



A Presentation from Roana Roach Trainer Consultant  
CoramBAAF



## Delegated Authority & Risk

A One Day Training Event for Foster Carers London  
Borough of Barnet  
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## Delegated Authority

It is essential in fulfilling the LA duty to safeguard and promote the child's welfare that wherever possible the most appropriate person to take a decision about the child has the authority to do so and that there is clarity about who has the authority to decide what.

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## Delegated Authority: New Regulations

The Care Planning, Placement and Case Review and Fostering Services (Miscellaneous Amendments) Regulations 2013 amend the Care Planning, Placement and Case Review Regulations 2010 with respect to the delegation of decision making about looked after children to their carers.

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## Delegated Authority

Decisions about delegation of authority must be made within the context of:

- The child's permanence plan, which sets out the local authority's plan for achieving a permanent home for the child; and
- The legal framework for parental responsibility (PR) in the Children Act 1989.

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## What Delegated Authority is about

- Dispensing with myths and confusions about delegated authority.
- Reducing children's sense of difference.
- Reducing contributors to delay.
- More productive and thoughtful thinking about who is best placed to do what.
- Discussion and forward planning re agreement and consent issues.
- Inclusivity and viewing foster carers as part of the team around the child.
- Clarity and transparency.
- Better use of existing processes and roles.

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## Proving a Secure Base

What do young people need from you in relation to the provision of a secure base?



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### The caregiving cycle



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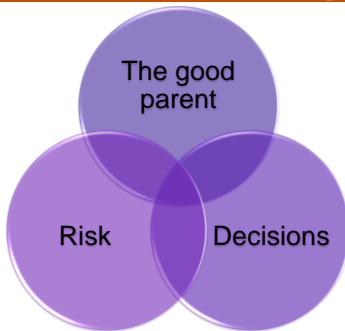
### “It should feel like your own family because then it feels like home”

- Foster carers should always make their foster children feel fully part of their family
- Foster carers should treat their foster children the same as their own children
- Be treated the same as other children, with the same chances and opportunities
- Make it easier to get permission to do things that other children’s parents can give permission for straight away
- Foster carers to be able to give permission for everyday things like haircuts
- Better decision making for foster children
- ☑ ‘Do things that other kids do’

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### The Foster Carer as Parental Figure



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### Increased delegation of day to day decision making to foster carers

‘Foster carers should be given **maximum appropriate flexibility** to take decisions relating to children in their care, within the framework of the agreed placement plan and the law governing parental responsibility (PR). (Statutory guidance paragraph 3.10)

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### Increased delegation of day to decision making to foster carers

#### Standard 7.4

Foster carers are supported to make reasonable and appropriate decisions within the authority delegated to them, without having to seek consent unnecessarily.

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### The Reasonable Parent

#### Standard 7.5

Children have permission to take part in age appropriate peer activities as would normally be granted by a **reasonable parent** to their children, within the framework of the placement plan. Decision-making and any assessment of risk to the child should be undertaken on the same basis as a **reasonable parent** would do.

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## Key Points

- Authority for day-to-day decision making about a looked after child should be delegated to the child's carer(s), unless there is a valid reason not to do so.
- A looked after child's placement plan should record who has the authority to take particular decisions about the child. It should also record the reasons where any day-to-day decision is not delegated to the child's carer.
- Decisions about delegation of authority should take account of the looked after child's views. Consideration should be given as to whether a looked after child is of sufficient age and understanding to take some decisions themselves.
- Each local authority should have a published policy setting out their approach to the delegation of authority to foster carers and residential workers caring for children the local authority is responsible for.

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## Proportionate Approach to Risk Assessment

### Standard 4.4

Foster carers encourage children to take appropriate risks as a normal part of growing up.

