Department for Education

Draft: Fostering standards for England

Statutory guidance for fostering services

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What this publication contains

This document contains the service standard for fostering services, training standards for foster carers and guidance on how fostering services should carry out key duties.

Legislation this publication refers to

Part 2 – Quality Standards will be issued under section 23 of the Care Standards Act 2000. These are minimum national standards applicable to fostering services which explain the requirements set out in the The Fostering Services (England) Regulations 2011. They are applicable to local authorities in their exercise of fostering functions by virtue of section 69 of that Act..

Part 3 – Foster Carer Training Standards set out what fostering services should cover in the training they provide to foster carers. They are non-statutory guidance. Fostering services, including both local authority and independent fostering agencies, are expected to have regard to them.

Part 4 – explains how fostering services should carry out key duties. It supports the requirements set out in the Children Act 1989 volume 4 and The Fostering Services (England) Regulations 2011 and reflects related responsibilities under the Children Act 2004 and the Children and Young Persons Act 2008 in relation to fostering services. It sets out the wider statutory framework within which all fostering services operate.

Who this publication is for

This guidance is for:

- local authorities
- independent fostering agencies

Part 1: Why this matters

The importance of foster carers cannot be overstated. They open their homes to children who have often experienced significant challenges; neglect, abuse, loss, instability. They are asked to provide something that no policy or process can create: a family.

Children have consistently told us, both through this work and during consultations over the past decade, what they need from foster care: to feel safe, to feel part of a family, and to have people who know them and stay with them.

The new standards take that message as their starting point. At their centre is a simple idea: what children need, above all else, are enduring relationships within a network of care around them, including at least one trusted adult who knows them, cares for them and stays. Supporting children to build, sustain and understand these relationships, including their own story of who they are and where they come from, is the core purpose of foster care.

Every standard in this document should be read as a contribution to that goal. For every process that follows, the question is the same: does this help create a safe, stable and loving home for a child? If it does not, it has no place here.

These standards sit within a wider reform of children's social care that is rebuilding the system around families and the networks around children. The Children's Social Care National Framework defines the outcomes that should be achieved for children and families: children and families stay together and get the help they need, children and young people are safe both in and outside of their homes, children and young people are supported by their family networks, and children in care and care leavers have stable, loving homes. Family help, family group decision-making and kinship-first principles all reflect a recognition that children belong, where it is safe, with the people they know and love.

What these standards are and what they are not

This document contains 2 related sets of standards designed to be read together. Together, they are a statement of what good looks like, written from the perspective of the children and carers at the centre of the system.

The Fostering Quality Standards set out what fostering services should do to select, support and develop foster carers who can provide excellent care for children. They are inspected against by Ofsted. There are 7 standards, organised by domain:

1. Recruitment, selection and assessment
2. Kinship and family and friends foster carers
3. Identity, culture and family relationships
4. Knowledge and capability
5. Support and supervision

6. Delegated authority and everyday family life
7. Allegations, concerns and the fair treatment of carers

They will replace the National Minimum Standards for Fostering Services (2011). Where a Quality Standard places an expectation on a foster carer, this should be understood as an expectation on their fostering service to support and enable the carer to meet it.

The Foster Carer Development Standards set out what every foster carer is expected to know and be able to do within their first year of approval, and what services should do to enable them to do so. There are 7 of them:

1. Understanding the role
2. Building safe, stable and loving relationships
3. Therapeutic parenting
4. Identity, culture and the child's sense of self
5. Safeguarding and the child's safety
6. Health, education and everyday wellbeing
7. Working with others around the child

They will replace the Training, Support and Development Standards (2011) and the accompanying workbook.

The final part of this document explains the key duties fostering services have in primary and secondary legislation and will replace the Children Act 1989 Volume 4 guidance on fostering services and assessment and approval of foster carers guidance.

There is no single right way to be a foster family. Diversity in how families are organised, how they parent, and how they bring their own cultures, backgrounds and experiences into the role is a strength of foster care and should be encouraged and supported.

At the same time, evidence and children's views are clear that there are core elements of good caregiving that are not optional:

- Building safe, attuned, enduring relationships;
- Helping children make sense of their story and identity;
- Responding to behaviour as communication;
- Supporting children's health, education and rights; and
- Working alongside the network around the child.

The standards set out what services should do to support and equip carers to meet these expectations. They do not set out how every household should be organised to do so. The 'what' is consistent; the 'how' is shaped by the carer, the household, and the child.

The standards describe what services should achieve rather than how they must achieve it. They support services to develop and test better ways of recruiting, assessing, approving and supporting foster carers. Services are encouraged to innovate in how they

work to achieve good outcomes for children, provided that safety and the core purpose of these standards are not compromised.

Relationship-based and evidence-informed care

The importance of relational care runs through every standard in this document. It is the foundation on which fostering is built. Children come into foster care because of what they have experienced - abuse, neglect, separation, loss - and the task of caring for them is shaped by those experiences throughout.

What this means in practice is captured in the standards: reflective practice, the ability to recognise and respond to a child's behaviour, the capacity to notice what behaviour is communicating, the work of repairing relationships after conflict, and the use of peer support and supervision to make sense of difficult experiences. These are the practices the evidence supports.

This does not replace the need for boundaries, structure or expectations; children need these as much as they need warmth. Nor does it replace specialist input where a child needs it.

Safeguarding

Strengthening safeguarding is a core aim of these standards. The previous standards and guidance conflated safeguarding with process compliance, assuming that more documentation and restrictions make children safer. Evidence does not support that assumption.

Clarity is what strengthens safeguarding. When everyone understands what services are supposed to achieve, children, carers, services and inspectors find it easier to act. Clear standards are easier to inspect against, and harder to misuse.

Children are safeguarded by foster carers who know them and are trusted by them. They are safeguarded by services that respond quickly and supportively when concerns arise, and by an allegations process that is focused on the welfare of the child and is fair to the carer throughout. When run well, this process resolves an unfounded allegation quickly, so a trusted relationship is not lost, and it identifies genuine risk where it exists.

How these standards were developed

The Department for Education ran a competitive process and appointed Niketa Sanderson-Gillard, supported by a group of experts with care experience, foster carers and social workers to develop the standards. The standards are based on a sound understanding of the evidence base, legislation and policy, social work theory and lived experience of the care system.

A note on language

The terms used in this document, including ‘placement’ and ‘contact’, are the regulatory terms drawn from the Children Act 1989 and the Care Planning, Placement and Case Review (England) Regulations 2010. They are not the language children and young people would use to describe their own lives.

Children, care-experienced adults and the organisations working alongside them have made the case, over many years, that these words can feel clinical or distancing. That work has shaped how good services and good carers speak to and about children.

Where this document says ‘placement’, what it means is the home a child lives in and the relationships they are building there. Where it says ‘contact’, what it means is the time a child spends with the people who matter to them.

Statutory guidance should use the terms the law uses, and this document does. However, it does not limit or guide the language services and carers use with the children they care for. The child-friendly version of these standards simplifies the content below and uses language children use to describe themselves and their situations.

How to read this document

Part 1 - this foreword - sets out the intention and structure of these standards.

Part 2 contains the 7 Fostering Quality Standards. Each opens with what the standard means for children, drawing on what children and young people themselves have told researchers over the past decade. Each then sets out the standard fostering services should meet, and what that looks like in practice. These standards will form the foundation of what Ofsted inspects in services.

Part 3 contains the Foster Carer Development Standards. These set out what every foster carer is expected to learn and be able to do within their first year of approval, and what services should do to enable them to do so. The 2 parts are designed to be read together: Part 2 describes what services should achieve for children; Part 3 describes what carers should come to know and be able to do, and what services should do to develop them.

Part 4 explains what services should do to meet key duties set out in primary and secondary legislation. It set out the operational and procedural detail that supports the standards, including the writing, retention of and access to records, notifications of significant events to Ofsted, and the detailed requirements for the fitness of premises.

Part 2: The Fostering Quality Standards

The 7 Fostering Quality Standards set out what fostering services should do to provide good care for children. They are organised around 7 domains, and each standard opens with what it means for children and the reason the standard exists, before setting out what fostering services should do and what that looks like in practice. This ordering is deliberate; the child's experience comes first.

The Quality Standards focus on what services should achieve. The detail of what foster carers themselves should come to know and be able to do, and what services should do to develop them, is set out in the Foster Carer Development Standards in Part 3.

The 7 Quality Standards

- Standard 1: Recruitment and assessment
- Standard 2: Kinship and family and friends foster carers
- Standard 3: Identity, culture and family relationships
- Standard 4: Knowledge and capability
- Standard 5: Support and supervision
- Standard 6: Delegated authority and everyday family life
- Standard 7: Allegations, concerns and the fair treatment of carers

These standards apply to all fostering arrangements made under the The Fostering Services (England) Regulations 2011, including short-term, long-term, emergency, short-break and parent-and-child placements.

Standard 1: Recruitment, selection and assessment

What this means for children

When a child needs to come into care, a foster family should be available to meet that need. This depends on fostering services recruiting and retaining enough carers, with the range of skills and homes children require. Where there are too few foster carers, children wait for the right home or spend time in settings that do not meet their needs, and the most vulnerable pay the price.

