
Report of the Head of Scrutiny and Member Development

Report to Scrutiny Board (Children and Families)

Date: 26th July 2012

Subject: Recommendation Tracking – External Placements

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. This report sets out the progress made in responding to the recommendations arising from the previous Scrutiny review of External Placements published on the 28th of February 2012.
2. The Scrutiny recommendation tracking system allows the Scrutiny Board to monitor progress and identify completed recommendations; those progressing to plan; and those where there is either an obstacle or progress is not adequate. The Board will then be able to take further action as appropriate.

Recommendations

3. Members are asked to:
 - Agree those recommendations which no longer require monitoring;
 - Identify any recommendations where progress is unsatisfactory and determine the action the Board wishes to take as a result.
 - Note the recommendations where satisfactory progress is being made.

Purpose of this report

- 1.1 This report sets out the progress made in responding to the recommendations arising from the previous Scrutiny review of External Placements.

1 Background information

- 2.1 It was agreed in June 2011 that the Childrens and Families Scrutiny Board that the first major piece of work for 2011/12 would be an inquiry on which would look into reducing the need for children to be looked after by the local authority.
- 2.2 At its meeting in February 2012, the Scrutiny Board agreed a report summarising its observations, conclusions and recommendations.
- 2.3 The Scrutiny recommendation tracking system allows the Board to monitor progress and identify completed recommendations; those progressing to plan; and those where there is either an obstacle or progress is not adequate. The Board will then be able to take further action as appropriate.

2 Main issues

- 3.1 A standard set of criteria has been produced to enable the Board to assess progress. These are presented in the form of a flow chart at Appendix 1. The questions in the flow chart should help to decide whether a recommendation has been completed, and if not whether further action is required.
- 3.2 To assist Members with this task the Principal Scrutiny Adviser, in liaison with the Chair, has given a draft status for each recommendation. The Board is asked to confirm whether these assessments are appropriate and to change them where they are not. Details of progress against each recommendation is set out within the table at Appendix 2.

3 Corporate Considerations

3.1 Consultation and Engagement

- 3.1.1 Where internal or external consultation processes have been undertaken with regard to responding to the Scrutiny Board's recommendations, details of any such consultation will be referenced against the relevant recommendation within the table at Appendix 2.
- 3.1.2 The Executive Board Member for Children's Services has been consulted on the response to the recommendations.

3.2 Equality and Diversity / Cohesion and Integration

- 3.2.1 Where consideration has been given to the impact on equality areas, as defined in the Council's Equality and Diversity Scheme, this will be referenced against the relevant recommendation within the table at Appendix 2.

3.3 Council Policies and City Priorities

- 3.3.1 This section is not relevant to this report.

3.4 Resources and Value for Money

3.4.1 Details of any significant resource and financial implications linked to the Scrutiny recommendations will be referenced against the relevant recommendation within the table at Appendix 2.

3.5 Legal Implications, Access to Information and Call In

3.5.1 This report does not contain any exempt or confidential information.

3.6 Risk Management

3.6.1 This section is not relevant to this report.

4 Conclusions

5.1 The Scrutiny recommendation tracking system allows the Board to monitor progress and identify completed recommendations. Progress in responding to those recommendations arising from the Scrutiny review of External Placements is detailed within the table at Appendix 2 for Members' consideration.

5 Recommendations

6.1 Members are asked to:

- Agree those recommendations which no longer require monitoring;
- Identify any recommendations where progress is unsatisfactory and determine the action the Board wishes to take as a result.
- Note the recommendations where satisfactory progress is being made.