'Whilst it is normal for foster carers, like parents, to want to avoid unnecessary risks, excessive caution is unhelpful. Children and young people need to be exposed to some risks, proportionate to their age. They need to be encouraged to make friends, participate in sports and outdoor activities, to be able to stay overnight with friends and explore the world they live in without excessive constraints.' (Statutory guidance paragraph 3.63)

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## Types of Decisions

<b>Day to Day Parenting</b>	<ul style="list-style-type: none"> <li>• Foster Carer</li> <li>• Child</li> </ul>
<b>Routine Longer Term Decisions</b>	<ul style="list-style-type: none"> <li>• Skilled partnership work involving relevant people.</li> </ul>
<b>Significant Events</b>	<ul style="list-style-type: none"> <li>• VO: Parents, others with PR</li> <li>• CO: LA, parents, others with PR</li> </ul>

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## Decision-Making Process

Decision-making = the process of choosing a course of action to deal with a problem or opportunity

- Five steps:
  1. Recognize & define problem or opportunity
  2. Identify & analyze alternative courses of action
  3. Choose preferred course of action
  4. Implement
  5. Evaluate results and follow up

(Above order sometimes changed successfully)

Schermerhorn, Hunt, Osborn, Currie Organizational Behaviour, Canadian Edition Copyright 2005 John Wiley & Sons Canada, Ltd.

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## Decision Making

A Decision is only as Good as..

- The data that informed it
- It is an informed one
- As the system which exists to implement
- You have the means to implement it
- Other people understand it and what it means

Consider a recent decision affecting your whole family against this criteria.

- How was it made? What did you consider?
- Who did you consult?
- What needed to happen for the decision to be carried out?

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## So...What's Risk Got to do With it?

Certain Environment	Risk Environment	Uncertain Environment
<ul style="list-style-type: none"> <li>• Enough info to predict expected results of alternative decisions</li> <li>• Uncommon decision-making environment</li> </ul>	<ul style="list-style-type: none"> <li>• No complete certainty about outcomes but can identify probabilities of expected results associated with various actions</li> <li>• Common decision environment</li> </ul>	<ul style="list-style-type: none"> <li>• So little info that cannot even assign probabilities to predict outcomes</li> <li>• Most difficult decision environment</li> <li>• Requires creativity in problem-solving</li> </ul>

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## What should Carers be able to give Permission for?

- Contact and visits with birth family, brothers or sisters
- Having your hair dyed
- Being taken on trips by your foster family
- Going online
- Going on holiday
- Going to a friend's party
- Staying out late
- Taking part in sports activities
- Signing to get a passport
- Talking to birth parents on the telephone
- Make decisions without having to do a risk assessment
- Going on school trips
- Having a hair cut
- Getting your ears pierced
- Having a tattoo
- Going for a sleepover at a friend's house
- Having friends to stay over with you
- Going out with friends
- Visiting friends after school

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## Restrictions on DA

When is it not permissible to delegate authority to make decisions to a person without PR?

- Passport
- Removal from the UK exceeding one month
- Change of surname
- Religion

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## Pros & Cons

- What are the benefits of having decision making responsibilities?
  - For you
  - For the child
  - For the parents
  - Your agency
- What are the disadvantages of having decision making responsibilities?
  - For you
  - For the child
  - For the parents
  - Your agency

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## Issues for Social Workers [1]

- There was acknowledged lack of awareness about the extent to which authority and consents *could* be delegated – either in strict legal terms or within the procedures and guidance of their own service.
- SW have different degrees of knowledge about fostering services – the in house service, internal specialisms and payments, sector issues.
- Some are not keen on delegation in principle – *‘they don’t get paid to make decisions’*.
- There can be a tendency to work in knee jerks - locked into having to get agreements for each separate issue as it arises.

Fostering Network 2011

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## Issues for social workers [2]

- Sometimes, a lack of distinction between different types and qualities of decision e.g. consents that need signatures, implicit consents and the range of other responsibilities and tasks that might be delegated.
- SWs and SSWs did not always agree about areas for delegation of authority making this a difficult area for foster carers.
- Over simplistic thinking – ‘foster carers never have PR so they cannot make decisions’.