Children describe a good carer in relational terms: someone able to provide a safe, stable and loving home, who is able to sustain a relationship with a child through difficulty, hold the child's history with care, and become, over time, a trusted adult in that child's life.

For a child, an unsuitable match with a foster care placement has real consequences. It can mean living with a carer who cannot meet their needs, so the placement breaks down. Each move can break relationships the child has begun to rely on. A child who experiences this repeatedly may come to feel they are the cause of relationships breaking

down, or that they are hard to care for. Getting the match right helps protect a child from experiencing these negative beliefs.

Assessment is how a service establishes a carer's ability and potential. It is a relational decision, not a checklist. Getting assessment right is what makes everything that follows possible. A carer who can build and sustain a relationship is the foundation that the other standards build on.

"I would like to get a better relationship with my carer so I feel safer where I live. I would like someone who can understand my thoughts and feelings."

Child [1]

The standard

1.1. Fostering services should recruit enough carers to reflect the diverse needs and backgrounds of children in their area. They should make every effort to match a child needing a placement in their area with a carer suitable for them, offering multi-disciplinary support to make those placements work.

1.2. They should assess foster carers in a way that is robust, rigorous, fair, and focused entirely on the capacity to provide a safe, stable and loving home.

1.3. Assessment should be proportionate, timely and treat prospective carers as capable adults making an informed decision about a demanding role. Where a decision not to approve is made, carers should have a clear and fair route through which to challenge it within the service.

1.4. The service should use assessments to show relational skills by guiding applicants through the process and helping them to clearly understand the support they will receive.

1.5. Assessment should start to create the conditions for a carer to stay in the role long-term, including through preparation or provision of support networks and tailored development plans.

1.6. Assessment should continue after approval so that the service gets to know each carer well, can support them effectively, and can recognise when things are going well or where they are not.

1.7. If someone could offer a good home but does not yet meet all requirements, services should consider whether support or development could enable approval before deciding not to approve.

1.8. Approved foster carers should be able to transfer between services through a process that is timely and proportionate, that supports their move, and that keeps the safety and continuity of care of the children they look after at its centre.

[1] Selwyn, J. and Briheim-Crookall, L. (2022) 10,000 Voices: The views of children in care on their well-being. Coram Voice and the Rees Centre, University of Oxford.

1.9. Services should continuously develop and improve how they recruit, assess and approve carers to maintain and attract a diverse fostering community, improve applicant experience and better prepare applicants for the role.

What this looks like in practice

Recruitment

- A published approach to recruiting carers who reflect the diversity of children in the area (including ethnicity, faith, language, family structure and lived experience).
- Support packages enable carers to care for children with complex needs.
- Decisions not to match a child with a carer include a clear explanation of how available support was considered.
- Clear, honest information is provided about the role, including expectations, rewards, financial support and multi-disciplinary help, so applicants can make informed decisions.

Assessment

- Assessment is completed promptly within a published timeframe (no longer than 6 months), with any delays explained and a revised timeline provided.
- Assessment is flexible in format, but always leading to a sound, evidence-based judgement of the applicant's capacity to care.
- Assessment is focused on values, qualities, capacity and potential, including emotional regulation, reflective skills, and what the whole household can offer.
- Statutory checks, including enhanced Disclosure and Barring Service (DBS) checks and references, are started early, completed proportionately focused on matters material to the assessment of suitability and used to inform professional judgement rather than acting as a pass/fail test.
- References are targeted and balanced with respect for privacy.
- Health assessments consider ability to care, not general fitness, with flexibility in how they are carried out.
- Homes are assessed on whether a child can live well there, not against rigid checklists.
- Preparation training supports reflection on strengths and development needs.
- Applicants are supported to consider how family life and routines may need to adapt to meet children's needs.
- Assessments are carried out by an assessor who is suitably qualified and experienced, with the analytical and relational skills to reach a sound judgement and who is supported by reflective supervision and quality assurance.

Approval

- Approval terms – such as the type of fostering, number of children, and their ages – are based on carers' motivation, skills and abilities and not unnecessarily restrictive.
- Approval terms reflect what carers can realistically offer (e.g. part-time, short-break, working households), and do not follow a standard template.
- Where gaps exist, there is consideration of whether support, development or specific approval terms could enable approval before deciding not to approve.
- Recruitment and assessment does not discriminate; reasonable adjustments to ensure disability or neurodivergence is not a barrier.
- Applicants are given a fair chance to respond to concerns and receive clear written reasons for decisions.
- Decisions are made by accountable, suitably experienced decision makers and shared promptly in writing.
- There is clear access to independent review, including the Independent Review Mechanism.

Panel

- Provides independent quality assurance of assessments and practice, with appropriate multi-disciplinary input and lived experience representation.
- Operates in a timely, proportionate, respectful, accessible and non-intimidating way.
- Makes recommendations; final decisions rest with the agency decision maker.
- The chair is independent; membership includes carers and people with care experience.
- Applicants and carers can attend discussions about them (except where confidential third-party information is considered), are provided with support before, during and after panel attendance, and are given accessible information about the Independent Review Mechanism.
- Carers can raise concerns with the chair, who uses this feedback to support oversight and continuous improvement of service quality.

Transfer

- Transfers happen without unnecessary duplication or unnecessary reassessment which support the move, unless there are concerns about the original assessment.
- Transfers are paused where safeguarding issues are unresolved.
- The needs of each child are considered individually, with transfers planned to maintain or improve support.
- Where siblings live together, their needs are considered separately.

Assessment should not

- Screen out applicants on the basis of a protected characteristic, relationship status, sexuality, age, housing tenure, income or working status, except where directly relevant to the capacity to care for a child, and where it is not possible for any concern to be resolved through the provision of additional support.
- Require a particular family structure, home ownership or spare-room arrangement beyond what a child's needs actually require.
- Assume that experiences of adversity or care make someone unsuitable to be a carer. Such experiences may be a resource or conversely may present a risk to the applicant or child. The assessor should explore this and use support to explore any biases or assumptions. Assessing social workers should have sufficient skill and experience to explore the impact of the applicant's experiences on their motivation, ability to reflect, navigate life's challenges, resolve conflicts and collaborate effectively with others. This list is not exhaustive, and assessors should use sound judgement in determining what to explore.
- Apply blanket rules on accommodation, past history of mental health or personal experience which do not take into account how these may or may not impact children. These factors should be considered on a case-by-case basis, with a focus on their relevance to the applicant's ability to meet the needs of children and provide safe, effective care. One exception is a policy on no smoking if caring for under 5s, as this is known to be significantly detrimental to health. Smoking or vaping by carers of older children should be done outside.

Standard 2: Kinship and family and friends foster carers

What this means for children

When a child cannot live with their parents, the first question should always be whether someone already in their life can care for them. Placing a child in a home with someone they already know and trust can protect their enduring relationships.

Kinship carers bring a prior relationship and a level of understanding that cannot be replicated, and children in kinship care report higher well-being and stronger relationships with their carers.

Looking first to the people a child knows does not mean placing a child where they would not be safe. Assessing a relative or family friend means understanding what this child has experienced and what they need to be safe and to recover, and being satisfied that this carer can provide it. Where they can provide this, the fact that they do not meet every expectation set for mainstream carers is not a reason to rule them out. The question throughout is what serves this child's best interests.

"Nanny and Grandad help me with my worries, and they know when I'm sad."

The standard

2.1. Where a child cannot live with their parents, the local authority's duty is to consider whether someone in the child's network can care for them before turning to mainstream care.

2.2. Fostering services should support that by assessing kinship carers proportionately, enabling placements to happen without unnecessary delay, and providing support designed for the distinct challenges of the role.

What this looks like in practice

Assessment

- The existing relationship between a kinship carer and a child is recognised as a potential strength from the start, with the assessment building on what the carer already offers and identifying what support they need, rather than focusing on deficits.
- Assessment is proportionate to the role – establishing whether this person can care for this specific child safely and well with the scope, depth and timescale calibrated to that question.
- Kinship carers must still be assessed as safe. Safeguarding and DBS checks, assessment of the home environment, and assessment of the carer's capacity to meet the child's needs are not negotiable.
- Any temporary approval under the relevant regulations is followed by a full assessment completed as swiftly as is consistent with thoroughness, so carers are not left in prolonged uncertainty about their status while a child is already living with them.

Training

- Preparation and training is proportionate to the kinship carer and the child they are caring for, building on the relationship and knowledge they already have rather than putting them through preparation designed for someone taking in a child they have never met. It focuses on what this carer needs to care well for this child and to understand the fostering and care system they are now part of.
- Additional time is built into preparation and the Foster Carer Development Standards for kinship carers, recognising that they often begin caring before any preparation has been possible.

[2] Selwyn, J. and Briheim-Crookall, L. (2023) 10,000 Voices insight paper – The views of children and young people in kinship foster care on their well-being. Rees Centre, Department of Education, University of Oxford and Coram Voic

- Proactive work is carried out with kinship carers to help them meet the standards, with the goal of enabling children to stay in loving homes rather than identifying reasons they cannot.

