parent at the time or may help the parent to safeguard themselves or their child in the future. The method of presenting the information has to be adapted to the needs of the parent, so that they can understand the information as fully as possible.

Staff and social workers must work closely with the team around the child so that all professionals are consistent in the support offered. This may be particularly important when supporting the child to

access education or training. The parents should be supported in professionals meetings by someone who has a strong relationship with them and is best suited to helping the parents to express their views, to help the parents to understand the discussions, and to guide other members of the team to present the information effectively (so that it is understood by the parent). Meeting minutes should also be available to the parent in a format that they understand.

The social worker should also consider the support networks for the parent and child – indeed, there may be a friend or family member who can support the parent to express themselves and to help the parent to meet the needs of the child. Support networks should be involved as much as possible when it's of benefit to the parent and child.

Parents with learning needs may also benefit from independent advocacy (and/or independent visitors) more than parents who don't have additional learning needs. Advocates and visitors would ideally have experience of supporting vulnerable people with learning needs.

The team around the child must be clear about the expectations for the parent and for the foster carers. Having learning needs does not necessarily prevent a parent from being able to meet the threshold for 'good enough' parenting. Foster carers must be clear about what is expected of the parents during their time in the fostering home – close working with the team around the child will help to clarify the needs and expectations for the fostering home and for the parent.

The parents may also benefit from being given information that they can take with them after they leave the fostering home – the information must be in the best format to meet the needs of the parent and will support them to meet their own needs or the needs of their child going forward. This will be particularly helpful if the parent moves on to independent housing or adult services. The information may need to consider how the parent will meet the needs of the child as they grow older, and where the parent can access support if they need to.

Foster carers and social workers of parents with any additional needs (including learning needs) must be particularly skilful in maintaining focus on the safeguarding and needs of the child whilst also being able to provide sufficient support for the child. Record keeping must also reflect the voice of the child and the work done to ensure that the child thrives whilst in the fostering home.

Foster carers who don't have experience of caring for people with learning needs, but would consider offering this type of support, can access specialist training to help them to prepare for the role.

Resources for parents with learning needs

In this YouTube video, Trevor from 'Parent and Child Together North East' talks about 'Supporting parents with learning disabilities in parent and child foster care' (via 'Fostering Hope').

Change people: Are a human rights organisation led by Disabled People, working to build an inclusive society where people with learning disabilities are treated equally. They have a range of parenting resources, available for a fee.

Easy Health: An online library of accessible health information with simple words, clear pictures and films.

‘Information for parents with learning difficulties’ – a large number of resources for parents who are involved with social care, produced by the University of Bristol.

Mothers with autism. I mothered my children in a very different way. This Guardian article gives an insight into how the parenting styles of some people with autism may differ from societal norms.

The National Autistic Society has webpages on all kinds of things, from managing money, to explaining to non-autistic people how to be more sensitive to the ways that autistic people see the world.

What are the signs of autism in girls – Is Asperger’s in girls overlooked? An 8 page document produced by the ‘Autism Parenting Magazine’.

Your Miscarriage. A leaflet with pictures – An easy to read booklet produced by the Miscarriage Association.

My Pregnancy, My Choice Is a document which provides an easy words and pictures guide to pregnancy and birth. Produced by ‘Change’ via the ‘Choice Forum’ (The UK Learning Disabilities Forum).

Family planning

When the team around the child decides that it’s appropriate to share family planning information with the resident, the resident may be signposted to ‘Your contraception guide (NHS)’ and ‘Brook’ (a charity supporting people with their sexual health and wellbeing’.

An appropriate person (ideally a health professional) may need to support the resident to review the information.

When baby and parent are separated

If the parent and child arrangement isn’t successful, the parent and child may sadly be separated. This would inevitably be a distressing time for the parents and so foster carers and staff must do all they can to try to help the parents through their distress. It would be most likely that the parent would be moved to another home, unless the parent is a child and is remaining in the foster home while their baby is moved on.

In this video, ‘Coping with separations in parent and child foster care’, Trevor from Parent and Child Together North East gives advice for how to support the parent (produced by ‘Fostering Hope’).

Pause is a national charity that works to improve the lives of women who have had – or are at risk of having – more than one child removed from their care, and the services and systems that affect them.

The film ‘Turning Points’ is about 6 birth mothers who have had children removed but have since then made significant changes in their lives such that they have gone on to keep a subsequent child (produced by the Nuffield Foundation and Lancaster University).

Parents may also find the information on the webpage ‘Maintaining contact with your child in care’ (on the ‘Family Lives’ website) useful. A link to this webpage, and any other useful information, should be shared with the parents and they should be supported to understand the information as far as possible.

Preparing the parent for moving on

The Sparks Fostering policy ‘Preparation for Adult Life’ should be reviewed because the policy also applies to parents (adults or children) who are preparing to leave the fostering home. The policy explains that there are often challenges for children who leave foster care – this also applies to parents.

Some of the consideration about how to support a parent who moves on are explored in this 4 minute video ‘foster carer ‘Vic’ talking about how to manage endings in parent and child foster care’ (by Fostering Hope).

Preparing for a move to adult services

If the young parents are moving on to support from adult services, the foster carers and social workers should try to get as much information as possible about what level of support is available from adult services and how the parent can get as much support as possible.

Priorities would include arranging secure housing, ensuring the parent knows which benefits they’re entitled to, coordinating support from their support network (meetings such as family group conferences may be considered), and ensuring that the parent has sufficient knowledge about appropriate childcare and where to seek advice when it’s needed. The parent would also benefit from knowing about good self-care.

Family Lives has collated a list of organisations that can help young parents with childcare, Universal Credit, housing, food, education, finance, maternity grant, emotional support and other needs. This list should be reviewed with the parents before they move on from the fostering home.

Parents should also be offered information about the ‘Healthy Start’ NHS scheme which provides help to parents who are more than 10 weeks pregnant or have a child under 4.

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