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## Issues for foster carers [1]

- Feel caught between the children and the social workers.
- Feel social workers could work with (some) parents more productively when their behaviour regarding consents and willingness to exercise PR is not in their children's interests.
- Are quite cautious - not all are keen to extend their responsibilities.
- Work with a huge fear of the consequences of getting it wrong.
- Are frequently allocated tasks and not involved as participants in working out who is best placed to do what.
- Experience social workers who do not know who can agree what within their own departments.

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## Issues for foster carers [2]

- Experience inconsistencies between workers – problems when workers change.
- Are sometimes encouraged to get on with it and then find themselves wrong footed.
- Lack trust that the service will support them even if they exercise their judgment in an appropriate way.
- Often not clear (and have no way of thinking about ) the spectrum of consents , agreements and tasks that need to be distributed between parents, social worker and foster carer. A few may be pinned down in planning meetings but after that it's hit and miss.

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## Barriers

- A risk averse culture – who gets pilloried?
- Lack of discussion about PR and how tasks and decision-making may be delegated to best meet the child's needs.
- Problems of communication across the social worker/supervising social worker / foster carer interfaces.
- The complexity of the field.
- Placements made in haste and managed in haste.
- Lack of clear policy and procedures or the existence of guidance in different documents - leaving many people working on basis of assumptions.

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## The Child & DA

- Can the child understand the question being asked of them?
- Do they appreciate the options open to them?
- Can they weigh up the pros and cons of each option?
- Can they express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do?
- Can they be reasonably consistent in their view on the matter, or are they constantly changing their mind?

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## Dilemmas

- Child (12) Wants to go on holiday with friends parents
- Child (14) Wishes to join a boxing club
- Child (9) Wants to have hair braided
- Child (11) Wants an earring
- Child (10) Wishes to take up modelling
- Child (13) Wishes to go on the Pill for medical reasons
- Child (15) Wants their hair dyed
- Child (9) Wishes to away for a week-end with friend and parents
- Child (9) Has been invited to go fishing for a day with a friend, plus father and two of fathers friends
- Child (13) Wishes to do a paper round
- Child (14) Has been asked to babysit for neighbours
- Child (12) Wishes to take a neighbours dog (Labrador) for walks to earn some pocket money

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## Perspectives on Delegated Authority

- Parents – What do they need to know about DA and from whom?
- Foster carers – What do they need to know about DA and from whom?
- Young people – What do they need to know about DA and from whom?

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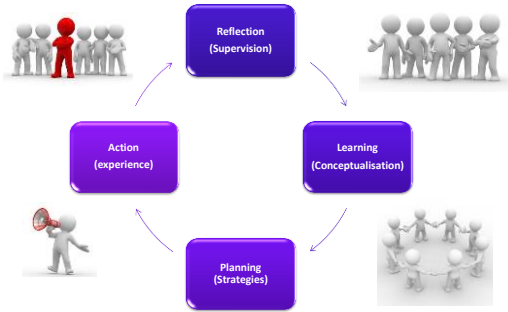
## Attitudes to Risk Taking

- Is there anyone you consider to be a risk taker in your family?
- Think of a family member you confide in. What would they consider to be the greatest risk you have taken? (Would this be true? What were the consequences?)
- If unknown, what would surprise them about the risks you have taken if they knew?
- What would concern them?
- Would you agree?

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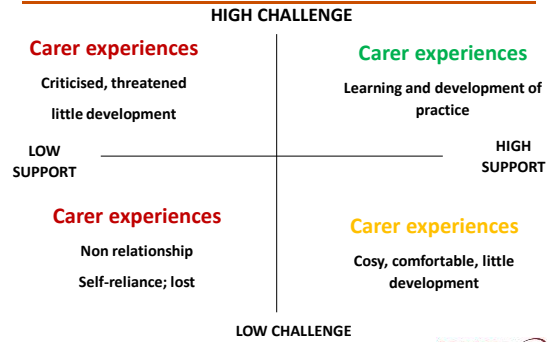
## Living with Risk and the Role of Supervision



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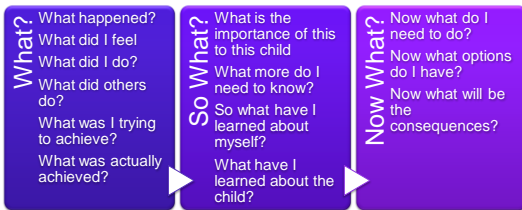
## Supporting and Challenging



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## Critical Reflection



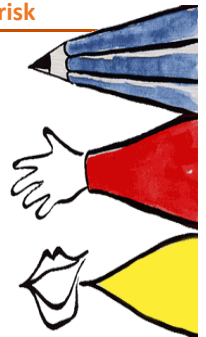
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## Adolescence and risk

What do you think makes teenagers take risks?