Support

- Kinship carers have access to the same quality of support, training, supervision and financial help as other carers, without being disadvantaged. Equity means kinship carers are not disadvantaged by their relationship to the child, not that support is identical.
- Early support is tailored to the fact that many kinship carers take on the role quickly, often during a family crisis.
- Ongoing support addresses the specific challenges of kinship care, including:
    - Changes in the carer–child relationship
    - Managing contact with the child's family
    - Wider family impacts
    - Financial and practical pressures
- Tailored support for these issues (e.g. family group conferencing, therapy and help with contact), is available over time as needs change.
- Assessment and support planning identifies practical pressures – such as overcrowding or stigma at school – and helps carers access the right local support.

Standard 3: Identity, culture and family relationships

What this means for children

A child who enters foster care does not leave behind who they are. They carry their history, ethnicity, culture, language, faith, and their sense of where they come from.

Children consistently tell us that knowing their story, where they come from and understanding their heritage matters for their self-esteem and their ability to build a stable and positive sense of themselves into adulthood. Feelings of shame about being in care are themselves a barrier to this.

Contact with parents, siblings and wider family, where it is safe, is part of what children need. Siblings, in particular, are often the most enduring relationship a child has. Children say that stigmatising or dismissive language about their family can impact their self-esteem and continued connection.

For disabled children, identity includes their relationship with their own disability - how they understand it, how it is spoken about around them, and whether they grow up seeing it as something to hide or simply as part of who they are.

Unaccompanied asylum-seeking children have often experienced significant trauma, including loss of family, dangerous journeys and, in some cases, trafficking or exploitation. Many have had to be self-reliant from a young age and may find it hard to trust adults or

accept care. Their identity needs are shaped by language, religion, culture and nationality, and are often constructed without the family and records that other children may draw on. They may face suspicion or hostility outside the home and may be navigating an asylum process that is itself stressful.

"I used to see Mum and my older brother 3 times a week. It has been cut down to once a week and this makes me sad. I don't know why contact was cut."

Child [3]

The standard

3.1. Fostering services should ensure that every child's identity, culture, faith, language and family relationships are valued and supported.

3.2. Matching a child with a carer who understands and can meet their identity needs should be given weight. Where that is not possible, services should take concrete steps to support the carer to understand and meet the child's needs.

3.3. Contact with parents and siblings is a right and should be supported as a valued part of the child's life.

3.4. If contact is not in the child's best interests, services should review the situation regularly to see if contact can be reinstated. Services need to protect children's existing enduring relationships and think creatively about how to do this in situations where it is more complex.

3.5. Where members of a child's wider family or network cannot care for them full-time, services should consider whether they could offer short breaks, respite or other support.

3.6. Every child should be helped to understand their own history and to feel proud of who they are.

What this looks like in practice

Child's understanding of self

- Foster carers are supported to understand, value and promote each child's culture, faith, language and heritage, including through training and access to relevant community resources.
- Children are able to take part in cultural and faith practices that matter to them as a normal part of life.

[3] Briheim-Crookall, L. and Selwyn, J. (2022) *Staying Connected: The views of children in care and their experiences of contact with family and friends* [Research report]. Coram Voice and the Rees Centre, University of Oxford

- Information is shared about family customs and daily routines in a way that takes account of the ages and needs of each child, their culture, and their relationship with the foster carer and their family.
- Every child is helped to understand their history in an age-appropriate way, with carers supported to have honest, sensitive conversations about background, family and the reasons for being in care. Carers should also gather and maintain the information children will need to make sense of their story in the future.
- Carers are supported to recognise and respond to discrimination, including racism, and to have the reflective skills and confidence to name and challenge it.
- Carers looking after unaccompanied asylum-seeking children receive tailored support, recognising how identity may be shaped by language, faith and migration and without family records or ongoing contact.
- Carers looking after disabled children receive tailored support. This may include help with communication, opportunities for children to connect with others like them, and support to advocate for the child and be ambitious when influencing care planning.

Contact and family

- Contact is supported as the default wherever it is safe, with restrictions pursued only on welfare grounds and reviewed regularly.
- Sibling relationships are prioritised, with clear plans to maintain contact if children cannot live together and support around the mechanics of sibling-group contact.
- Carers are given practical and financial help to make this happen, including through help with transport and finding safe, comfortable and age-appropriate settings that feel as normal as possible.
- Carers are supported to respect and “hold” a child’s family relationships - not replace them - helping children understand their history and maintain important connections where in the child’s best interests and help the child make sense of where they come from.
- Carers' observations about how contact affects the child are actively sought and considered. Where a carer believes a change to contact arrangements would be in the child's best interests, the service supports them to raise this and ensures their view is heard in the child's reviews and planning.
- Decisions about contact, including changes to its frequency or format, are explained to the child in language they can understand, with the child involved in those decisions in a way that is appropriate to their age and understanding.
- The child’s family are spoken about, and worked alongside, in a way that supports the child's relationship with them. Carers are supported to discuss the child's family with respect.
- Where reunification is in the child’s care plan, carers are supported to develop this relationship and advocate for any return home to be carried out in ways and timescales that are in the child’s best interests.

Recording and life story work

- Carers are supported to create Life Story Work that tells the story of a child's upbringing, celebrates their achievements, things they enjoy, skills they develop, and includes photos and videos to contribute to positive memories and a sense of being cared about.
- Records are kept with the child in mind, written so that when a child one day reads them, they find an honest and respectful account of their life. Records include strengths, achievements, celebrations and the positive experiences as well as challenges and issues and preserve information that may help the child understand their identity, history and relationships in the future.
- How often and in how much detail a carer produces written logs matched to the child's situation: closer recording when a placement is new or informing care planning or court decisions, and less recording once a home is settled and stable. Recording is useful to the child, meaningful and proportionate, not a routine applied in the same way to every situation.

Standard 4: Knowledge and capability

What this means for children

Children need carers who understand them and treat them as individuals.

They need carers to know about their stages of development and the impact of early adversity, as well as the impact that the care system itself may have on them. At the same time, children need carers and services who can challenge negative or blanket assumptions about them or their abilities.

Children need carers who believe they can succeed, know when to be flexible and when to hold firm, when to seek help, and how to interpret behaviour that might otherwise feel personal. They need carers who know how to protect children from any further harm.

Children are clear about what they want carers to know. They consistently ask that carers understand their individual history and respond to their mental health needs. Being able to talk to a carer about things that matter is one of the strongest drivers of wellbeing for older children.

They need carers who can show them, not just tell them, how to be resilient and kind to themselves.

"They don't do enough to guarantee the emotional wellbeing of that child, and the psychological wellbeing… If they just put more measures in place to make sure kids really understand why this is happening, it's not their fault…"

Care Leaver [4]

The standard

4.1. Fostering services should ensure that every foster carer has the knowledge, skills and understanding to provide excellent care for the children placed with them.

4.2. Learning and development should help carers develop the knowledge and skills described in section 3 of this document.

4.3. Learning should be ongoing beyond year 1 and should be responsive to the needs of the specific carer and the children they look after.

4.4. Training content should be updated in line with latest evidence and engagement with children and young people.

What this looks like in practice

Knowledge and skills which equip carers for the role

- All foster carers are supported to meet the Foster Carer Development Standards within their first year (or 18 months for kinship carers), with the service responsible for evidencing this.
- Carers are supported to understand disabilities, health conditions, special educational needs and mental health needs through multi-disciplinary support, knowledge and practical help.
- Carers are supported to advocate for the right education for children, working with the local authority and the Virtual School, recognising that a child who is out of education or struggling to engage may need a different setting or a different route back into learning.
- Multi-disciplinary support is provided for carers to understand and navigate the systems and practitioners around a disabled child, a child with physical health conditions, a child with special educational needs or a child with a mental health condition – including what high-quality assessment and support looks like and the carer's role in advocating for the right input.
- Carers are equipped to use the internet and digital technology and to support children to use them safely and confidently, understanding both its benefits and risks, and enabling proportionate decision-making about digital life. Services support carers to manage social media restrictions for under 16s through a mix of boundaries, tools and open conversations.
- Carers are equipped to respond when a child is at risk of harm, goes missing or is absent from the placement and are provided with the right multi-disciplinary support to reduce the risk to the child and foster family.

[4] Children's Commissioner for England (2019) Children's Voices: Children's experiences of instability in the care system. London: Children's Commissioner for England.

- Services encourage self-reflection and self-care and support and celebrate carers who continue to identify their own learning needs and to develop and grow in their role.

Knowledge and skills tailored to individual child's needs

- Carers receive clear, up-to-date information about each child before placement (or as soon as possible in emergencies), including their history, needs and care plan.
- Carers receive any information relevant to providing safe care and to understanding how the placement may affect them and their household.
- Carers are supported to set clear household rules that help everyone feel safe, valued and supported. If there are different rules for different children, all children must be supported to understand why this is the case.
- Ongoing learning and development are responsive to the children each carer is looking after and the challenges they face.
- Services respond promptly to carers' requests for specific training or support and help them access external expertise where needed.