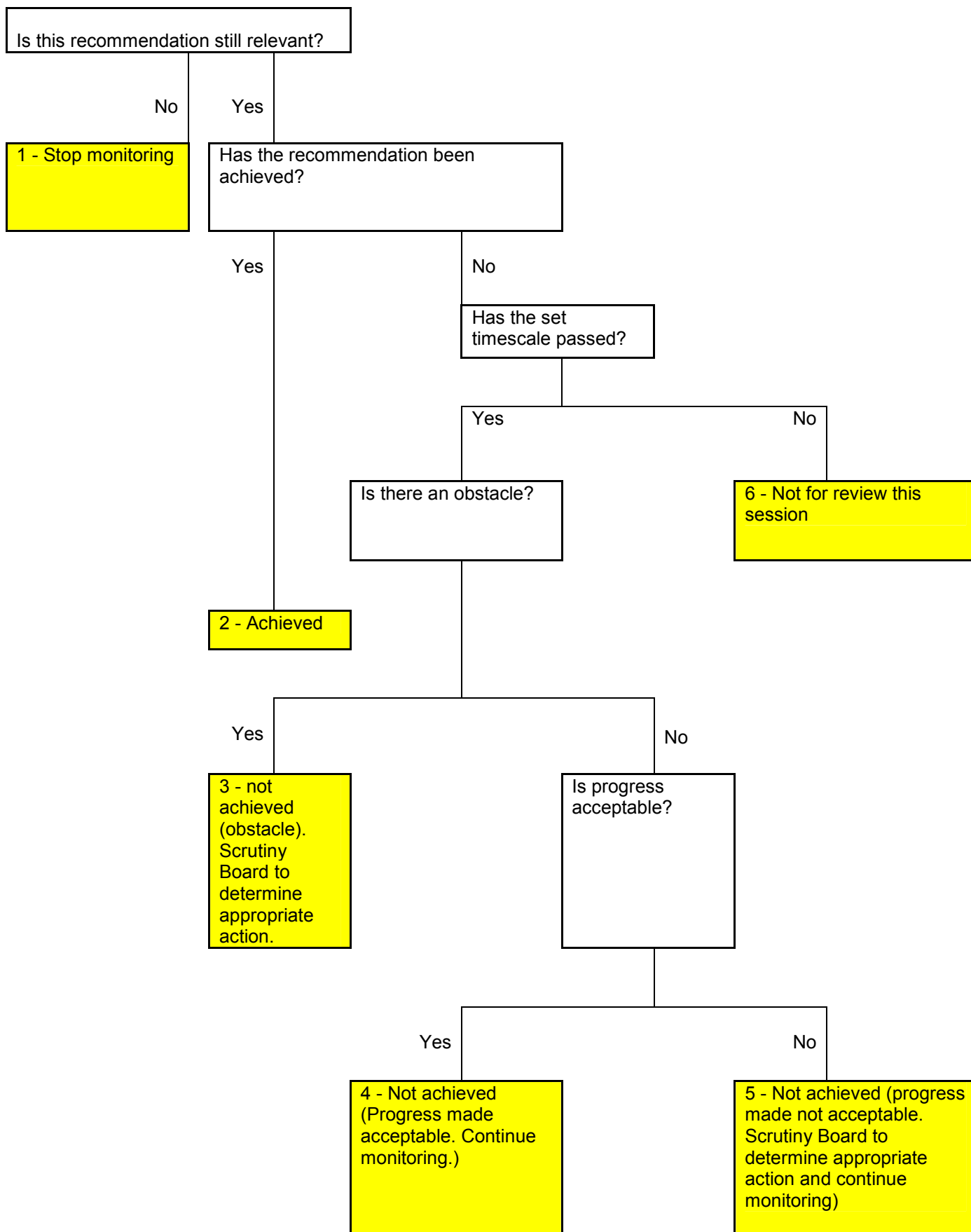
6 Background documents¹

6.1 Report of the Head of Scrutiny and Member Development to the Children and Families Scrutiny Board – Inquiry on External Placements 9th February 2012

6.2 Report of the Director of Children's Services to the Children and Families Scrutiny Board 'Response to Scrutiny inquiry report – external placements' 26th April 2012.

¹ The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

Recommendation tracking flowchart and classifications:
Questions to be Considered by Scrutiny Boards



Review of External Placements Inquiry (February 2012)

Categories

- 1 - Stop monitoring
- 2 - Achieved
- 3 - Not achieved (Obstacle)
- 4 - Not achieved (Progress made acceptable. Continue monitoring)
- 5 - Not achieved (Progress made not acceptable. Continue monitoring)
- 6 - Not for review this session

Recommendation for monitoring	Evidence of progress and contextual information	Status (categories 1 – 6) (to be completed by Scrutiny)	Complete
<p>Recommendation 1 That the Director of Children’s Services reports back to us on how local communities can be more proactively engaged in the support to vulnerable families.</p>	<p>Current position: The ambition for Leeds to be a Child Friendly City is predicated on getting the whole city community behind children. The strategy to develop more cluster based services supported by local schools, Early Start Centres and Children’s Social Work Teams is intended to support this ambition at a local level by providing a framework that enables services to be developed locally in response to the needs of children and families in the communities in which they live. Arrangements to support cluster working already have some community engagement through the involvement of elected members, school governors and third sector partners. It is hoped that as cluster working develops, supported by Targeted Service Leaders who are being rolled out across the City, communities will become more involved and engaged in supporting vulnerable children for example by volunteering, mentoring, peer support, fostering and informing the development of services. We will be exploring with clusters the feasibility of having community</p>	4	

	engagement as an element of cluster plans.		
<p>Recommendation 2 That the Director of Children’s Services provides 6 monthly updates to us on progress in tackling the budget pressure relating to the cost of external placements. The first report is required July 2012.</p>	<p>Current position:</p> <p>In mid October 2011 there were 400 children placed in external foster care and residential placements. The projected headline budget pressure for 2012/13, if placement numbers continued to rise at the same level, was £16.0m. Based on an analysis of the previous years figures it was forecast that by the end of June 2012 there would be 464 external placements; 355 Independent Agency Placements and 109 External Residential placements.</p> <p>In order to address this a <i>Turning the Curve</i> Action Plan was developed. The plan set out a range of actions to reduce the need for children to become looked after. This included improved commissioning and procurement of placements and increasing recruitment of foster carers. The <i>Turning the Curve</i> Action Plan recognised the importance of expanding preventative services and an additional £2.1m was invested into Children’s Services in order to develop specialist family support and increase capacity in relation to Family Group Conferencing, and Multi-systemic Therapy and to continue to invest in the targeted mental health in schools programme.</p> <p>It was calculated that the <i>Turning the Curve</i> Action Plan would enable the Directorate to reduce external placement activity by five million pounds and on this basis, the headline budget pressure for external placements of was reduced from £16.0m to £10.9m.</p> <p><u>(Appendix A sets out the financial modelling for the <i>Turning the Curve</i> Action Plan)</u></p> <p>Implementation of the <i>Turning the Curve</i> Action Plan has been taken forward through a Looked After Children Obsession Task & Finish Group, chaired by the Deputy Director of Children’s Services</p>	<p>2 – next report due Jan 2013</p>	

