

Response ID ANON-KYBR-APPX-H

Submitted to **Changes to the Adoption and Children (Coronavirus) (Amendment) (No. 2) Regulations 2020**

Submitted on **2021-02-26 12:05:19**

Introduction

What is your name?

Name:

Jackie Edwards

What is your email address?

Email:

Jackie@fostertalk.org

What is your role?

Job Role:

Professional Advisor

What local authority area are you based in?

Please select:

Birmingham

Are you responding as an individual, or as part of an organisation ?

Other organisation

What is your organisation?

Organisation:

FosterTalk Ltd

If you are responding as an individual, are you a?

None of the listed

Are you happy to be contacted directly about your response ?

Yes

Do you wish for your response to remain confidential?

No

How did you hear about the consultation?

How did you hear about the consultation:

Email from DfE

Do you wish for your response to remain confidential?

No

Proposal 1

We want to ensure that children that cannot live with their birth families are placed with foster carers or adopters that are best placed to meet their needs and that there is sufficient choice to be able to make those matches. Our National Health Service (NHS) continues to face unprecedented challenges during the ongoing pressure from the pandemic. This is unlikely to ease for some time, even when the country enters a period of recovery. These proposed flexibilities recognise these challenges and aim to support adoption agencies and fostering services to continue to recruit, assess and approve foster carers and prospective adopters to meet the needs of children waiting.

Agree

Agree

Comments (maximum 250 words):

It is essential that children and young people are placed in a safe environment and that includes one in which the foster parent/s are physically and mentally fit to care for a child. As lockdown restrictions are now easing and vaccinations are becoming more widely available it should become easier for GP surgeries to carry out medical examinations for fostering or adoption purposes. This is a safeguarding issue.

While over the past year there has been considerable pressure on the NHS and medical services generally, this appears to be easing and it would now seem appropriate for a request for a medical report to be made to the GP practice, with a minimum requirement for a physical examination to take place if there are areas of concern. This physical examination could be carried out by a suitably qualified medical practitioner such as a practice nurse.

While we agree that there should be some flexibility about timing of a medical report, a child should not be placed in any foster or adoptive home without confirmation of the fitness to foster or adopt of the prospective parent/carer which would include a medical report.

Proposal 2

Virtual visits, that is a visit that may be conducted by telephone, video-link or other electronic means, should only take place in exceptional circumstances; where an in-person visit would either be contrary to public health advice in relation to coronavirus (COVID-19) or where it is not reasonably practicable for the visit to take place face-to-face for a reason relating to the incidence or transmission of coronavirus (COVID-19).

Agree

Comments (maximum 250 words):

We agree that provision for virtual visits by social workers should be extended, however these measures appear designed to protect social workers, and not the foster carers who look after the children.

Fosterline has had calls from carers concerned that face to visit visits have been undertaken when in the carers view a virtual visit could have been completed. We also had calls from carers concerned that visits from professionals did not take account of the household vulnerabilities of the carer (or those within their support bubble) examples include household members shielding, or vulnerable due to age, disability or recovery from serious illness, birth of baby (and midwife advice no visitors to the home). Some callers were concerned that professionals did not observe social distancing, wear masks or take any other protective measures when visiting their homes.

Contact is the most common concern being raised on Fosterline. Carer's views are not being sought; many callers have household members shielding due to medical vulnerability but still told face to face contact must go ahead. Carers concerns are being dismissed, and some carers have been threatened with the removal of children and de-registration if they fail to comply with face to face contact. Many carers report feeling that they are expendable that their lives and safety and that of their household members clearly do not matter.

We need to promote safe contact and value our fostering community as a priority. More guidance is needed to achieve this, including mandatory risk assessment.

Proposal 3

Both we and Ofsted are keen that they resume routine inspections of children's social care providers as soon as it is safe to do so but, at this stage, we do not know whether inspections will be able to resume safely in April 2021. Therefore, we propose the suspension of the requirement for a minimum frequency of Ofsted inspections for all children's social care providers be extended for six months, until 30 September 2021. This suspension does not prevent Ofsted from inspecting services or change their inspection powers, it only affects the frequency with which they must inspect. Ofsted will set out their plans for inspection between April to September in due course.

Agree

Comments (maximum 250 words):

Inspections are a necessary part of safeguarding children and any suspension of inspections leaves children and young people at risk of harm. We believe that any extension of this amendment should be for the minimum term possible to ensure the safety and well-being of all involved.