Up-to-date training delivered in ways which meet carer's needs

- Training is informed by the latest high-quality evidence on what works.
- Training is informed by the lived experience of children, care leavers and carers, including learning gathered through sensitive engagement with carers and practitioners in the specific fostering service.
- Learning is accessible to all carers, including those in rural areas, from diverse communities, and kinship carers.
- Peer learning opportunities, mentoring and models support carers to learn from each other.

Standard 5: Support and supervision

What this means for children

The relationship between a child and their carer is central to their wellbeing. Children want a foster carer who sticks with them and who treats them with empathy, patience and curiosity. The ability of a carer to provide this is dependent on how well a service supports them and the entire foster family. Children do not want to have to interact with multiple different social workers and other practitioners.

Children also need to know that, if their carer is not meeting their needs, other adults will notice and act, prioritising support and learning to ensure placement stability where possible, whilst understanding that a match between a carer and a child may not always be the right fit and that not everyone is fit to care.

The ending of a placement is as important as the start. Children want stability in their placement. Where placements need to end, this needs to be done in a planned way.

Where this is not possible, they need the system to respond quickly with their stability at the centre. In all cases they need continuity of the relationships that matter to them, including with former foster carers.

"Show me you have listened to me by making a change."

Young person [5]

The standard

5.1. Fostering services should ensure that every foster carer feels supported in their role. Support should be holistic, not just administrative.

5.2. Services should create the conditions in which carers can sustain their role over time, including through peer connection and planned breaks. Services should also recognise the contribution and needs of the wider fostering household, especially of any other children in the home.

5.3. Support should be delivered through a trusted relationship for the purposes of supervision, and through a peer network where this is desired.

5.4. Supervision should be focused on the child and the carer, responsive to what is actually happening in the home, reflective and delivered by someone with the skills and the caseload capacity to do it well.

5.5. Foster carers should be able to draw on multi-disciplinary skills and practical help as and when needed, to prevent escalation of needs and placement breakdowns.

5.6. Services should take an active role if needs begin to escalate, including supporting carers to respond safely and effectively where behaviour may, at times, reflect distress or unmet need and present a risk of harm to themselves or others.

5.7. Fostering services should follow the guidance on payments set out in Part 4 and develop a supportive and open culture around finances.

5.8. Services should recognise that carers and other members of the fostering household may need time to recover from loss between placements and prepare for their next child who may have different needs.

What this looks like in practice

Supervision

- Every foster carer receives reflective supervision provided by a worker with the skills, experience and workload capacity to provide effective support, with continuity of that relationship protected as far as possible.
- Supervision is provided at a frequency and in a format proportionate to the placement - more intensive where a placement is demanding or a carer is new, and

[5] Coram Voice (2024) Strong and Loving Relationships Feedback Report: Regional engagement on 'Stable Homes, Built on Love' Mission 1. Coram Voice

lighter where a carer is experienced or fostering less intensively, such as in short-break or respite arrangements.
- Supervision is arranged around the carer's availability and occurs at least monthly; however, this may be adjusted for long term matches.
- There is support for carers to reflect on and voice self-care needs and what they need to remain emotionally regulated and committed to the role for the long-term.
- Support and supervision should be responsive to changes in the needs and circumstances of children over time, and should be reviewed and adapted accordingly, taking account of the foster carer and others in the household.

Support

- Clear and up-to-date information is provided on the supervision, multi-disciplinary, practical and financial support available.
- The needs of the whole fostering household are considered, including any disabled or neurodivergent members, both in support and matching decisions.
- The birth children of foster carers are recognised for the significant role they play, with their wishes sought and acted on in matching and support decisions and with access to support in their own right.
- Carers have access to a range of multi-disciplinary expertise which can provide preventative, crisis, practical and emotional support.
- Carers are prepared for the fact that a child's earlier experiences can show in their sleep, eating, mood and body and know where to turn to get support.
- Support is delivered in a way which minimises children’s exposure to multiple practitioners whenever possible.
- Planned and sufficient breaks from caring, as well as support during busy or difficult times and emergencies, are arranged in a way that protects the wellbeing of the child as well as the foster carer.
- Wherever possible, breaks and support are provided by people the child already knows, whether someone in the carer's own network, another carer the child is familiar with, or someone in the child’s network.
- Support is provided to navigate complex family dynamics in a way which enables contact with a child’s family, and which protects and, where needed, helps repair those relationships.
- Access to support outside office hours, including in crisis situations, from someone with the knowledge and authority to be genuinely helpful.
- Payments are fair, transparent and timely, set at least at the national minimum allowance, with any foster carer fee clearly distinguished from the allowance, reviewed at least once annually and changed only with proper consultation with and notice to the foster carer.
- Responses to carers raising concerns about financial support are constructive and without stigma. Any discussion about finances in front of children is conducted in age-appropriate ways which never makes children feel like a burden.
- Support, supervision and learning is offered in ways that are accessible to all carers, including disabled and neurodivergent carers and those with other work

commitments, with reasonable adjustments made as a matter of course, not as a request the carer should have to justify.
- Support is provided for carers going through the allegation process in line with Quality Standard 7.

Networks

- Peer support is facilitated between foster carers, including through evidence-based models, such as connected clusters of foster families that embed the principles of an extended family model.
- There is structured use of experienced foster carers to anchor clusters and offer mentorship to newer carers or those in need of additional emotional or practical support.
- Experienced carers in supportive roles are provided with dedicated training and coaching, alongside tailored supervision to prevent burnout.
- Joint social activities, shared learning events and planned sleepovers are used to organically build a ‘village’ around the child and the carer.
- Celebrations and recognition events are used to value the fostering community, strengthen peer connections and recognise foster carers’ achievements.
- There is recognition that an intensive peer network is not a blanket approach. Participation is strictly optional and a family’s choice to opt out does not impact their standing or access to other forms of support.
- Carers are supported to use their own network and the child’s trusted adult network to enable placement stability.

Transitions

- Planned placement endings are managed with preparation, honesty and the child's views at the centre.
- Unplanned endings are responded to as a priority.
- In both cases, the child's stability and existing relationships are protected as far as possible, and a review of what happened and why is conducted in every case.
- Support is provided for carers to recover from loss and to continue to care in the long-term.
- Active steps are taken to maintain relationships with former carers where the child wants this and it is safe to do so.
- Continuing care and support are offered to young people who wish to stay with their carers beyond the age of 18 through Staying Put.
- Support is provided for carers to sustain relationships where a young person moves on, recognising that a carer's role in a young person's growing independence does not stop abruptly on their 18th birthday.

Improving support

- A clear, accessible and genuinely independent complaints process is available to foster carers who wish to challenge decisions made about them by their service, with service practice problems and support gaps identified and clearly acted upon.
- A foster carer review considers the lived experience of the carer, the wider household and the children in their care, includes an independently chaired meeting, and feeds its learning back into the service's practice.
- Routine seeking of children's and carers' own accounts of how the service is supporting the placement, with visible change in response to what is heard.
- Annual reviews are used to identify strengths, areas for development and agreed objectives. Where concerns have been identified, including around a carer's skills, knowledge, attitudes or practice, the review process is used to monitor progress, evaluate the impact of support and training.

Standard 6: Delegated authority and everyday family life

What this means for children

Children in foster care want to feel the same as their peers. Much of their life is already different. Having to wait for approval for everyday decisions – such as attending a friend's birthday party, getting a haircut, joining a sports team, or staying over at a classmate's house, is a daily reminder to a child that they are in a system rather than a family.

This matters for the carer relationship too. When carers cannot make ordinary daily decisions and are instead positioned as supervisors of a placement rather than as the child's family, it is harder to build the relationships children need.

The digital world is not separate from children's lives; it is part of their lives. Like their peers, children in foster care use the internet. They have the same right to use digital platforms as their peers.

All children are vulnerable, and children in care can have specific vulnerabilities. In all spaces, children need curious and thoughtful adults to help them navigate risk in ways which work for them as individuals and help them develop age-appropriate autonomy.

Children need their voice to be heard, but this does not always mean asking them directly what they want. It may not be appropriate to expect a child to fully understand or explain their needs. How their voice is heard should reflect their age and understanding.

Older children may be able to express clear views, which should be taken seriously. For younger children, or where direct questioning is not suitable, their voice should be understood through their behaviour, how they present, and the insights of those who know them well.

In every case, the child's voice should be sought in the way that suits them. The responsibility to understand it does not lessen because a child cannot put it into words. Decisions about the child should be based on the best available, up-to-date understanding of their views and experiences, and should involve the people who see them regularly, who they trust, and who know them best.

"As a looked after child, be treated equally… my foster mum choose who is safe for me to stay with, not having to have a DBS to stay with family."

Young person [6]

The standard

6.1. Fostering services should ensure that foster carers are trusted and supported to make the everyday decisions that any good parent would make, without unnecessary permission-seeking or delay.

6.2. Authority should be delegated so that the foster carer is the primary decision maker for the child's day-to-day life. Restriction should be the exception - individually justified by reference to a specific child and their specific circumstances and reviewed regularly.

6.3. Services should support foster carers to protect children from physical and emotional harm while at the same time encouraging them to take age-appropriate risks which help them develop and enable them to enjoy typical family life.

6.4. Decisions about the lives of foster families should be taken with the foster carer and with the adults who know the foster child best and whom the child trusts.