Are there any additional factors for children who are looked after?



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## Adolescence and Risk

- No single explanation covers all types of risk taking
- Purpose/function of the behaviour?  
Two categories:
  - A quest for excitement, status and 'adulthood'
  - A way of coping with powerful feelings

We need to try to respond to young people in the context of **their** life and experience

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## Risk-taking categories: Quest for excitement and status

3 categories:

- **Thrill seeking:** pushing your own limits, learning
- **Audience controlled risk-taking:** for status, challenge adult authority
- **Irresponsibility:** taking a chance that the payoff will be worth it!

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## A Constructive Approach to Managing Risk

### Monitoring and supervision

Involves:

- What? Where? Who?
- Caring and protecting
- All aspects of life
- Advocacy

*The key to knowing what young people are doing is good communication and trusting relationships*

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## Trust: A young person's experience

*'I didn't trust them at first, and then it took about nine months to talk to them, and about a year after that (to trust them).'*

(Young person quoted in Stace & Lowe, 2007)

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### Developing Trust

Think about a someone you have trusted in the past and someone you have not trusted.

How would you answer the question

“I can trust this person because.....”

“I cannot trust this person because....”

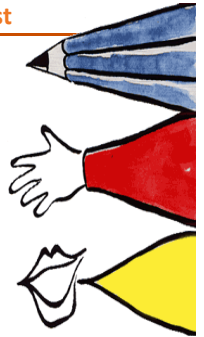
How does this impact you in the here and now?



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### Developing Trust

What helps and hinders young people who are looked after develop trust in their relationships?



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### Availability (Abivalent child)

- Expressed need :
  - Reassurance of availability when child needs it
  - Predictability and consistency
  - Structure and routine
  - Co-regulate emotion that is expressed.
- Hidden need:
  - Support to be apart from you – need help to be apart and to feel secure that you will be there when needed

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### Availability ( Avoidant Child)

- Expressed need:
  - I don't need you.
- Hidden need:
  - Help to feel comfort and safety with you.
  - Support to accept nurturing.
  - Co-regulate emotion that is hidden.

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## Availability (Traumatised/ Disorganised Child)

- Expressed need:
  - I need to be in control.
- Hidden need:
  - Need help to feel safe.
  - Need low stress environment.

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## Is Trust Always a Good Thing?

- Trust is a complex skill to learn
- We need to discriminate
- Distrust is important too

*We can trust too much, or too little, or too many! -  
All of which can make a young person vulnerable*

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## Learn the child

'We discovered that it is not enough to recognise that a child is unable to trust us: we also needed to learn how the fundamental mistrust would express itself for this particular individual across the whole range of day to day situations we shared. "Learn the child" became our motto.'

(Cairns, 2002b, p.8)

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## Child in Mind

- What messages has the young person received from the people who have been significant in their life? For example Parents, carers, workers etc.
- How has this young person understood their life events? Are there any specific issues related to their culture, disability, ethnicity, gender, religion, sexuality or social class?

