

The Fostering Network's response to the consultation of the Adoption and Fostering (Wales) (Miscellaneous Amendments) (Coronavirus) Regulations 2020

About The Fostering Network

The Fostering Network is the UK's leading fostering charity. We have been leading the fostering agenda for more than 40 years, influencing and shaping policy and practice at every level. We are passionate about the difference foster care makes to children and young people, and transforming children's lives is at the heart of everything we do. As a membership organisation we bring together individuals and services involved in providing foster care across the UK. In Wales we have a strong membership base with over 5,400 foster carers, all 22 local authority fostering services and the majority of independent fostering agencies. Our views are informed by our members, as well as through research, in this way we aim to be the voice of foster care.

Introduction

The coronavirus pandemic has created and continues to create an unprecedented set of circumstances for all sectors of society, including children's social care. We recognise the need behind the new social care regulations to ease administrative burdens and to ensure that there is sufficient capacity within the fostering sector. It is important that any amendments must not be at the risk to safeguarding children in care or diluting their rights.

We welcome the opportunity to feed into this consultation process. This response is in relation to proposals two and three (listed below) outlined in the consultation letter published in July 2020¹:

- Fostering Panels (Establishment and Functions) (Wales) Regulations 2018 changes to the requirement that a fostering services provider should, as part of the assessment process for prospective foster carers, 'obtain details of health (supported by a medical report)'; and,
- Care Planning, Placement and Case Review (Wales) Regulations 2015 changes to extend the period from 16 to 24 weeks during which a person related to or otherwise connected with a child may receive temporary approval to act as a local authority foster carer for that child.

Following implementation of any amendments it is important that existing standards and timescales are still adhered to where possible and any relaxations are only used when absolutely necessary. For any amendments that go through into legislation, we would want to see robust national monitoring arrangements in place in order to assess the impact on children and young people.

¹ Avery N [Consultation Letter - The proposed Adoption and Fostering \(Wales\) \(Miscellaneous Amendments\) \(Coronavirus\) Regulations 2020](#) (Welsh Government, July 2020)

If it is thought that these changes need to be extended beyond 31 March 2021, the deadline stated in the consultation letter, this should only be done following a further consultation process. In addition, the criteria against which the Welsh Government considers the situation to be improving, and therefore to revoke the regulations early, should be made publicly available.

Specific comments on the proposed amendments

1. Medical reports

The proposed amendments plan to grant approval to those prospective foster carers who are unable to access a face to face consultation with a GP, as long as a self-declaration form is completed. However, all approvals made by services utilising the self-declaration of health form will be subject to an early annual review process. The early annual review should include a full adult health assessment and report, to inform the review and any recommendation in respect of continued approval and status of such approval. This will be undertaken as soon as reasonably practicable and within six months, following the current restrictions being lifted.

We agree with the above amends to the legislative framework for a specified period to ensure foster carer recruitment is not delayed in any way. However, these amendments should only be used when absolutely necessary. Where face to face meetings cannot occur, virtual GP consultations should be encouraged and promoted to complete these important checks within the foster carer approval process.

We would advise that, for those applicants where assessments conclude without a full medical report, that their approval is restricted to 'short term' to reflect the limitations in place at the time of the assessment, and to encourage completion of the full medical report as soon as is reasonably practicable.

In Wales, the most recent statistics state that the majority of referrals to children's social care come from local authorities (38 per cent), police (17 per cent) and primary or community health (16 per cent)². Therefore, it is predicted that, as lockdown rules are relaxed, face-to-face meetings and routine health appointments resume, referrals will increase and there will be an increased demand for all different types of looked after children's provisions. Given that 71 per cent of all children looked after in Wales live with foster families, we can expect the demand for foster placements specifically to be particularly high. We would therefore advise, as part of the work that is currently happening to ensure there is capacity within the foster care workforce to deal with an increase of children's social care referrals, that GPs should give priority to the issuing of foster carer medicals going forward, in addition to the time limited flexibilities around self-declaration medical forms.

The delays within the system to obtain foster carer medicals are not unique to this time or a direct result of the pandemic. In recent years, fostering services have increasingly expressed concern about the difficulties with the system of obtaining health information about prospective foster carers in a timely manner. We would ask the Welsh Government to see this as an opportunity to address the ongoing issues causing delays to the foster carer approval process by promoting an understanding amongst health colleagues of the importance of foster carer medicals and their crucial role in the recruitment and retention of foster carers.

Additionally, it is important to recognise that a vital part of building capacity is retaining the existing workforce. It must be ensured that the current foster carer population in Wales is properly supported

² Stats Wales [Children in need by local authority and source of most recent referral](#) 2016

emotionally, practically and financially, to continue to do their important work, looking after some of the country's most vulnerable children.

2. Extension of temporary approval for connected persons

We agree with the proposed changes to extend the period from 16 to 24 weeks during which a person related to or otherwise connected with a child may receive temporary approval to act as a local authority foster carer for that child. However, we believe that existing time scales should be adhered to where possible and robust monitoring put in place.

Conclusion

We understand and support the need for increased flexibilities during the coronavirus pandemic to ensure that foster carer numbers are maintained and that placement decisions are those that are best for the child. However, it is vital that robust monitoring is put in place in order to assess the impact of the changes on children and young people. The Fostering Network believe that existing timescales and standards for children in care should be adhered to where possible and any amendments used only when absolutely necessary.

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