6.5. Decisions should also be made with the child where they want this and where it is age appropriate.

What this looks like in practice

Carers' authority

- Placement plans set out clearly and in plain language the decisions delegated to the foster carer, with the default being the widest delegation consistent with the child's welfare.
- Any restriction on a carer's day-to-day authority is individually justified by reference to the specific child and their circumstances, is never applied as a blanket policy.
- Delegated authority for each child is reviewed at every placement review, with the carer's view on whether the current level of authority is enabling them to provide good care, is sought and acted on.

[6] Children's Commissioner for England (2024) The Big Ambition: Ambitions, Findings and Solutions. London: Children's Commissioner for England

- Where restrictions are in place, the reasons are explained to the child in age-appropriate language – recognising that children who understand why something applies to them experience it differently from those who do not.
- Carers are supported to make decisions about education, leisure, health, friendships, overnight stays and family relationships with the same freedom a good parent would exercise.
- Carers are given access to passports so they can include children in family holidays and to any other documents necessary to exercise delegated authority.
- Carers are actively supported to take up the authority delegated to them and to act on it confidently, with supervision used to build that confidence and to address any tendency to defer routine decisions back to the service.
- Where a carer is consistently seeking approval for decisions that fall within their delegated authority, the service treats this as a signal to strengthen support rather than to narrow what is delegated.
- When a child is confirmed in a long-term placement, delegation is looked at again so that the carer's authority matches the permanence intended.

Decisions

- Carers are treated as equal members of the team around the child, including in the language services use about and with them.
- Carers attend all meetings which involve decisions about them and the foster family, or carers have the opportunity to meaningfully feed into decisions with their views considered and acted upon.
- Adults who know the child best and have the most up-to-date information about the child are meaningfully involved in any decisions about the child being fostered. This will often but not always be the carer themselves. Where it is not the carer, carers are informed about who will serve that role, what they said and how this was acted upon.

Children’s safety and autonomy

- Individualised approaches rather than blanket rules are used to support carers to keep children safe inside and outside of their home.
- Foster carers are supported to develop plans setting out how care will be provided in a way that helps all household members feel safe and valued within the home, and have their needs met. The plan is individualised, risk-aware and regularly reviewed.
- Carers are equipped with the knowledge to understand the important role of technology in children’s learning experiences and peer relationships, and to understand the specific risks children in care may face online, so that they can make proportionate day-to-day judgements about a child’s digital life.
- Older children are supported to take increasing, age-appropriate responsibility for their own lives and decisions, so that delegated authority becomes, over time, a route to a young person’s growing independence.

Standard 7: Allegations, concerns and the fair treatment of carers

Important note on this standard and Working Together to Safeguard Children

This standard sets out what is expected of fostering services when a concern or allegation arises about a foster carer, and the principles that should govern their response: proportionate, swift, supportive and fair. The wider framework for managing allegations against people who work with children, including the role of the Local Authority Designated Officer (LADO), is set out in Working Together to Safeguard Children.

The Government is also consulting on the statutory framework for the help, support and protection of children, which includes the role of the LADO and the handling of allegations. That consultation can be accessed here: Improving help and child protection: revised framework - GOV.UK

That consultation and the consultation on these fostering standards are complementary. The framework consultation closes on 4 September 2026. Responses to both will be considered together, with the safeguarding guidance due to be updated in 2027.

The detailed thresholds for managing allegations are being considered through that wider process, so that the fostering standards and the safeguarding framework develop together.

The Government intends to adopt an approach to allegations in fostering that includes more consistent support for children and carers throughout the process. The standard sets out the principles for that approach. Additional detail will follow both consultations.

What this means for children

When concerns arise about a foster carer, children need them to be taken seriously, looked into properly and resolved quickly. A child who has raised a concern, or on whose behalf one has been raised, needs to know they have been heard and that something is being done, rather than being left in uncertainty for months.

If the concern is substantiated and significant, they need to be protected. If it is not, the child still needs to be heard: a concern that does not lead to action may still be telling the adults around the child something important about what the child is experiencing.

Children do not experience the formal distinction between an allegation and a standards-of-care concern. They experience disruption, uncertainty and the loss of attachments, relationships and placement instability is among the strongest predictors of low wellbeing.

“I hate being in care and if I say something that is worrying me, it gets blown out of proportion.”

Young person [7]

The standard

7.1. Services should be clear that in most cases problems arising in foster families can and should be resolved through support and supervision. When a concern arises, the carer should be supported to reflect, to improve, to strengthen safety inside and/or outside the home and to repair relationships.

7.2. The child should be heard and understood with any unhelpful practices in the foster home or beyond resolved and any unidentified needs assessed and supported.

7.3. Services should work to protect a child's enduring relationships including through increased support for the foster family where concerns arise and when placements end and should work to ensure both safety and placement stability.

7.4. If a specific placement cannot be protected, a carer who has evidenced the ability to provide high-quality care in the past should be supported to return to caring over time.

7.5. In the minority of cases where a carer is not the right fit for the role (because they do not have the values required, lack the skills needed despite support, or, in very rare cases, want to cause harm) services need to act swiftly to protect children.

7.6. Concerns at all levels, and the service's response to them, should be recorded and held in a way that allows patterns to be identified across a service and over time. This is not a technicality. It is what separates a process that is fair and catches genuine risk from one that causes lasting harm and misses patterns.

7.7. A named person within the service should hold oversight of concerns and standards of care matters raised about foster carers, the service's response to them, as well as foster carers' views and complaints about the service. They should ensure the service improves its practice in response to all of these.

What this looks like in practice

Assessing the situation

- A concern or allegation may be raised for many reasons. It is approached with an open mind and no assumption that it is either true or untrue, and it is looked at thoroughly and impartially.
- The service has a clear process for assessing any concern raised about a foster carer and deciding how it should be addressed.
- Services take a proportionate approach to any issue raised. They consider whether a clarification conversation is needed or whether more intensive work needs to be undertaken to investigate what happened. The decision is based on an

[7] Selwyn, J. and Briheim-Crookall, L. (2022) 10,000 Voices: The views of children in care on their well-being. Coram Voice and the Rees Centre, Department of Education, University of Oxford.

understanding of the carer, the child and the views of those who know the child best.

- Where an investigation is needed to establish what happened, a meeting is held with the people who know the child best, and with the carer, to consider how the child can be kept safe during any investigation without an unnecessary move and in a way that protects their enduring relationships.
- Allegations against a foster carer are managed in line with Working Together to Safeguard Children. The fostering service works with the LADO and the child's social worker.
- Where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, the matter is also dealt with through the multi-agency child protection process, in the same way as for any other child. This includes a strategy discussion and any enquiries under section 47 of the Children Act 1989.

Ensuring quality care

- Standards of care concerns are addressed promptly and constructively through supervision and support. The carer is helped to reflect and to improve, and the carer's approval is reviewed where they cannot or will not.
- The right package of training and support is provided for the whole foster family to address the concern and help strengthen and repair relationships.
- At times, concerns will be a sign of burnout or a life crisis, and serious consideration needs to be given to whether a carer can be supported to provide the quality of care the child needs, with a strong focus on protecting a child's enduring relationships.
- In considering a carer's ongoing suitability, the service considers the impact on any child living with the carer, takes account of those children's views, and ensures advocacy is in place where appropriate.
- Where support is not sufficient or is not having the intended effect, the carer is told clearly what the service will do next, where they can seek advocacy, and how an independent panel of relevant experts oversees the case and the service's decision-making.
- The carer can raise concerns about the process, including if they feel the panel is not independent of the service and has a route to independent review of a final decision.
- Any issue is considered at the carer's next review, and the service considers whether to bring a planned review forward. This depends on the individual circumstances and is not applied as a blanket rule.
- A standard of care concern can itself lead to a review of approval and to deregistration. It does not need to reach the threshold of significant harm for a carer's approval to be ended or amended.

Ensuring safety

- Investigations are swift. The service sets a time-bound expectation for completion, and any extension requires senior-manager sign-off. Timescales are consistent with those for child protection enquiries.
- Even during a child protection investigation, services work together to consider how a child's safety could be protected alongside the protection of their enduring relationships, including by considering intensive support and the use of existing networks.
- Where a child is moved, active steps are taken to preserve the child's relationship with the carer where it is safe to do so, and the child's voice and attachments are recognised in decisions about contact and where the child lives.
- Support from the fostering service increases during any investigation process to ensure safety for all children involved and to support the carer through a difficult process.
- Payment of allowances and fees continue during a formal investigation. Whether payment continues is kept under regular review, taking account of how long the investigation is taking and the seriousness of the matter. Where there is an ongoing police investigation, continuation may need to be reconsidered.
- Where an investigation is not progressing, the service escalates it to the local Safeguarding Partnership rather than allow it to remain unresolved.
- Every concern, the service's response and the outcome are recorded and held in a way that allows patterns to be identified across the service and over time. The service monitors those records for patterns and acts where a pattern suggests action is needed, rather than treating each concern in isolation.
- The LADO, independent panels and inspectorates can access those records and any records of investigations and their outcomes where appropriate.
- Significant events are notified to Ofsted as required. The detailed notification requirements are set out in part 3.