(Safeguarding, Specialist and Targeted Services). The group is responsible for ensuring that actions taken, activity to reduce the number of looked after children in Leeds is coordinated across Children's and that their impact is monitored.

A dedicated Programme Manager was seconded to develop, monitor and manage the overall work programme for the Task & Finish Group and to help translate anticipated 'deliverables' from the *Turning the Curve* Action Plan into robust forecasts for placement activity and resultant financial impact.

Position as at July 2012

On the 1st July 2012 there were **388** external placements which represents a net reduction of **29** placements on the position reported at the end of March 2012 (417) and a favourable variation of **34** from the numbers predicted in the *Turning the Curve* model. The model anticipated that external placements would continue to increase over the first quarter of 2012/13, before peaking at 422 external placements at the end of June. In fact, the number of external placements has steadily decreased from April to June 2012 and current levels of activity for both external residential placements (98) and Independent Fostering Agency placements (290) are below the budget forecasts made within the *Turning the Curve* model.

The overall number of looked after children has also reduced over the first quarter and currently stands at **1,433**, a reduction of 41 from the position reported at the 31st March 2012 (**1,474**). This is the most significant and sustained decrease in looked after numbers in over eighteen months. This is in contrast to our statistical neighbours who have continued to experience substantial increases in looked after children. If the number of looked after children in Leeds had increased at the same level as our statistical neighbours Leeds would have around 1550 looked after children, with associated care

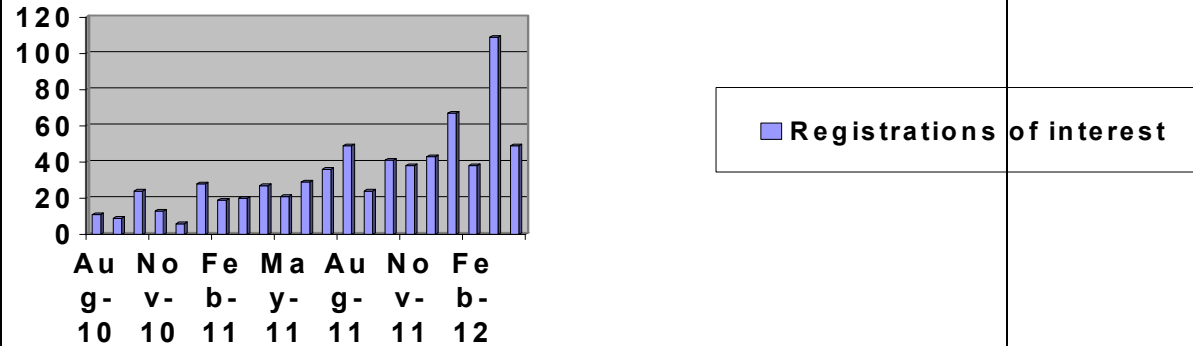
	<p>costs of circa £6 million per annum.</p> <p>At the end of Quarter One, the Directorate therefore remains on track to balance to the 2012/13 external placements budget and deliver the £5million pounds saving set out in the <i>Turning the Curve</i> Action Plan.</p> <p>The progress made to date is encouraging and suggests that strategies implemented by the directorate for tackling external placement numbers are beginning to have a positive impact.</p>		
<p>Recommendation 3 That the Director of Children’s Services provides a report in July 2012 on savings on the cost of external placements achieved in 2011/12 against the £500k projection, including progress with health contributions.</p>	<p>Current position:</p> <p>In 2011/12, through a combination individual and collaborative regional work a saving of circa one hundred and eighty thousands pounds was made. This is under the anticipated saving of half a million pounds projected for the year. This was due to a number of factors:</p> <ul style="list-style-type: none"> – The start of regional negotiations with providers was delayed; – The re-structuring of Children’s Services and establishment of the Placement Service took longer than anticipated; – Regional negotiations revealed that in all but two instances, Leeds had the lowest Independent Fostering Agency rates when taking into account the volume discounts already agreed. This was not known to the Commissioning Service at the time that the savings were calculated, as data on fees had not previously been shared by providers or other authorities. <p>Despite the delay in the start of the collaboration, negotiations have had an impact on costs. An analysis of comparative external placement costs between 2011/12 and 2012/13 reveals that the average weekly residential cost at 03/06/2011 across our top five providers was £2,825.80 and on the 06/07/2012 this had fallen to</p>	<p>2 – recommendation achieved, projected savings not achieved due to reasons stated.</p>	

