**CHILDREN ACT 1989 – PRIVATE FOSTERING**

**WRITTEN AGREEMENT BETWEEN**

**PRIVATE FOSTER CARER AND PARENTS**

**To be completed by the Parent(s) and Private Foster Carer(s)**

NB: Social Worker to assist with the completion of the written agreement.

|  |  |
| --- | --- |
| Child’s Name |  |
| Child’s Date of Birth |  |
| Child’s Home Address |  |
| Date of Agreement |  |
| Date PF arrangement is to start / started |  |

This agreement is made between:

|  |  |  |
| --- | --- | --- |
|  | **Parent(s)** | **Private Foster Carer(s)** |
| Name |  |  |
| Current Address |  |  |
| Postcode |  |  |

Birth Family Details (including parents, siblings and extended family)

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Address / Contact Details** |
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**Agreement**

1. 1 / We intend to place (child’s name) with (Private Foster Carer) on a private fostering arrangement. My / Our plan is for him / her to remain with the private foster carers for (months / years) or until (date).
2. I / We will maintain contact with (child’s name) and (Private Foster Carer’s name).
3. I / We will visit (child’s name) every (week / month) as well as telephoning, writing, texting and video calls.
4. I / We have given the Private Foster Carer(s) information regarding any cultural or religious arrangements I / we wish the child to follow.
5. I / We have given the Private Foster Carer(s) all the information about my / our child that is necessary form them to meet his / her needs and we have made agreements ab out my / our child’s routines and how his / her behaviour will be managed.
6. I / We will provide the names and contact details of the child’s GP, Health Visitor, Dentist and any other specialist health professional supporting my / our child.
7. I / We agree that permission is given for the Private Foster Carer(s) to agree routine and emergency medical treatment that my / our child requires including consent for anaesthetics and blood transfusions if these become necessary.
8. The financial arrangements in respect of the care of (name of child) are as follows:

* Weekly total payment to Private Foster Carer(s)
* Method of payment
* Dates on which payments will be made
* Any additional charges or payments to be made
* Child benefit will be claimed by ………………………………………….
* The arrangements for pocket money are ……………………………
* Clothing and school items will be paid for by ……………………
* Yearly increases ………………………………………………………………….

1. I / We agree that permission is given for the Private Foster Carer(s) to sign for ………………………….(child’s name) to undertake trips and activities organised through his / her school.
2. I / We agree that permission is given for the Private Foster Carer(s) to sign for ………………………….(child’s name) to have photographs taken in school.
3. I / We agree that permission is given for the Private Foster Carer(s) to sign for ………………………….(child’s name) to take part in out of school activities, youth groups, clubs.
4. I / We will notify the Private Foster Carer(s) of any planned changes of address should I / we plan on moving.
5. I / We will notify the Private Foster Carer(s) of any planned periods of absence, for example holidays.
6. I / We will made sure that the Private Foster Carer(s) have the name, address and contact telephone numbers for a contact person in the UK.
7. I / We will also ensure that (Private Foster Carer’s name) has:

* An up to date medical history, including notes / dates of visits to the GP, Health Visitor, Dentist and other specialist health professional
* Has a file of school reports and work
* A record of contacts including letters, visits, telephone calls

1. I / We understand that a social worker is required to visit my/our child and see him/her on his/her own, at least every six weeks in the first year he/she is in the placement, and at least every three months thereafter. If my/our child is subject to a Child in Need Plan or a Child Protection Plan, my/our child will be visited more often within statutory timescales.
2. I / We understand that we will be invited to participate in a meeting once a year between ourselves, the private foster carer(s), my/our child and his/her social worker, to review this agreement and the private fostering arrangements.
3. I / We will not change anything in this agreement without first consulting the private foster carer(s).
4. I / We will give ………… weeks’ notice to the private foster carer(s) if we plan to end the private fostering arrangement.

**Arrangements Made and Agreed by Private Foster Parent(s):**

1. I / We agreed that we will care for (child’s name) as if he/she were a member of our own family. The plan is for to remain in my/our care for (months/years) or until ……………………………….

2. I / We will respect (child’s name) racial identity and will encourage and support his/her religion, culture and language.

3. I / We have received information about the child’s needs from his/her parent(s) and have agreed how we will meet those needs, including maintaining his/her routines and managing behaviours.

4. I / We agree that no form of physical chastisement, deprivation of food, or changes to contact arrangements will be used as a means of punishment.

5. I / We agree to register (child’s name) with my/our GP and Dentist and ensure that he/she receives regular treatment as required.

6. I / We will keep the child’s health record up to date and will attend a health clinic as required.

7. I / We will keep (child’s name) parent(s) regularly informed of all health checks, developmental checks, immunisations and any treatment he/she receives.

8. I / We will ensure that (child’s name) receives appropriate education and will keep his/her parent(s) informed of his/her progress in school/nursery/college.

9. I / We will welcome (child’s name) parent(s) to visit him/her as agreed and will support all contact between (child’s name) and his/her family and friends.

10. I / We agree with the financial arrangements for the placement outlined on Page 2 of this written agreement and understand that it will increase annually from the start of the placement.

11. I / We will ensure that my/our home is a safe place for the child.

12. I / We will allow (child’s name) social worker to visit him/her at least every six weeks during the first year of placement and at least every three months thereafter, and to see him/her on his/her own. If (child’s name) is subject to a Child in Need Plan or Child Protection, I/we will allow him to be visited more often and within statutory timescales.

13. I / We will not change our address without first notifying the child’s parent(s) and Children’s Social Services.

14. I / We will also notify the parents and Children’s Social Services of any absences or changes in the household.

15. I / We understand that we will be invited to participate in an annual meeting between the child’s parent(s), the child and his/her social worker, to review this Agreement and the arrangements for the child’s care. However, if (child’s name) is subject to a Child in Need Plan or a Child protection Plan, I understand I will be expected to participate in meetings every four weeks.

16. I / We will not change anything in this Agreement without consulting with the child’s parents.

We have all read and agree to the above arrangements for the care of (child’s name). We agree to Westmorland and Furness Children and Families having a copy of this Agreement.

Signed ...............................................................................

Parent

Dated ...............................................................................

Signed ...............................................................................

Parent

Dated ...............................................................................

Signed ...............................................................................

Private Foster Carer

Dated ...............................................................................

Signed ...............................................................................

Private Foster Carer

Dated ...........................................................................