Ensuring fairness

- The carer is told, at the outset, what process the service is following, including whether the matter is being treated as a standard of care concern or as an allegation, and what they can expect to happen next. The carer is told promptly if that changes.
- The carer is told what has been recorded about them, has access to those records, and has a clear route to correct anything inaccurate.
- Services and carers understand that the facts of a case cannot always be established but they should seek and record everyone’s perspective where that is the case.
- If a child protection investigation is required or the carer's ongoing registration is in question, advocacy for the child is sought where it is not already in place.
- If a child protection investigation is required or the carer's ongoing registration is in question the carer is provided with access to independent advocacy and can choose the provider.

- Foster carers can continue to access any records that they have previously created, such as journals or logs of their fostering experience and relationship with the child during any investigation.
- The carer is kept informed of progress and next steps at regular intervals, and no less than once a week.
- A named person within the service holds oversight of the concerns and standards of care matters raised about carers, the service's response to them, and the feedback carers give about how they were treated. The same person has oversight of complaints and concerns raised by carers, children and children's advocates about the service itself. Concerns raised and the action taken are recorded and available to Ofsted on inspection.
- Panel members receive sufficient training to contribute effectively to standard of care discussions in reviews and deregistration considerations.

Part 3: Foster Carer Development Standards

The 7 Foster Carer Development Standards set out what every foster carer is expected to know and be able to do within their first year of approval, and what services should do to enable that. They replace the existing Training, Support and Development Standards (2011) and the accompanying workbook.

The 7 Development Standards

- Standard 1: Understanding the role of the foster carer
- Standard 2: Building safe, stable and loving relationships with children
- Standard 3: Therapeutic parenting
- Standard 4: Identity, culture and the child's sense of self
- Standard 5: Safeguarding and the child's safety
- Standard 6: Health, education and everyday wellbeing
- Standard 7: Working with others around the child

Each Development Standard follows the same structure: what it means for children; what carers need to learn; and what carers need to learn to do. The first section places the duty on the service to enable the carer to meet the standard. Inspection looks at what the service has done and how that is evidenced.

Relationship to Quality Standards

The Development Standards sit alongside the Quality Standards in Part 2.

Part 2 describes what services should achieve for children; Part 3 describes what carers should come to know and be able to do, and what services should do to support them to develop. Quality Standard 3 (knowledge and capability) places the duty on the service to develop carers and to evidence that the Development Standards have been met. The Development Standards in this part set out what 'met' looks like.

Assessment and development are not separate processes. Assessment under Quality Standard 1 is about whether a prospective carer has the values, capacity and potential to provide a safe, stable and loving home and to develop the knowledge and skill the role requires. Development under these standards is about building that knowledge and skill over time.

Some things cannot be taught and should be assessed for: the values, motivation, openness to reflection, ability to regulate emotions and capacity for relationship that foster care depends on.

Other things can and should be taught: the legal context, evidence-informed parenting approaches, supporting identity and belonging, and navigating the wider system around the child.

The Development Standards assume that assessment has done its work and focus on what develops once those foundations are in place.

Corporate parenting

Children in care have a corporate parent, the local authority, with statutory duties for their welfare, health, mental health, education and rights. Around that corporate parent sits a wider network: the child's school, health services, child and adolescent mental health services, special educational needs provision, kinship and family networks, faith and community organisations, the child's social worker, advocate, independent reviewing officer (IRO) and the supervising social worker who supports the carer. A foster carer is not asked, and should never be asked, to meet every need of a child alone.

What this means for carers

The Development Standards describe the knowledge and skill foster carers should come to have. They do not describe the totality of what a child in foster care needs. Carers should understand the boundary of their own role, recognise where a child's need sits beyond what they can provide, and know how to draw on the wider system for support. Foster carers should also take active responsibility for their own learning, recognising that the needs of any child placed with them may sit outside the carer's current knowledge, and that the work of understanding a child does not depend on the right training being arranged before it is needed.

Services, in turn, should equip carers to do this by giving them the knowledge to recognise need, the relationships to escalate it, the practical support to navigate the system around the child, and a responsive route to address learning needs as they arise. Services must also recognise that some carers will already have relevant knowledge and experience gained in roles such as school safeguarding leads, mental health practitioners, or similar professions. Development plans should reflect and build on this rather than duplicate training or experience the carer has gained elsewhere.

Ongoing development

The Development Standards set out what every foster carer should come to know and be able to do within their first year of approval; they are not a ceiling. Development is continuous: the children that carers look after change, the evidence about what helps them grows, and the policy and legal landscape changes.

Services have an ongoing duty to support foster carers' learning and development across their fostering journey. Ongoing training should be provided beyond the first year of approval, reflecting that the legislation, statutory guidance, emerging risks to children and the underlying evidence base will constantly evolve. Carers should regularly access up-to-date training and development to navigate these changes. Services should ensure training is of a high standard and take on board feedback from carers on its quality. Self-directed learning should form only a small part of what is offered.

The volume, frequency and intensity of development activity should match the role each carer is doing. A carer with a long-term placement of a child with complex needs requires more sustained development than a carer providing short-break or respite care, and the offer should reflect that.

From the second year of approval onwards, development should be planned as a bespoke offer, tailored to the children the carer is looking after and the issues most likely to arise in that household.

For carers looking after children short-term, this should include the distinct knowledge and skill needed for short-term care, including sustaining birth-family relationships, supporting transitions, and working towards the child's return home or move to permanence.

For carers taking on parent-and-child placements, this should include the additional preparation and support required for a role that combines fostering with observation of a parent.

For carers looking after children with specific needs, mental health, disability, special educational needs, neurodiversity, contextual safeguarding risks and/or the digital lives of older teenagers, the development offer should reflect those needs.

Every approved foster carer should have an agreed annual learning and development plan that reflects these requirements. All foster carers are expected to attend first-year training to develop a solid foundation. In a fostering household, where one carer has less availability than the other, they should not be expected to attend every subsequent training session, with expectations scaled depending on their direct involvement and level of day-to-day caring responsibilities.

The standards' approach to development

The Development Standards take a particular approach to how carers are developed. 2 principles run through them.

- **Evidence-informed, not programme-prescriptive.** Services are expected to draw on the best available evidence about what helps children in foster care and foster carers. They should be familiar with the Foundations Practice Guides and the approaches rated within them, which reflect the highest standard of evidence-informed guidance. Services should prioritise approaches with robust evidence of impact, selecting those that best fit the children and carers they work with. These

Development Standards describe the practices we want to see in foster carers rather than naming particular programmes. Greater weight should be given to evidence from more rigorous methods, and services should prioritise these over less robust forms. Alongside this, services should draw on the practice knowledge that practitioners build over time, and the knowledge held by care-experienced people, carers and the communities that children come from. Much of what shapes a child's experience, particularly around identity, culture and family, is carried through relationships and community support that may never have been formally evaluated, and that is not a reason to exclude it.

- **National standards, locally applied.** The Development Standards set the national expectation: what every foster carer in England should come to know and be able to do, and what services should do to develop foster carers. They do not set the local content of that development. A carer in one part of the country will face different contextual safeguarding risks, different community resources, and different local processes for accessing health, mental health and Special Educational Needs and Disability (SEND) provision. Local knowledge of this kind is part of what services should equip carers with, but the content is for services to determine in the context they work in.

What this means for services

These are standards for foster carers. Each one sets out what a carer should come to know and be able to do within the first year of approval. The carer meets the standard; the service's duty is to enable them to.

Services should provide a training offer that enables carers to meet these standards. Where a carer has attained the required learning outside of the service’s direct provision, such as through their existing profession, the service must evidence this alternative learning path within the carer’s records.

Services should ensure there is a clear connection between training, supervision and the specific child in care. Training must directly address the child’s evolving needs and integrate into the carer’s ongoing supervision. To facilitate this, those supporting foster carers should have access to the same training as the carers. This will enable them to actively help carers translate theory into practice.

Development plans should match the needs of the children the carer is looking after and draw on the best available evidence. Supervision should make regular space for the carer to reflect on their practice and the relationships in the household, and address gaps proactively. Access to specialist input should be made available where a child's needs sit beyond the carer's current knowledge. Practical support - financial, logistical and informational - should also be made available when necessary to enable the carer to meet the child's needs. Services should routinely seek children's and carers' own accounts of how the carer is being supported, and act on what they hear.

The support a service provides should reflect the role each carer is doing. Carers in kinship arrangements need development and support that recognises the distinct work of caring for a relative or family friend's child, including navigating a network in which the carer already holds relationships and supporting the child's contact and identity within the carer's own family.

To ensure delivery is accessible and inclusive, training should be delivered in a variety of ways to accommodate different needs, such as neurodiversity and language barriers. While some core training should be face-to-face, online sessions should also be made available to carers. Services should provide spaces where foster carers can voluntarily connect to discuss their learning and its practical application with one another.

How services evidence that carers have met the standards

Services should be able to evidence that each carer has met the Development Standards by the end of their first year of approval and should be able to evidence what the service has done to support the carer to meet them.

The workbook approach used under the 2011 standards and guidance is replaced by a more proportionate, outcomes-focused approach.

