

Allowances & Fees **TIER ALIGNMENT GUIDANCE** for Supervising Social Workers and Foster Carers.

This guidance is provided to assist in the completion of the Tier Alignment process for existing foster carers in Suffolk. It may also be used to align newly approved foster carers to the appropriate Tier Level during the assessment process. Tier alignment needs to take into account **both** the '**placement offer**' e.g. the age, numbers and range of complex behaviours of the children carers wish to foster, alongside their '**competence**' to provide care for the children they wish to foster.

The Pre-alignment Form should be completed by the supervising social worker (SSW) and the foster carers (FC). The form is separated into a number of parts and guidance information is set out here in Sections:

Section A

Background Information including fostering experience, varying approvals, standard of recording etc. This section should set out:

- **Length of time** as foster carers including for other fostering agencies
- **Type of approval since registration e.g.** Short term, short breaks, permanence etc. and significant changes in age, numbers etc. since approval.
- **Other relevant experience** working with children including childcare provision, voluntary work, teaching, etc.
- **Recording** - All carers must be producing appropriate **recording** for the Fostering Service that is; shared with the SSW at supervisory visits; will contribute to evidence of placement progress/concerns at meetings e.g. LAC reviews; and will ultimately be seen by the child should they wish to access their files. All carers wishing to be aligned to level Two and above will need to be able to evidence appropriate competence in their recording. Tier Three and above will need to evidence consistent, **accurate and reflective recording**.
- **Compliments** – the foster carers may have been recognised for the quality of care they provide or the commitment shown to the fostering task and service; examples could be given here.

Section B

Three year placement chronology including the number and nature of placements, such as

- Ages of children
- Duration of placements
- Sibling groups including ? with challenging behaviours and complex needs
- Children with disabilities including. level of need e.g. moderate or severe
- New-born children diagnosed with significant health needs including withdrawal
- Complex and/or harmful behaviours
- Permanent fostering offer where this is in the child's best interest
- *Staying Put* offer for post 18s

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Section C

Summary of outcomes for each of the placements above

- Reduction in risk taking behaviours
- Planned moves
- Successful move-on to adoption
- Permanence offered
- Reunification
- Unplanned placement breakdowns
- Other successes e.g. joining siblings etc.

Section D

Training and development:

STANDARD Tier Level One:

- **Evidence of ability to meet the Training, Support and Development Standards (formerly CWDC) applicable to Foster Carers.** These standards should be evidenced in full by the end of the first year of fostering. These standards should be evidenced by each foster carer in household.

INTERMEDIATE Tier Level Two: (includes expectations at Tier One, plus...)

- **Commitment to training and professional development.** Carers must be able to evidence that they take responsibility for their ongoing fostering professional development through regularly participating in learning activity (e.g. a minimum of 4 learning events in their first year and a minimum of 3 learning events in subsequent years). Learning activity can be formal face to face (e.g. *training courses, support group, seminars etc.*) and / or informal (e.g. *reading and research; distance learning, e-learning, watching relevant documentaries and discussing their learning with their SSW*). Carers must be able to demonstrate an ability to use the knowledge, skills and strategies learned and apply this learning to their parenting of children. This 'application of knowledge' is key to evidencing professional development and therefore must be described clearly on the Tier Alignment application.
- **Attendance at support groups** – whilst this falls within the 'Desirable' criteria, carers who wish to demonstrate a desire to develop themselves and share learning with others are likely to be those who engage in support groups on a regular basis.

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ADVANCED Tier Level Three: (Includes all expectations at Tier One and Two)

- **Commitment to formal training and professional development.** Carers at Tier Three must be able to evidence that they take responsibility for their ongoing fostering professional development through participation in formal learning courses that are relevant to the children in placement e.g. courses such as KEEP, Changing Circles, VIG interviewing, NVQ/ Child Care Diploma etc. As with Tier Two, carers must be able to demonstrate an ability to use the knowledge, skills and strategies learned and be able to demonstrate, with examples, the application of this learning in their parenting.
- **Mentoring carers** – Informal peer support is highly valued by foster carers and vital to create a healthy supportive ‘community’ of foster carers in Suffolk. Our aim is that all carers at Tier 3 and above are able to mentor and support other carers e.g. Be available to another carer(s) or prospective carers, with emotional support, or practical advice and guidance via phone, visits, encouraging participation at support groups and any other medium the situation desires. Suffolk Fostering service will provide support to carers to assist them to ‘mentor’ others.
- **Supporting the Fostering Service** – with such activities as recruitment events, retention activities, helping to run support groups, delivering training with staff and being proactive in any activity to develop the service and support other carers in their development.