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## Survival Strategies

Young people bring past **survival strategies** – they may:

- Find it difficult to elicit sensitive/responsive care
- Have learned not to ask for help
- Act as if nothing is wrong when distressed
- Act with exaggerated need or anger, and be very hard to soothe or comfort
- Stick to difficult or challenging behaviours
- Avoid being cared for, as they try to remain in control

*This can result in caregivers feeling not needed or wanted*

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## The Way Forward: Promoting positive relationships

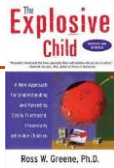
- Consistency and predictability
- Having a sense of choice and control
- Open, honest, transparent communication
- Using opportunities – stressed, ill, tired
- Positive interactions – praise, compliments, encouragement, fun and laughter
- 'Drip-drip positive' to undo 'drip-drip negative'

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## The Explosive Child



"kids do well if they can"

*"If your kid could do well he would do well. Doing well is always preferable to not doing well. So if your kid had the skills to handle these situations without falling apart, he'd be handling these skills adaptively. And because he doesn't have the skills, he isn't."*

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## Principles that work

- The aim is to **'lead'** rather than **'push'** - **guide and direct!**
- Working **with** the young person as opposed to 'doing something **to**' the young person.
- To 'break the young person's negative behaviour / attitude is to break your own first!
- Avoid **'confrontations'** – promote **'carefrontations'**.
- Work 'around resistance'
- **Entice** positive behaviours / attitudes rather than **coerce**.
- Ensure you deliver **'positive interventions'**.

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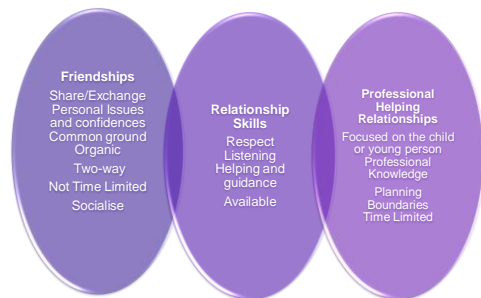
## Child in Mind: Building Trust

- How can you start to turn these messages around for the young person?
- How would you make these messages explicit and not implicit?
- What could you say or do? What could others say or do?

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## Building Relationships



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## Lorne Loxterkamp

- **Loss**  
Assumption that regular contact can remedy the loss of your birth parents – child needs to come to terms with that loss, understanding with an increasing sophistication why he was removed
- **Prevention of future shocks**- only if the whole truth has been communicated, For contact to have value it must be based on the truth, not a favourable attitude towards parents who have abused

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## Issues for foster carers

- What value do you put on the relationship between child and parent?
- Do you know enough about the birth family?
- Are you clear about the purpose of contact? (assessment, building up a relationship, continuity)
- Have you been involved in discussing arrangements?
- What is being expected of you?
- Does contact take account of impact on family members and schedule?
- What supervision do you receive about contact?

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## Post contact reactions

- Visiting can disrupt a child's routine, can be physically tiring, and inevitably stirs deep feelings in a child
- Indications of distress can be distinguished from harm only by observing child and parent, and doing direct work with child
- **Monitor & record behaviour over time: do graph of behaviour before & after contact**

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## Parental Reactions - Behaviour under Stress

- **Avoidance:** withdrawal, rejection, depression
- **Approach:** aggression, over-excitement, swamping with affection or sweets, certain anti-social behaviours
- **Ambivalence:** veering from one behaviour to another

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## Factors in Resistance and Negativity

- Negativity and resistance may either influence behaviors, or be influenced *by* behaviors.
- In your groups, discuss and list words you relate to resistance and negativity characteristics in individuals (Include yourself).

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## How Might Resistance Show Itself?

- By only being prepared to consider 'safe' or low priority areas for discussion.
- By not turning up for appointments
- By being overly co-operative with professionals.
- By being verbally/and or physically aggressive.
- By minimising or being dismissive of the issues.
- By sabotaging actions or colluding with "bad" or non-productive practice

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## Feelings of the carers

- Anxiety can be described as physical response to an emotional crisis
- Children need a containing space before they can developmentally change, therefore carers need the same
- Carers can become as disruptive as the children
- It can become difficult to interpret the feelings. There needs to be an experience of expression
- A place to dump feelings
- Carers can make a link with something that is accurate and then think about it
- Carers can have a feeling not listened to, so not meeting the needs of the child
- Feelings may include transference, projection, self blame, helplessness – becomes less room for change and transformation

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## Thank you – we are finished!



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Please complete your evaluation forms and collect your certificate of attendance.

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