	<p>£2.341.05. (-17.15%). Independent Fostering Agency placements had also reduced, but due to the existing discounts Leeds had achieved, this is not as significant. The average Independent Fostering Agency placement cost across our top five providers on the 03/06/2011 was £762.79. On the 11/07/2012 the average cost had fallen slightly to £740.26 (-2.95%).</p> <p>Negotiations with Health are ongoing and alternative funding models are being explored. However, progress has been affected by the restructuring that is taking place within the Health Service.</p> <p>Based on the information now available it is projected that savings of half a million pounds will be achieved through improved commissioning.</p>		
<p>Recommendation 4 That the Director of Children’s Services reports to us in July 2012 with an update on progress against each of the key milestones in the programme plan, the majority of which are due to have been achieved by then.</p>	<p>Current position:</p> <p>Overall good progress is being made in implementing the <i>Turning the Curve</i> Action Plan and the early indications are, as detailed in the response to recommendation 2, that the actions taken to date are having an impact on the number of looked after children.</p> <p><u>Appendix B provides an update in relation to each of the key milestones set out in the <i>Turning the Curve</i> Action Plan.</u></p>	<p>4 or 5</p>	
<p>Recommendation 5 That the Director of Children’s Services reports back to us in July 2012 on progress in launching the fostering recruitment website, and if up and running the impact it has had so far.</p>	<p>Current position:</p> <p>The new Leeds fostering, family placement and adoption website was launched at the beginning of April 2012 (http://www.foster4leeds.co.uk/fostering/foster-for-leeds/). The website was developed in consultation with Leeds carers and video clips of foster carers and adopters talking about their experiences and the benefits of being a Leeds carer.</p>	<p>2</p>	

	<p>The development of the website is part of a comprehensive communications strategy to recruit more carers. A radio advertising campaign has been undertaken and links established with local media generating positive articles in the local press and media. Fostering recruitment staff have held and taken part in a number of recruitment fairs and/or stands at other events, such as Breeze.</p> <p>A further strand of work has seen the recruitment team forge links and partnerships with local business including a recent partnership with Leeds Rhinos. This agreement has led to the promotion of foster care for Leeds on their big screen at home games, space on leaflets and complimentary tickets for foster carers taking looked after children to games.</p> <p>It is planned that this agreement will provide a template for partnerships with other large businesses in the city. These agreements will provide an opportunity for businesses to support Leeds as a 'Child Friendly City' by supporting foster carers and highlighting the important work they do for Leeds. The commitment will vary from support with some promotional activity such as recruitment fairs within the work place to supporting the retention of carers through benefits such as concessions for foster carers.</p> <p>Elected members play an important role in supporting the work of the fostering service through membership of foster panels and by promoting foster care. In 2011 a local event was hosted by Gildersome ward members. Building on the success of this initiative a budget of £10,000 has been allocated for member led recruitment and retention events.</p> <p>Table Four shows that the promotional activity to date has resulted in a significant increase in the registrations of interest to become a foster carer. In 2010/11, on average the service received 16 expressions of interest per month from potential foster carers. This</p>		
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has increased to an average of 48 per month in 2011/12 with a peak in March 2012 of 109. On the 20th of June 2012 there were 45 applicants in the process of assessment.

Table Four: Registrations of interest August 2010 to February 2012



Recommendation 6
That the Corporate Carers group explores the potential to arrange social events and opportunities for foster carers and children to develop networks.

Current position:
 Officers are working with the Corporate Carers to look at opportunities to develop social events for foster carers and children.

4 or 5

<p>Recommendation 7 That the Director of Children’s Services reviews the payment structure for foster care with particular reference to the impact of the differential between in-house and independent fostering agency rates and reports to the Scrutiny Board with the outcome of this review in July 2012</p>	<p>Current position:</p> <p>A review of the payment structure for Leeds foster carers has been completed and a number of options for increasing fees have been identified. It is planned that we will consult with carers on these options over the Summer and implement the new arrangements in September. The review of the arrangements has taken account of the payments made to carers by Independent Fostering Agencies, neighbouring authorities and the significant increase in the number of babies and young children becoming looked after in Leeds. It is recommended that a full report is presented to the Committee on the outcome of the consultation in September.</p>	<p>4</p>	
<p>Recommendation 8 That the Director of Children’s Services explores what good practice might be learned from the Tees consortium for the sub-regional work on placement commissioning that is currently taking place in West Yorkshire.</p>	<p>Current position:</p> <p>The model and approach developed by the Tees consortium was one of several considered by the six authorities in the region when developing local commissioning arrangements. Other included the Pan London Consortium, South East Wales Improvement Consortium, Lancashire and Manchester. The lessons from the work of these consortia proved invaluable in developing a robust regional commissioning framework.</p>	<p>2</p>	
<p>Recommendation 9 That the Director of Children’s Services works with the Director of Environment and Neighbourhoods to secure support from the ALMOs to meet the accommodation needs of foster carers.</p>	<p>Current position:</p> <p>The directors of children's services and environment and neighbourhoods and their senior leadership teams meet regularly. There is already a protocol in place with environment and neighbourhoods and ALMOs which ensures that foster carers and kinship carers have priority status. Children’s services have established good links with Housing ALMOs and are working with them to identify suitable properties to support the redesign of residential services.</p>	<p>4</p>	