SPECIALIST Tier Level Four: (includes all previous expectations)

- **Commitment to professional development.** Carers at Tier Four need to evidence that they are motivated and highly proactive in identifying relevant training and learning to meet the complex and wide ranging needs of the children who are placed with them.

SPECIALIST Tier Level Five:

- Carers at level Five are likely to be participating in one of our specialist schemes such as the Zipwire programme or P.A.C.E bed scheme. They will need to be able to demonstrate an ability to work with the service to deliver specific requirements e.g. be able to parent children with very complex needs in a highly prescribed way in conjunction with a multi-disciplinary team.

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Section E Proposed placement offer including rationale for allocation to a specific level (Carer Capacity)

In order to reach a proposal, read the **competencies** set out below and consider which of these the foster carer/s is able to clearly evidence.

The competencies build Tier upon Tier. This means all the competencies for Tier One apply to Tier Two, all competencies for Tier One and Two apply to Tier Three, and so on. The foster carer should be aligned to the level where they can evidence that they have met the competencies listed for that Tier. Consideration can be given to align carers to a Tier where they have not yet met every competency, if there is evidence that; they are actively working towards meeting all the competencies; have capacity to meet all the competencies and have clear timescales for evidencing all the competencies at the proposed Tier.

Please note: This is a **guide** and you will need to use some discretion about the application of the competencies in practice. Following on from the charts below, there are lists of examples of situations where evidence of competency might be drawn from.

STANDARD Tier Level One	INTERMEDIATE Tier Level Two	ADVANCED Tier Level Three	SPECIALIST Tier Level Four	SPECIALIST Tier Level Five
Provide day to day care of looked after children, having regard to the particular demands on children separated from their families.				
<ul style="list-style-type: none"> • Demonstrate an ability to listen and communicate effectively with the child/YP. • Demonstrate an ability to set appropriate boundaries and manage the child's behaviour within these, without the use of physical or other inappropriate punishment. • Welcome the child/YP into your home. • Encourage, promote and model positive behaviour. • Maintain the home to a good standard of hygiene and repair. • Help a child/YP to develop self-care skills. • Suitable bedroom capacity for each child. 	<ul style="list-style-type: none"> • Have good knowledge of child developmental milestones. • Understand why a child is behaving in a certain way and identify a range of ways of managing behaviour. • Manage conflict and disagreement in a positive way. • Develop people and links within the wider community who can provide support. • Work with the child's network to provide stability even when there are challenges and / or when the child needs to move on. • Enable a child to express, manage and cope with their emotions appropriate to their age and understanding. • Capacity to move children to 	<ul style="list-style-type: none"> • Show an awareness of the factors that contribute to disruption and work through them to avoid placement breakdown. • Ability to deal with the effects of conflict between the child/YP and their own family members. • Capacity to effectively implement positive behaviour management strategies to promote expected behaviours. • Ability to provide placement stability and manage challenging/ complex needs. • Manage a child/YP's negative reactions and behaviours 	<ul style="list-style-type: none"> • Evidence of ability to maintain placement stability where highly challenging and complex needs persist. • Ongoing commitment to the child/YP despite ongoing really difficult circumstances or behaviour. • Understand and manage the impact of difficult circumstances or behaviour on their own family in a way that sustains a healthy placement of the child/YP • Care for a child/YP displaying an attachment disorder/with a history of offending, self-harm, multiple placement 	<ul style="list-style-type: none"> Capacity to work within a prescribed model of intervention to address dysfunctional behaviour

