

**EXEMPTION FORM**

**INTRODUCTION**

The Children Act 1989 (Section 63 (12) and Schedule 7) prescribes the ‘usual fostering limit of THREE children in foster homes, expect in the case of one sibling group (including step siblings, half siblings and adopted siblings)’.

In exceptional circumstances local authorities have the power to grant exemption, from the usual fostering limit (THREE children). In making an application for such an exemption, the following information MUST be provided. A decision grant to an exemption may be accompanied by conditions specified by the Agency Decision Maker (ADM) with the support of the exemption officer for the Local Authority, where the foster carers reside.

(Please also see The Children Act 1989 Guidance and Regulations Volume 4: Fostering Services 5.46 to 5.53)

To be completed by the Supervising Social Worker supported/signed off by the Fostering Manager. The application for the exemption request should then be sent to the ADM for a decision, prior to being presented at fostering panel as notification item only. The whole application and covering letter should also be sent to the LA where the foster carers decide.

**PREPRATION FOR A CHILD TO MOVE TO A FOSTERING FAMILY**

Please see Fostering NMS 2011 Standard 11 Preparation for a Placement, and The Children Act 1989 Guidance and Regulations Volume 4. Chapter 3 Ensuring the best for children and young people: Making and ending placements.

**NB:** Please see the Children Act 1989 Volume 2 Care Planning Regulations (England) 2010 Regulations 23 & Volume 4: 3.3. i.e., a child may be placed with a foster carer in an emergency outside of approval, provided that this is for no longer than six working days.

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| **NAME OF FOSTER CARER/S** |  |
| **APPROVAL STATUS.** **Terms of Approval.** |  |

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|  **Foster Carers Address** |  |

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| **REASON/S FOR EXEMPTION** |
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**Child/ren Exemption required for**

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| **NAME OF CHILD** | **DOB** | **CHILD’S SW**  | **Views of child and child’s social worker** |
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| **Date proposed for child to move in** |  |

**Other Cared for Children**

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| **NAME OF CHILD** | **DOB** | **PLANS FOR PLACEMENT** | **CHILDS SW & OFFICE BASE** | **Child’s views and Child social worker’s views** |
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**Carers own children (birth children)**

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| **NAME OF CHILD** | **DOB** | **INDICATE IF ROOM SHARE****(reasons)****Child’s views** |
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| **Practical arrangements for the children’s care and accommodation e.g., sleeping arrangements, additional support, contact, transport arrangements etc.** |
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| **Type of arrangement e.g. sleepover, emergency, temporary or permanent placement** |  |
| **Period of time that carer is proposed to care for the child** |  |
| **Proposed end date** |  |
| **If not end date, date to be reviewed** |  |

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| **How does the carer/s show they have the skills to manage the intended change/increase?** |
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| **Do the carers have the physical space and time required etc.?** |
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| **What is the likely impact of the proposed arrangements on the relationships of ALL children**  |
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| **Risk assessment completed (please attach / provide details)** |
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| **Safer caring updated (please attach / provide details)** |
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| **Any other relevant information** |
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| **Request made by** |  |
| **Date** |  |

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| **Manager’s comments:** |
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| **Agency Decision Maker’s decision with reasons/conditions** |
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| **Signed ADM:** |  | **Date:** |  |

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| **Date scheduled for Fostering Panel** **(notification item only)** |  |

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| **Name of Exemption Officer for the Local Authority in which the carers reside** |  |
| **Contact details** |  |

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| **Date sent to Local Authority****(enter any additional dates if followed up)** |  |

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| **Date carers notified of outcome** |  |

**LOCAL AUTHORITY TO COMPLETE**

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| **Agreed by (name):** |  |
| **Position:** |  |
| **Signed:** |  | **Date:** |  |

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| **If the exemption has been agreed: Conditions to which the exemption is subject. Process for review.**  |