Evidence services can draw on includes supervision records, training and development logs, reflective accounts, observations, and feedback from children where appropriate. This list is not exhaustive. Evidence should be proportionate, drawn from real caregiving and held by the service. This approach should not result in producing extensive documentation. Inspection looks at the service's support offer and the evidence collected in aggregate; it does not require individual carer portfolios.

The first review of approval, at the end of the first year, should consider the evidence of having met the Development Standards, with the panel both confirming whether the standards have been met and quality assuring what the service has done to support the carer to meet them. Where standards have not been met, the panel identifies what is needed and the timescale for meeting them and may also shape the carer's ongoing development plan beyond the first year.

The 7 Development Standards

Development Standard 1: Understanding the role of the foster carer

What this means for children

A child should be able to get on with ordinary life without waiting while the adults around them work out who is allowed to decide what. A carer who understands their role, and the authority they hold to act, can act as a parent would in a child's day-to-day life rather than working as a go-between, and knows when a decision genuinely does need someone else, so it can be sorted quickly rather than left hanging. This helps a child feel settled, and to understand and trust the routines and boundaries of the home.

Carers need to learn that:

- Fostering is a partnership between the carer, the fostering service and the responsible authority.
- The legal context includes the Children Act 1989, the Care Standards Act 2000, the Fostering Services (England) Regulations 2011, the Care Planning, Placement and Case Review (England) Regulations 2010, and the Children's Wellbeing and Schools Act 2026.
- Authority for day-to-day decisions should be delegated at the earliest possible time and any restriction on what a carer may decide should be individually justified for the specific child.
- Where a decision has not been delegated to a foster carer and it is not reasonably practicable to seek prior approval from the local authority, the foster carer may do what is reasonable for the purpose of safeguarding or promoting the child's welfare.
- Confidentiality applies to information about the child, the birth family and the work of the service, and there are specific circumstances, including safeguarding, in which information should be shared.
- Disabled and neurodivergent carers may have the right to reasonable adjustments under the Equality Act 2010 – for assessment, supervision, training and peer support, and to how the service engages with them.

Carers need to learn how to:

- Act as the primary decision maker for the child's day-to-day life within their delegated authority.
- Recognise when a decision sits outside their delegated authority and get the necessary input quickly, without holding up the child's day-to-day life.

- Act as active participants in the preparation and maintenance of the care plan together with the team around the child.
- Work in partnership with the practitioners supporting them, the child's social worker and other professionals in the child's life.
- Raise concerns about the service in a way that protects both the child and their own position.

Development Standard 2: Building safe, stable and loving relationships with children

What this means for children

A child who has learned that adults do not stay, needs at least one who does. More than any single intervention, it is a steady, trusted relationship with someone who knows them that helps a child in care feel safe and do well. A carer who understands why these relationships are hard to build, and how to keep building them anyway, provides a child with the thing that they need the most.

Carers need to learn that:

- At least one enduring, trusted relationship with an adult who knows the child and stays, is among the strongest protective factors in the lives of children in care.
- The experiences that bring children into care - abuse, neglect, separation, loss - affect a child's capacity to form and sustain relationships, and that this is an understandable response to what they have lived through, not a problem with the child.
- Relationships of trust are built through repeated, reliable responses over time, and a child's behaviour is often telling the carer about an unmet need.
- The wider fostering household, including the carer's own children, shapes the child's experience of the home, and those relationships also need nurturing.
- Conflict and repair are a normal part of building a relationship, and what matters most is that the carer comes back to the child after things have gone wrong.

Carers need to learn how to:

- Build a relationship with a child who may find relationships difficult, starting from where the child is and at a pace the child can manage.
- Respond to behaviour that is hard or distressing in a way that protects the relationship and meets the need beneath it.
- Notice and respond to changes in a child's emotional state, including those shown through behaviour rather than words.
- Support the relationships between the child and other members of the household, including the carer's own children.

- Repair the relationship after conflict, recognising that the repair often matters more than the original incident.
- Maintain the relationship through challenges and changes that might be beyond their control. For example, school moves, transitions and contact arrangements.

Development Standard 3: Therapeutic parenting

What this means for children

Children who experience abuse, loss, trauma and neglect can develop adaptive strategies that helped them to survive. These same strategies can make it harder to form trusting relationships. These experiences can also make it harder to implement boundaries. The relationships, activities and environments around a child are the primary mechanism through which healing happens.

When carers understand this and can adapt their parenting accordingly, children begin to feel safer. Empathy, curiosity, patience and consistency help children to experience relationships that are predictable, repairable, and enduring. Over time, this helps them to regulate emotions, trust adults, and develop a stronger sense of identity and belonging. Carers need support to enable recovery whilst also navigating the everyday challenges of parenting.

Carers need to learn that:

- A child's behaviour is a form of communication. It can reflect earlier experiences of harm, loss or instability, including experiences within the care system, and is better understood than corrected.
- Many children in care feel stigmatised and may either push themselves to unrealistic standards or feel that no one is on their side. Both can leave a child feeling insecure.
- A child's emotional safety matters as much as their physical safety. Behaviour that a child has developed to protect themselves takes time to change, and change is rarely linear.
- A child who has learned that adults cannot be relied on may hide what they need or push a carer away at the times when they most need closeness. This can be confusing and discouraging for a carer.
- A child who feels unsafe cannot easily think clearly, manage strong feelings or learn until they feel safe again.
- Children have different limits for how much they can manage before they become overwhelmed or shut down. Attuned care helps a child widen those limits over time.
- Caring for a child who is slow to return warmth can wear down a carer's own capacity to nurture. This is a normal human response, not a failing, and it is a reason that carers need support and honest, reflective space, not a sign they are doing their role poorly.

- Fear and shame often sit behind behaviour that a carer finds difficult. A carer who can hold compassion for the child, and for themselves, is better placed to stay patient.

Carers need to learn how to:

- Respond to a child with warmth, and with acceptance of what the child is feeling, without judging them and without rushing to reassure in a way that dismisses the feelings.
- Stay curious about what lies behind a child's behaviour, rather than treating the behaviour at face value.
- Recognise when a child is overwhelmed and respond in ways that are calm and predictable.
- Name gently what a child may be feeling beneath how they are acting, helping the child make sense of it.
- Hold a boundary when a child behaves in a way that is unsafe, and reconnect with the child as soon as possible, in a way that makes clear it is the behaviour, not the child, that is the problem.
- Respond to rising distress or conflict in ways that help a child settle, staying calm and steady, lowering demands in the moment, and giving the child time and space, so that situations are less likely to reach crisis.
- Set clear, age-appropriate expectations and everyday boundaries, explain them in a way the child can understand, and apply them consistently and warmly, while staying flexible to what a particular child needs.
- Show a child how to manage strong feelings through the carer's own behaviour.
- Help the people in other settings around a child, such as school, to respond in ways consistent with the carer's approach, since consistency across a child's life helps recovery.

Development Standard 4: Identity, culture and the child's sense of self

What this means for children:

A child should grow up knowing who they are - their history, culture, faith, family and community and carrying that understanding themselves as well as being supported in it by others. Children in care too often grow up with gaps or contradictions in their own story. A carer who helps a child make sense of where they come from, and who they are becoming, does essential work that supports a child into adulthood.

Carers need to learn that:

- A child's identity is shaped by many factors - such as language, culture, faith, family history, sexuality, gender, neurodiversity, and everyday experiences - and it develops over time.
- As a child grows up (especially during adolescence) their understanding of who they are may change and the carer's role is to support that process. Carers should create a safe space for children to explore and express who they are.
- Children in care are disproportionately likely to grow up with gaps or contradictions in their understanding of their own history, and this can affect their wellbeing, mental health and outcomes well into adulthood.
- Separation, loss and disrupted relationships affect a child's sense of belonging, and the absence of contact with significant people does not remove their significance to the child; a child's feelings about birth family are usually complicated, and ambivalence about contact, or its absence, is normal.
- Many children in care develop conscious or sub-conscious negative beliefs about themselves based on their experiences (e.g. it was my fault, everyone leaves). A carer's consistent, caring presence helps challenge and reshape these beliefs over time.
- For some children, neurodiversity is a key part of identity, and they should be supported to understand how their mind works.
- For disabled children, carers should support a balanced sense of identity – acknowledging disability without letting it define the child.
- For unaccompanied asylum-seeking children, identity work may be shaped by migration, language, faith and limited family history. Carers should help them build a coherent sense of self without pressure to hide or perform their identity.
- Carers' own beliefs and assumptions influence how they respond, so they must reflect on these and actively challenge discrimination, including racism.

Carers need to learn how to:

- Recognise what matters to a child about who they are, through observation of behaviour, routine and the subjects that the child returns to, not only through what the child says.
- Mark and celebrate what matters to the child - birthdays, festivals, cultural events, and family milestones.
- Maintain the practical aspects of a child's identity - hair, skin, food, dress, religious and cultural observance, language, community connections - while staying open to the child's developing relationship with each of these.
- Support a child to question, explore and, where they choose, move away from aspects of identity they have inherited, while continuing to value the heritage those things sit within.
- Work across language and cultural difference where this is part of the placement - using interpretation appropriately, learning what they can about the child's heritage

and faith, and drawing on community resources to support the child's connection to their origins.