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<ul style="list-style-type: none"> • Work with a child/YP to encourage good personal hygiene/self-presentation at an age appropriate level. • Provide stable arrangements for living and childcare and an established day to day routine. • Demonstrate an ability to plan activities/events around the child's needs. 	<p>adoptive or permanent placement.</p> <ul style="list-style-type: none"> • Provide ongoing recording on children in their care. • Contribute to minimising disruption of placements. 	<p>including attention-seeking, withdrawal, refusal to co-operate, aggression etc.</p> <ul style="list-style-type: none"> • Show an ability to use different methods of communication with children appropriate to age and understanding. 	<p>breakdown.</p> <ul style="list-style-type: none"> • Act as a mentor/support to other foster carers in caring for a child/YP with a history of attachment difficulties, sexual abuse, offending behaviour, etc. 	
To take part in implementing the child care plan, which would include specific tasks and contact with parents and others who are important to the child				
<ul style="list-style-type: none"> • Understand why children become looked after and the need to work in partnership with parents. • Understand the primary aim is to return the child/YP home wherever possible. • Work with professionals and parents in helping the child/ YP to return home (if appropriate). • Work closely with children's families and others who are important to the child. 	<ul style="list-style-type: none"> • Demonstrate an ability to support the child/YP beyond the placement (i.e. following return home, or to their permanent family, or following a move to independent living) • Show an ability to deal with some levels of distress in relation to contact visits. • Understand how cultural, religious, ethnic and social issues may affect contact. 	<ul style="list-style-type: none"> • Evidence that they are willing and able to supervise contact when appropriate, e.g. sibling contact or birth family contact, if appropriate. • Demonstrate skill in working and engaging with parents and significant others. 	<ul style="list-style-type: none"> • Understand and cope with a child/YP's stressful attachment to family their where relationships are confused or abusive. • Have undertaken direct work with a parent/carer towards an agreed plan. • Show they have supervised contact, observed and passed on information as part of a care plan or for court. 	<p>Participate in all tasks requested by the specialist programme.</p>
To promote the healthy growth and development of the child/young person.				
<ul style="list-style-type: none"> • Ensure child/YP is registered with a GP, dentist, etc. • Ensure regular dental care and keep medical / health visitor / nursing appointments including LAC Health assessments and complete SDQs when requested. • Seek medical advice appropriately. 	<ul style="list-style-type: none"> • Record medical/health issues, advising the relevant professionals accordingly. • Develop an understanding of how separation, loss, and trauma affect identity and self-esteem. • Alert relevant professionals if there are concerns regarding a child's developmental milestones. 	<ul style="list-style-type: none"> • Ability to care for a child/YP with disabilities or who needs regular medical attention, e.g. physiotherapy, special therapy, specific diet • Ability to work with the department/other professionals on health related matters, e.g. bed-wetting, smearing, eating 	<ul style="list-style-type: none"> • Ability to care for children with complex, multiple and severe disabilities. • Ability to care for a child/YP with highly complex health/ emotional needs requiring multiple medical appointments and/or multi-professional 	<ul style="list-style-type: none"> • Ability to care for children within a prescribed programme to address their highly complex emotional and health needs.

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<ul style="list-style-type: none"> • Use any necessary medical aids or adaptations. • Encourage healthy eating, respecting religious and cultural requirements and special dietary needs. • Encourage the child/YP to be self-confident and help the child/YP to build self-esteem. • Help children/YP develop their language skills and general self-expression. • Help children/YP to communicate their experiences and feelings. • Manage discussions around relationships and sex education, appropriate to age and level of understanding 	<ul style="list-style-type: none"> • Undertake specifically agreed tasks where the child/YP's development is delayed or not consistent across age appropriate milestones. 	<p>disorders.</p> <ul style="list-style-type: none"> • Understand and work with a child/YP who is using alcohol/ other substances or exhibits sexualised behaviour or behaviour indicating some mental health concerns. 	<p>working.</p> <ul style="list-style-type: none"> • Provide a package of care or stimulation to a child with highly complex emotional or health needs, in collaboration with other professionals • Understand and work with a child/YP who is using substances, exhibits highly risky sexualized behaviour or serious mental health problems. 	
<p>To encourage child or children to develop with particular emphasis on learning and educational achievement.</p>				
<ul style="list-style-type: none"> • Promote learning in the home and at school. • Take the child to school and other activities appropriate to their age and needs. • Attend parents' evenings and actively support homework. • Provide a home environment conducive to learning. • Contribute to the child/YP's Personal Education Plan. • Support the child/YP's participation in school activities. • Help child/YP pursue interests, talents and hobbies. 	<ul style="list-style-type: none"> • Recognise when a child/YP is falling behind at school and advocate for their needs. • Recognise when pre-school development is delayed and provide appropriate stimulation and opportunities to enhance development. • Work in partnership with education professionals. • Understand the impact of trauma on brain development and work to 're-parent' traumatised babies / younger children. 	<ul style="list-style-type: none"> • Care for a child with learning difficulties including those with a statement of educational needs or in special education. • Care for a child/YP who is at risk of exclusion from school or who has been excluded while an alternative package is arranged. • Understand the impact of trauma on brain development and work to 're-parent' children who are challenging as a result of trauma. 	<ul style="list-style-type: none"> • Care for a child with severe learning and behavioural difficulties • With other professionals, support a child/ YP who is subject to exclusions or an alternative education package and work to reintegrate and help them succeed in education. 	<ul style="list-style-type: none"> • Work with the multidisciplinary team to support the child's education needs as requested by the clinical lead.