<p>Recommendation 10 That the Director of Children’s Services reports back to us in July 2012 on what formalised input foster carers should have into the review process for children they care for, and how improvements can be made to ensure that their input is considered in practice.</p>	<p>Current position:</p> <p>Foster carers are an integral part of the team that supports looked after children. As the individuals involved in caring for the child on a day to day basis for sustained periods foster carers bring an important and unique perspective to the looked after child’s statutory review.</p> <p>The role and contribution of foster carers to the statutory review process is set out in the statutory guidance and regulations which support the Children Act 1989.</p> <p>In Leeds foster carers are supported to contribute to the statutory reviews of children in their care through completing a consultation record, which uses a series of questions and headings to assist the carer to structure their thoughts on the child’s progress and any comments they have on how the care plan for the child should be developed. Similar consultation records are completed by the child, parent and social worker. The completed consultation records are send directly to the Independent Reviewing Officer who is responsible for reviewing the care plan for the child and ensuring that it is meeting their needs. Foster carers also attend the review meeting to ensure that they are able to give their views. Independent Reviewing Officers are aware of the important role that foster carers plan in the lives of looked after children and should chair the meeting in such a way that ensures that the views of foster carers are heard and given proper consideration. Following a period where a number of agency staff were used Leeds has been successful in recruiting a number of permanent Independent Reviewing Officers.</p>	<p>4 or 5</p>	
<p>Recommendation 11 That the Director of Children’s Services presents the initial residential care review outcomes to us at the April 2012</p>	<p>Current position:</p> <p>A separate report has been provided in relation to this recommendation.</p>	<p>2</p>	

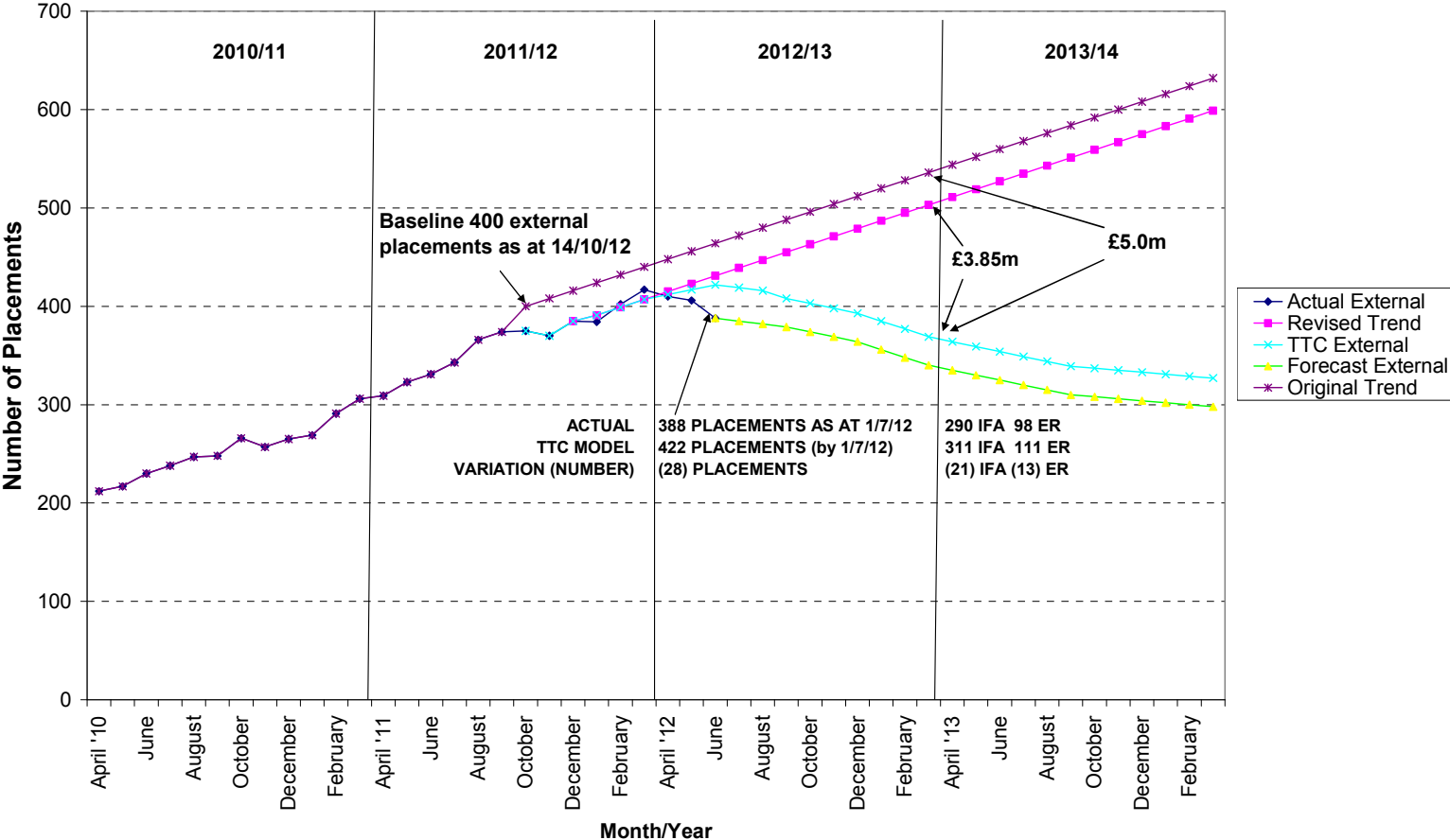
<p>meeting for comment, with a further update on improvement progress required in July 2012.</p>			
<p>Recommendation 12 That the Director of Children’s Services provides a report to the Scrutiny Board in July 2012 on the decision making capacity of carers when supporting children in their care and how this could be improved to promote autonomy and consistency.</p>	<p>Current position:</p> <p>Decision making for looked after children is complex but sometimes unnecessarily so. To assist social workers, parents, foster carers and young people to agree the correct level of authority that should be delegated to the carer, a delegated authority and decision making tool has been developed in partnership with foster carers. The tool is an aide to good practice in working with delegated authority.</p> <p>It is expected that foster carers will be given appropriate flexibility to take decisions relating to children in their care taking account of the placement plan for the child. Foster carers should be given delegated authority to make day to day decisions regarding things such as health, education and leisure unless there are particular reasons against this. As far as possible foster carers should be able to make the same sort of every day decisions that other parents make so that the child can experience as normal a family life as possible.</p> <p>The new delegated authority and decision making tool will be introduced from July.</p> <p><u>Appendix C delegated authority and decision making tool</u></p>	<p>2</p>	

