 SOUTHAMPTON CITY COUNCIL

 **FOSTER CARE SERVICES**

**NOTIFICATION OF SIGNIFICANT EVENTS BY FOSTER CARER CONCERNING A FOSTER CHILD OR THE FOSTER HOME**

Under the Fostering Regulations 2011, it is essential that Southampton Local Authority monitor and share information regarding the quality of care provided by Foster carers. The information falls into two categories known as Schedule 6 and 7 of the fostering regulations.

**Please contact the Social Worker of the child or your Supervising Social Worker immediately concerning the following events and then send this form as soon as possible.**

If the event occurs out of hours please ensure the out of hours duty team are informed and the child’s Social Worker and your Supervising Social Worker are informed on the following working day.

|  |
| --- |
| **PRIVACY NOTICE** |
| Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.The Council may also share personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law. The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above.More detailed information about the Council’s handling of your personal data can be found in its privacy policy, available onli[ne (http://www.southampton.gov.uk/privacy](http://www.southampton.gov.uk/privacy)), or on request. |

**Schedule 7 Notifications:** (To be completed by Foster Carer)

**Nature of event**: (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| A child placed with foster parents is missing from the placement |  | Outbreak at the home of a foster parent of any infectious disease which in the opinion of a general practitioner attending the home is sufficiently serious to be so notified |  |
| Involvement or suspected involvement of a child placed with foster parents in prostitution |  | Any serious complaint about any foster parent approved by the fostering agency |  |
| Serious incident relating to a child placed with foster parents necessitating calling the police to the foster parent’s home |  | Allegation that a child placed with foster parents has committed a serious offence |  |
| Instigation and outcome of any child protection enquiry involving a child placed with foster parents |  | Death of a child placed with foster parentsSerious illness or serious accident of a child placed with foster parents |  |

**Schedule 6 Notifications:** (To be completed by Foster Carer)

**Nature of event** (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| Accidents, injuries and illnesses of children placed |  | Any allegations or suspicions of abuse or neglect in respect of children placed with foster parents and the outcome of any investigation. |  |
| Compliance in relation to each child placed with foster parents, with the child’s care plan |  | Use of any measures of control, restraint or discipline in respect of children accommodated in a foster home. |  |
| Complaints in relation to children placed with foster parents and their outcomes. |  | Medication, medical treatment and first aid administered to any child placed with foster parents. |  |

# Date of event:…………………………………………………………………………….

**Name of child:** ………………………………….…… **DOB:** ………………………..

**Legal Status:** ………………………………………………………………………

**Name of carer(s):** ……………………………………………………………………

**Address of carer(s):** …………………………………………………………………….

………………………………………………………………………………………………..

**Social worker for the child:** …………………………...… **Team:** ……………………..

**Supervising Social Worker:** ………………………………………………………………

**Report of the event or incident**

1. **Details of what happened**

*(Please continue on separate sheet if necessary)*

1. **Any relevant history of the placement, including details of similar incidents/events**
2. **Action taken by the foster carer(s) (e.g. which professionals contacted)**
3. **Details of other professionals involved (e.g. police, teachers)**

## Signed;…………………………………………………………Foster Carer

**Date;……………………………**

**PLEASE RETURN IMMEDIATELY TO:**

**Supervising Social Worker**

**Southampton City Council**

Foster Care Services

Civic Centre

Southampton,

SO14 7LY

 **SECTION B** (to be completed by SSW/SW)

**1. Assessment of risk**

**2. Support plan t**o include actions, timescale and person (s) responsible for completing the action.

|  |  |  |
| --- | --- | --- |
| Actions to be taken | By When | By whom |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**3. SP/ATM Recommendations**

**Signed;** ………………………………….………… **SSW/SW Date:** …………………….

**Signed:** ……………………………………………. **SP/ATM Date:** …………………….

**Signed:** ……………………………………………. **TM Date:** ………………..….

**Signed:** …………………………………………….. **SM Date:** ……………..…….