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To ensure that the child / YP being looked after is encouraged through a positive understanding of their origins, religion and culture.				
<ul style="list-style-type: none"> • Show and maintain respect for the child/YP's culture, background and birth family. • Help a child to take pride in their identity. • Help the child to retain their own language. 	<ul style="list-style-type: none"> • Ensure the home reflects a multi-cultural society (e.g. toys, books, pictures, etc.) • Demonstrate you are able to help the child/YP develop understanding of themselves and their past, including culture, race, religion, language, disability and sexuality. • Plan to meet the child/YP's needs within the foster home or from other sources – e.g. promoting possible contact with people with similar identity to the child/YP, maintaining customs, attendance at religious festivals etc. • Support the child's understanding of their past by engaging in life-story work. 	<ul style="list-style-type: none"> • Show an ability to address problems associated with a child/YP's low self-esteem and help a child/YP towards a more positive self-image. • Work closely with other professionals or with a child's family to ensure a child/YP retains their sense of past identity, culture, religion, language or sexuality during a sustained stay in foster care. 	<ul style="list-style-type: none"> • Take a / lead role in life-story work or direct work to help the child's understanding of their past. 	<ul style="list-style-type: none"> • Participate in all tasks requested by the specialist programme.
To assist and support parents and other people who are significant in a child's life to sustain and develop relations with them.				
<ul style="list-style-type: none"> • Demonstrate an ability to work with children's families and others who are important to the child. • Be non-judgemental in your approach to those people important to the child/YP 	<ul style="list-style-type: none"> • Show ability to prepare a child/YP for and facilitate regular contact with family and significant others. • Work with the child/YP's family to have purposeful contact which may take place at the carer's home, as appropriate to the Care Plan. 	<ul style="list-style-type: none"> • Demonstrate skills in working and engaging with parents and/or significant others. • Take a proactive role in supporting children to maintain relationships that are important to them. • Show a commitment to caring for siblings and/or sustaining their relationships over time despite difficult family histories. 	<ul style="list-style-type: none"> • Actively work to improve relationships between a child/YP and their family, e.g. teaching parenting skills, supervising contact, and contribute to court reports regarding parental contact. • Undertake direct work with a parent/ carer towards an agreed plan (rehabilitation or other) 	<ul style="list-style-type: none"> • Participate in all tasks requested by the specialist programme.