Detailed Response to Scrutiny Board Recommendation(s)....

Appendix A: *Turning the Curve* Financial Model

Actual/Forecast Number of External Placements

W/E 1/7/2012



Appendix B:

Please see attached spreadsheet.

Appendix C:

FOSTER CARERS' DELEGATED AUTHORITY – DECISION SUPPORT TOOL

March 2012

This Decision Support Tool is intended to be used to assist social workers, parents, foster carers and young people to talk to each other about delegated authority and decision making to the foster carer whilst the child is placed in foster care. It can help to prepare for the initial Placement Planning meeting and each subsequent review when the Placement Plan is considered. It can be used in existing placements when further clarification may help the foster carer understand their delegated responsibilities more clearly. It is an aide to good practice in working with delegated authority.

It is expected that foster carers will be given appropriate flexibility to take decisions relating to children in their care taking account of the placement plan. Foster carers should be given delegated authority to make day to day decisions regarding things such as health, education and leisure unless there are particular reasons against this. As far as possible foster carers should be able to make the same sort of every day decisions that other parents make so that the child can experience as normal a family life as possible.

The delegated authority tool does not replace or replicate the Placement Plan which is the legal requirement for this purpose. The required content of the Placement Plan is set out in Schedule 2 of the Care Planning, Placement and Case Review Regulations 2010 and relevant statutory guidance.

Clarifying who is best placed to take everyday decisions depends on many factors: the young person's age, their views, legal status and care plan, the parents' views and the experience and the views of the foster carers. Collaboration and consultation are essential for successful partnership working.

This form has been partially completed for ease of use. It should meet most situations for a child in care of the Local Authority. There are some gaps which will need further consideration and completion at the placement planning meeting and in any event, all parts of the form must be checked to ensure they reflect the arrangements needed for the child.

Where the child is accommodated, the birth parent's role in the day to day parenting may be significant and therefore some of the completed boxes may need amending.

Child/ Young person

1. Medical and Health

Consent/agreement/task	Who has authority to give consent/agreement or undertake the task ²	Notes (inc. notifications, prior consultation/recording requirement/conditions)	Date
1.1 Signed consent to emergency medical treatment inc. anaesthesia	Local Authority	Foster carer must, wherever possible seek the permission from the Local Authority by contacting the social worker/manager/service delivery manager/head of service. In out of hours situations the Emergency Duty Service Delivery Manager on call will need to give permission. This will be undertaken in consultation with parents wherever possible In exceptional cases where no one can be contacted and the situation requires immediate and urgent action a foster carer would need to be guided by the medical Practitioner and the social work service informed at the earliest opportunity. The social work service will work with the foster carer to consult with and liaise with parents	
1.2 Consent – routine immunisations	Foster Carer	The placement planning meeting should address matters of immunisations and health matters and wherever possible the views/consent of the parents. must be obtained. Where consent has been denied by the parent Health should be informed by the social worker	
1.3 Planned medical procedures	Local authority	Planned treatment should be discussed and agreed with birth parent, social worker and foster carer. Where an anaesthetic is required the Head of Social Work must give permission for the operation. Consultation with parents will take place as appropriate	

² More than one than one person could have authority to give a particular consent/agreement or undertake a particular task, e.g. both the parent and foster carer may be attending parents' evenings. If this is the case, the individuals' respective roles should be clarified in the "Notes" column.