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To enable children and young people who are moving on to do so in a positive manner and to prepare older children towards adulthood and independence.				
<ul style="list-style-type: none"> • Help the YP develop skills such as cooking, shopping and budgeting in order to prepare them for independence. • Open a savings account for the child/ YP and save a regular amount each month for the child/YP from the fostering allowance. •Support the child to manage money, through provision of age appropriate pocket money. • Teach self-care and other independence skills to a YP moving towards independence. 	<ul style="list-style-type: none"> • To be open to work towards a positive ending for child/ YP when they move on. • Work with other professionals and adopters/long-term carers/family to move the child/YP onto their permanent home in a positive and enabling way. • Call on a range of skills to help a child/ YP to move on to a “new” family. • Work with “new” family after the placement ending to facilitate the child/ YP settling and manage transition. • Provide 28 days notification of any placement ending. 	<ul style="list-style-type: none"> • To be open to work towards a positive ending for child/ YP in whatever circumstances. • Work with other carers to promote the positive ending for a child/YP. 	<ul style="list-style-type: none"> •To mentor/ support other foster carers in complex situations when a child is being moved on. •To commit to maintaining children in placement despite their highly challenging behaviour to prevent moves. 	<ul style="list-style-type: none"> •Commit to children to enable them to complete the specialist programme.
To ensure that children are kept safe from harm and abuse.				
<ul style="list-style-type: none"> •Maintain appropriate safety standards in the home. •Keep children safe from abuse, neglect, exploitation and deprivation. • Develop a home environment where a child/YP knows they are respected and listened to. • Try to ensure the child/YP does not associate with unsuitable adults/peers. • Ensure that boundaries in the home are maintained to ensure a safe environment for the child/YP. •Inform social workers if child/ YP 	<ul style="list-style-type: none"> • Comply with Suffolk’s policies and procedures concerning CP issues and allegations. • Manage behaviour which could place a child at risk, e.g. some sexualised behaviour, over friendliness with strangers, etc. • Understand how to deal appropriately with a disclosure from a child/YP. •Take responsibility for updating DBS forms on line, to enable ongoing monitoring of the household. • Teach levels of self-protection to 	<ul style="list-style-type: none"> • Fully understand and comply with Suffolk’s policies concerning CP issues/ allegations, and missing from home incidents. • Manage risks in relation to drug/ substance misuse or self-harming behaviour. •Work with a child/YP to discourage learned patterns of sexualised and other risky behaviours. •Understand and manage the risk of child sexual exploitation. •Understand and use de- 	<ul style="list-style-type: none"> • Manage risk in relation to a child’s sexually abusive behaviour. • Work collaboratively with others to reduce harmful or seriously risky behaviour. • Ability to implement de-escalation strategies in highly volatile situations. •Work with children who are highly sexually vulnerable/ are being sexually exploited. 	<ul style="list-style-type: none"> •Participate in all tasks requested by the specialist programme in order to keep the child safe from harm and abuse.

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<p>makes a discloser of abuse.</p> <ul style="list-style-type: none"> •Enable SSWs to complete DBS, and other necessary statutory checks on the household. 	<p>children, appropriate to their age and understanding.</p>	<p>escalation to manage challenging behaviour that may be aggressive.</p>		
To promote the secure attachment of children to adults capable of providing safe and effective care.				
<ul style="list-style-type: none"> • Provide a safe, warm and nurturing environment. • Show the child/YP emotional warmth. • Demonstrate affection whilst maintaining clear boundaries. • Spend enough time with the child/YP to sustain a stable relationship. • Work with children who struggle with boundaries and be persistent. 	<ul style="list-style-type: none"> • Show responsiveness and express warmth and sensitivity with a child/YP who seems to give little in return. •Use available support such as 'theraplay' to encourage positive attachment. •Have knowledge and understanding of 'positive parenting' strategies (such as the triple P programme, Webster-Stratton, attachment theories etc. •Understand attachment theories and work with infants/ young children who are displaying attachment difficulties. 	<ul style="list-style-type: none"> • Understand rejecting behaviour and its cause. •Understand attachment theories and work with children who are displaying attachment difficulties. 	<ul style="list-style-type: none"> • Demonstrate they have worked with extreme rejection of boundaries over time in order to sustain a highly challenging placement and thereby promote attachment. 	<ul style="list-style-type: none"> •Participate in all tasks requested by the specialist programme in order to promote positive attachments for the child.
To attend and actively participate in all reviews, family meetings, case conferences and court hearings as required and to keep records of placements and contribute to reports.				
<ul style="list-style-type: none"> • Demonstrate an ability to work with other professionals and contribute to the department planning for the child/ YP. • Demonstrate an ability to communicate effectively. • Contribute to the Department's planning for child/ YP. 	<ul style="list-style-type: none"> • Keep appropriate records of significant events and developments. • Provide 'memory boxes' and photo books for children moving to permanency. • Attend and contribute to relevant meetings in respect of a child/ YP. • Observe and assess a child/YP and record their development. •Contribute actively to the household review, by completing the carers section of the report. 	<p>To keep records that are reflective and demonstrate understanding of the child's emotional wellbeing.</p> <ul style="list-style-type: none"> • Keep records that may contribute to evidence in court proceedings. 	<ul style="list-style-type: none"> • Show they have kept records to a high standard that have contributed to evidence in criminal or care proceedings 	<ul style="list-style-type: none"> •Contribute to highly prescribed levels of recording that monitor a range of targeted behaviours each day. •Contribute to weekly groups that analyse and monitor the child's behaviour.