1.4 medical procedure carried out in the home where the person administering the procedure requires training (e.g child with disability/illness)		Training must be given by a qualified Health professional and then approval can be given for the procedure to be undertaken by the foster carer. No one other than the trained carer may carry out a medical procedure. Parents will be asked to give permission for these procedures to be undertaken by a trained foster carer. Only in exceptional circumstances will parental permission be dispensed with.	
1.5 Dental - signed consent to dental emergency treatment inc anaesthetic	Local Authority	See 1.1	
1.6 Dental - routine treatment inc anaesthetic	Foster Carer	Pain relief injections are usual in routine dental work and do not require permission unless specifically stated in the placement plan. Routine treatment does not usually involve an anaesthetic. Where an anaesthetic is required permission must be given by Head of Social Work	
1.7 Optician – appointments, prescription glasses	Foster Carer	This is routine and should be reported in the child's review	
1.8 Consent to examination /treatment by community paediatrician	Foster Carer	For routine non invasive examination only e.g health needs assessment or secondary referral clinic e.g weight management. All other examinations should be agreed with the social worker beforehand.	
1.9 Administration of prescribed/over the counter medications	Foster Carer	The dosage would normally be managed by the foster carer and kept in the foster carers locked medicine cupboard. Foster Carer must record all prescribed medication given to the child, ensuring this information is available for social worker/birth parent	
1.10 Permission for school to administer prescribed/over the counter medications	Foster Carer	Schools are usually unwilling to administer medication, but they will make the decision on case by case basis. For regular medication, individual schools will draw up a plan to administer medication and the foster carer should approach the school to arrange. In some cases the school may require the written permission of the social worker	
1.11 Referral/ consent for child to access another service e.g CAMHS	Social worker	In discussion with foster carer and parent and then referral via the Therapeutic panel	

2. Education

Consent/agreement/task	Who has authority to give consent/ agreement or undertake the task	Notes (inc. notifications, prior consultation /recording requirement/conditions)	Date
2.1 Signed consent for school day trips	Foster Carer	Unless specifically excluded in placement plan	
2.2 Signed consents for school trips of up to 4 days	Foster Carer in discussion with the social worker	For long term placements the foster carer will usually be given the authority to agree this. Where further permissions are required, this will be stated in the placement plan. Where additional Local Authority payment is required prior agreement must be sought from the Social Worker	
2.3 Signed consents for school trips (over 4 days)	As above		
2.4 School trips abroad	Social worker	Parental permission will be sought for a child on a S20 placement and wherever appropriate for a child on a care order	
2.5 Using computers at school	Foster Carer		
2.6 School photos	Foster Carer	Unless specifically excluded within the placement plan	
2.7 Attendance at parents' evenings	Foster Carer	Birth parent may also wish to attend and this should be established at the outset of the placement and arrangements agreed. This is especially important in temporary placements	
2.8 Attendance at PEP meetings	Foster carer	As above	
2.9 Attendance at unplanned meetings re incidents or immediate issues	Foster Carer	Foster Carer should usually be the first person of contact. Social worker should be informed ASAP prior to the meeting if at all possible	
2.10 Registering at a school	Foster Carer/ Social Worker	It is sometimes easier and more effective for the foster carer to register the child with permission from the social worker. There are other issues to take into consideration including any other children in school with a family connection to the placed child	

2.11 Changing a school		Foster Carers should discuss any proposals with social worker, Independent Reviewing Officer and birth parent before making arrangements as this would count as a significant change in the care plan. The children's LAC review in year 6 would be a good place to discuss high school choices and no changes should be made without discussion which would disrupt the child's education in key Stage 4.	
2.12 Referral/ consent for YP to access another service (please specify the service)		As above	
2.13 Personal Health and Social Education	Foster Carer	Note in temporary placements there will be a need to actively seek the views of birth parents in case of religious and cultural views. Foster Carers may find it helpful to discuss their approach with the child's social worker/fostering officer	

3 Personal, leisure and home life

Consent/agreement/task	Who has authority to give consent/ agreement or undertake the task	Notes (inc. notifications, prior consultation /recording requirement/conditions)	Date
3.1 Passport application	Social worker	Can only be applied for by someone holding PR	
3.2 Overnight with friends ('sleep overs')	Foster Carer	Fostering National Minimum standard 7.7 makes it clear this should be the foster carer unless there is a specific exclusion written into the placement plan. Foster carers must satisfy themselves of the safety and appropriateness of the arrangement	
3.3 Overnight/weekend and short stays with foster carers' family and friends.	Foster Carer	Foster Carers should ensure they have checked out any general or specific safe care issues pertinent to the child, e.g. checking sleeping arrangements, children being left without an adult present.	