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To take up appropriate learning and development opportunities and recognise the benefit of continued learning and skills development				
<ul style="list-style-type: none"> • Evidence of ability to meet the training, support and development standards (formally CWDC.) • Complete Training, Support & Development Standards within 18 months 	<ul style="list-style-type: none"> • Each carer to complete Training, Support & Development Standards within 12 months of approval. • Begin to recognise own strengths and areas for development and accept support and learning opportunities. • Gather evidence and examples of skills, learning, etc., for the annual review and desired progression • Understand the learning, development and support needs of the whole family including sons/daughters of foster carers. • Take advantage of alternative learning and development activities such as on-line learning; reading; watching relevant TV documentaries and discussing outcomes with children. 	<ul style="list-style-type: none"> • Evidence that carers take responsibility for their development. • Effectively use support mechanisms to identify and develop knowledge and skills. • Show they can reflect on their learning and skills and identify areas where they need further development, training, support. • Contribute to providing learning opportunities for other foster carers. • Mentoring other carers and supporting the fostering service. • Demonstrable evidence of taking part in recruitment activities and promoting the fostering service to others. 	<ul style="list-style-type: none"> • Evidence that carers are motivated and highly proactive in identifying relevant training and learning to meet the complex and wide ranging needs of the children who are placed with them. 	<ul style="list-style-type: none"> • Carers need to attend the training relevant to deliver the specialist programme they are involved with.
To deal responsibly with confidential information.				
<ul style="list-style-type: none"> • Keep all information about children/YP in a locking box • Understand SCC policies with regards to confidentiality 	<ul style="list-style-type: none"> • Demonstrate they have understood the SCC policy in relation to confidentiality and the protocols about sharing confidential information with others involved with the child/YP. 	<ul style="list-style-type: none"> • Understand issues of confidentiality when supporting other foster carers. 		

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ADDITIONAL CONSIDERATIONS when making the Tier Level decision

- **EVIDENCE** - If you believe that carers can meet all the criteria for a particular level, under the Tier Alignment process this must be **strongly evidenced** with *specific, measurable examples*.
- **PERMANENCE** –Where the Local Authority has agreed that the best plan for the child is permanent fostering we want to encourage our foster carers to offer a permanent placement. It is for this reason that in these circumstances permanent fostering is aligned to Tier Three for 'placement offer'. Carers will need to complete the competency criteria as with all other placement offers.

Examples of situations where evidence might be drawn from - Evidence of competency in any of the situations below can and may relate to all tiers, but they will be considered specifically for Tiers Three, Four and Five. The variety of sources might include:

Child	Health	Education	Family background / relationships / contact	Placement
Attachment issues. Aggression. Controlling behaviour. Bullying. Attention seeking. Withdrawn. Refusal to co-operate. Prone to allegations. Telling lies. Sexualised behaviour. Sexual abuse. Placing self at risk. Self-harm. Use of drugs or alcohol. Absconding. Bereavement / loss. Identity issues. Criminal behaviour. Anger management. Developmental delay. Learning difficulties. Asylum seekers. Children for whom English is not their first language.	Smearing. Sleeping disorders (and working with babies 24/7) Eating disorders. Failure to thrive. Drug addictions (e.g. babies) Foetal alcohol syndrome. Medical needs. Hospital appointments. Need for medical procedures in the home. Administration of medication. Physical disability. Asperger's and/or Autism / ADHD. Mental Health issues. Involvement with other medical or therapeutic services.	Statement of educational needs (SEN). School exclusions. School refusal. Behavioural difficulties in school. Under achievement. Educational delay. Involvement with other educational professionals. Children on alternative curriculum.	Domestic abuse background. Sexual abuse in family. Threats to foster family. Threat of removal of child. Child protection issues. Contact issues. Facilitating informal sibling contact. Supervising contact. Facilitating contact in foster carers home. Working directly with families. Effects of contact.	Cross cultural learning and development. Facilitating introductions for move to permanent family. Working directly with family to re-habilitate child / YP. Support beyond the end of a placement. Multiple past placements.