3.4 Overnight/weekend and short stays with birth family members and friends (please cross reference with section 6 on contact).	Social worker	Placement plan should specify any arrangements for contact with birth family and whether any delegation can be given to foster carer to make additional informal arrangements	
3.5 Holidays within the British Islands	Foster carer	Note, camping/caravan holidays may not be suitable for some looked after children. If in doubt discuss with social worker	
3.6 Holidays outside the British Islands	Social worker	Letter from social worker required to give permission to take the child out of the country	
3.7 Sports/ social clubs	Foster Carer	Recommend discussion with social worker	
3.8 More hazardous activities- e.g. horse riding, skiing, rock climbing	Foster Carer	Following discussion with social worker: consideration must be given to additional risk factors eg. Disability, poor attention span, poor impulse control	
3.9 Haircuts/colouring	Foster Carer	Foster Carer undertakes this task in discussion and agreement with child unless specifically excluded in placement plan. foster carers should take into consideration the wishes of the birth parents being sensitive to any religious or cultural views and also child's views	
3.10 Body piercing		In English law, it is illegal for under 16s to have their genitals pierced. It is also illegal for females under 16 to have their breasts pierced, although this does not apply to males under 16.	
3.11 Tattoos		It is illegal for anyone under the age of 18 to have a tattoo	
3.12 Mobile phone	Foster Carer	Initially discussion with social worker may be appropriate in case of any safeguarding issues. Thereafter Foster Carer should agree usage with child. House rules about mobile phones should generally be observed. Safe guarding matters may require phones to be left downstairs during sleeping hours. In case of disagreement between carer and child, advice may need to be taken from social worker/fostering officer/independent reviewing officer in order to seek a workable compromise. Please also see social networking guidance.	
3.13 Part time employment	Foster Carer/ social worker	Depending on age and type of work	
3.14 Accessing social	Foster Carer	The child must be 13 or over and regulating the site should be the	

networking sites e.g. Face book, Twitter, MSN		responsibility of the person providing the computer. Initially discussion with social worker advisable in order to consider specific safeguarding issues for child. Advice sheet for foster carers is available for reference and guidance	
3.15 Photos or other media activity		This should be agreed on a case by case basis by social worker and foster carer.	

4 Faith and religious observance

Consent/agreement/task	Who has authority to give consent/ agreement or undertake the task	Notes (inc. notifications, prior consultation /recording requirement/conditions)	Date
4.1 New or changes in faith, church or religious observance		All involved in the care and spiritual development of the child should make the decisions required. Birth parent and social worker must agree any changes depending on age of child	
4.2 Attendance at a place of worship	Foster Carer	Specify in placement plan if permission is required from birth parent	

5 Identity and Names

Consent/agreement/task	Who has authority to give consent/ agreement or undertake the task	Notes (inc. notifications, prior consultation /recording requirement/conditions)	Date
5.1 Life story work	Social worker/ Foster carer	In discussion with foster carer and birth parent and therapeutic worker where active involvement	
5.2 New or changes in 'nicknames', order of first names, preferred names.		Foster carers or social workers do not have the right to change the first name or order of names. Nicknames are something that the child has to be happy about and accepts	

6. Contact

Consent/agreement/task	Who has authority to give consent/ agreement or undertake the task	Notes (inc. prior consultation/ notification /recording requirement/conditions)	Date
6.1 Transport	Foster Carer	Expectation that foster carer will assist and participate in contact for children. This is particularly important for babies and young children. However social workers need to be mindful of the foster carers other children in the family home and any implications for them when making requests	
6.2 Arranging	Social worker	Social worker may make initial arrangements and then should discuss delegating to foster carer . This should be detailed in placement plan	
6.3 Facilitation		As above	
6.4 Formal supervision		As above . Level 4 foster carers may also have an assessment role to play in the supervised contact arrangement and this will be agreed within the placement plan	

7. Other areas or categories

Consent/agreement/task	Who has authority to give consent/ agreement or undertake the task	Notes (inc. prior consultation/notification /recording requirement/conditions)	Date
Respite		<p>It is acknowledged that for some children, the challenges they present may be great and foster carers may need to have a break to recharge their batteries, particularly in long term placements. Level 4 carers also have 28 days leave entitlement as part of their terms and conditions.</p> <p>Whenever respite is being considered there must be a full discussion with the social worker and the fostering officer. It needs to be acknowledged that for young children, respite and being cared for by other people can be detrimental to their emotional development, this is particularly so for children under 2 years.</p>	
Baby sitting		Foster carers should ensure baby sitters are 18 years or older unless there are exceptional circumstances. In such cases, the foster carer must discuss the details with the child's social worker/fostering officer	

8. Additional notes or questions

Every child is unique and the key to good care is communication and sensitivity, responsibilities are not always as clear cut as we would like them to be. Other factors may come into play such as other children in care in the same placement and foster carers birth children.