- Prepare a child for contact and family time, notice how the child is before, during and after, and respond to what is communicated through behaviour as well as words.
- Use age-appropriate, honest language to talk with a child about their family, history, and the difficult or incomplete parts of their story, at a pace led by the child.
- Contribute to and maintain the practical materials of a child's life story - photographs, mementoes, stories and achievements as an ongoing practice the child has access to and ownership of.
- Notice and gently challenge the negative beliefs a child carries about themselves through everyday interaction, the language used in the home, and exposure to activities that can build positive self-esteem.
- Recognise discrimination directed at the child, including in subtle or institutional forms, and respond in ways that protect the child and address the source.
- Reflect on their own identity, assumptions and prejudices, surface these in supervision, and seek further development where a gap is identified.

Development Standard 5: Safeguarding and the child's safety

What this means for children

A child needs to be safe, and needs to know that if something is wrong, they can tell someone and be believed. For a child who has been harmed before, whether the adults around them notice, listen and act well is not a small thing - it shapes whether they ever speak up again. A carer who can keep a child safe day-to-day, recognise when something is wrong, and respond well when a child does disclose information, is doing one of the most important parts of the role.

Carers need to learn that:

- Abuse and neglect take many forms - physical, sexual, emotional and neglectful and include exploitation, online harm, coercion, and/or abuse by someone the child trusts because of their position in the family or community.
- Children who have experienced abuse may not recognise it as such, and may disclose in fragments, indirectly, or long after the event(s).
- How a disclosure is received is itself a significant moment in the child's life, and shapes whether the child will ever disclose again.
- The carer is part of a wider safeguarding system - the supervising social worker, the child's social worker, the police and other agencies, each with a distinct role.
- Safeguarding extends to the whole household, including the carer's own children, who can be affected by a placement and need to be kept safe too.
- Harm to children in care often originates outside the home, through exploitation, online contact, peer relationships, and coercion by people the child knows. This

kind of harm shows up gradually and is often visible in patterns of behaviour and absence before it is named. The carer's role in noticing and acting on what they see is critical.
- There is a distinction between an allegation and a standards-of-care concern matters, and not every concern raised about a carer should trigger a formal allegations process.
- The carer has rights as well as responsibilities in the allegations and concerns process, including the right to independent support, to be kept informed, and to challenge an outcome.
- Children may make allegations for a wide range of reasons, including communicating unmet needs, conflicted loyalties, impacts of adverse experiences and many others.

Carers need to learn how to:

- Create everyday conditions in which a child can talk about difficult things through routine, presence, and the absence of pressure to disclose.
- Respond to a disclosure in a way that protects the child, preserves any later investigation, and leaves the child able to say more later.
- Recognise patterns of behaviour and absence that may indicate a child is being exploited, harmed online, coerced, and/or drawn into harmful peer or community contexts, and act on what they see through the right route, working with the supervising social worker, the child's social worker and the relevant safeguarding teams.
- Manage the social media ban for under 16s by combining technical controls and boundaries with open conversations about the ban and a child’s online life.
- Manage everyday risk proportionately, without curtailing the child’s life unnecessarily.
- Think about the safety of the whole household, including their own children, when a placement carries risks.
- Work with the supervising social worker, the child’s social worker and other agencies when concerns arise, keeping the child’s interests at the centre.
- Respond to an allegation or concern about themselves in a way that protects the child and engages constructively with the process.

Development Standard 6: Health, education and everyday wellbeing

What this means for children

Children in care want the same things from childhood as anyone else: to be healthy, to do well at school, to have things to look forward to, and to grow up ready for adult life. They depend on the adults around them to notice when something is wrong, to expect positive things of them, and to back them to achieve these things. A carer who takes a child’s

health, education and future seriously, and who helps them build skills as they move toward adulthood is essential.

Carers need to learn that:

- Children in care have specific health entitlements, including regular health assessments, and their physical and mental health needs are often greater and more easily overlooked than those of their peers.
- A child's mental and emotional health is as important as their physical health, and distress is often expressed through behaviour rather than words.
- Children in care can face additional barriers to doing well in education. High expectations from the adults around them make a measurable difference to what a child believes is possible.
- Every child in care has a personal education plan and a designated teacher at their school whose role is to promote the child's education. The carer should expect to be part of the plan and be able to raise concerns about the child's education and have them taken seriously.
- Growing up towards independence is a gradual process that runs through childhood, not a task that begins as the young person nears 18 years old. A young person leaving care does not stop needing relationships and support.
- Disabled children and children with special educational needs may need particular support to access health, education, everyday opportunities and opportunities for growing independence.
- Technology plays an important role in children's learning experiences and peer relationships. At the same time, technology poses risks as well as benefits, and these should be managed carefully.

Carers need to learn how to:

- Promote and protect a child's physical health - everyday health, diet, exercise, sleep, and access to the routine healthcare any child needs.
- Support children to have a healthy balance of screen time so digital use does not replace face-to-face social interaction and enrichment activities.
- Recognise when a child is struggling with their mental or emotional health, respond calmly, and seek the right support, focusing on the child's individual experiences and needs rather than fitting the child into an assigned label.
- Support a child's education by engaging with their school and designated teacher, helping with learning at home, and taking an active interest in their progress and aspirations.
- Recognise when a child is disengaging from education or is out of school, and work with the school, the designated teacher and the virtual school to find a setting or a route back into learning that fits the child.
- Support a child to develop at a pace that fits them. Help equip them with the practical skills, confidence and independence they will need as they grow, including with handling money, cooking, travel, managing their own health and decisions.

- Help a young person prepare for adulthood and the transition from care, including understanding what Staying Put and the leaving-care offer mean for them, while keeping the relationship at the centre.
- Support a child's everyday wellbeing - friendships, hobbies, play, rest and the ordinary parts of childhood that children in care too often miss out on.

Development Standard 7: Working with others around the child

What this means for children

A child in care has more adults and systems involved in their life than most children ever do - social workers, teachers, health professionals, advocates reviewing officers, their own family. When those people coordinate well, the child gets consistent answers, sees things happen when they have been promised and understands the reasons when something cannot happen. When people in this network do not coordinate well, the child hears different things from different adults, waits for things that never come, and is left without an explanation when something changes. A carer who can work well with everyone in the network, and keep the child at the centre of it, makes sure the child experiences the system as something that delivers and explains itself.

Carers need to learn that:

- The child is at the centre of a network of people and responsibilities, and the carer's role is to help that network work in the child's best interests. This includes helping the child understand - at a level that suits their age - who is involved in their life, what each person does, and why.
- Different people in the network hold different responsibilities - the supervising social worker, the child's social worker, the independent reviewing officer (IRO), the designated teacher, health professionals and knowing the difference matters.
- Contact with birth family is part of the child's life and supporting it is a core part of fostering.
- The kinship carer's relationships with the network differ from those of an unrelated carer, and this is a feature of kinship care.
- For unaccompanied asylum-seeking children, the network includes immigration and asylum processes, and the carer needs to know who is responsible for what, how the asylum process intersects with the child's life in placement, and where to find specialist input.

Carers need to learn how to:

- Communicate clearly with the people in the network around the child, in writing and in person.
- Support contact and family time, preparing the child, supporting the contact itself where this is part of the role, and supporting the child afterwards.

- Record what happens with the child clearly, proportionately and in a way that serves the child, recognising that records form part of the child's history, that how something is written matters as much as recording it in the first place. Where it helps the child, the child should be involved in creating records about their lives rather than records simply being written about them.
- Record in a way that recognises that the child could one day read it, free of unnecessary judgement or jargon, understanding that care-experienced adults have the right to access their care records.
- Advocate for the child within the network, including raising a disagreement or escalating a concern constructively when the carer believes a decision is not in the child's interests.
- Use the supervisor relationship to surface concerns, work through difficulty and develop practice.
- Raise concerns about their own treatment within the network, or about practice they are worried about, and escalate these appropriately where they are not resolved, knowing the routes available to them and that doing so is a legitimate part of the role.
- Navigate the distinct demands of working with people who were already in the child's life before the placement, including, for kinship carers, the carer's own family.

Part 4: Guidance for fostering services

This guidance sets out the functions and responsibilities of local authorities and their partner agencies in relation to fostering services under Parts 3, 7 and 8 of the Children Act 1989, and the related responsibilities under the Children Act 2004 and the Children and Young Persons Act 2008. It supports local authorities, working with fostering service providers, to give the best possible care to the children they look after.

This guidance sits with the Fostering Services (England) Regulations 2011 and the Care Planning, Placement and Case Review (England) Regulations 2010, The Care Planning, Placement and Case Review and Fostering Services (Miscellaneous Amendments) Regulations 2013 and with the Fostering Quality Standards and the Foster Carer Development Standards. The standards set what services must achieve and what carers must come to know and be able to do; the Regulations set the statutory requirements; this guidance explains how the duties are met in practice. Where it refers to a requirement in the Regulations, it does not repeat it in full.

This guidance covers fostering services for children who are looked-after by local authorities. It does not cover private fostering arrangements, which are the subject of separate statutory guidance.

It should be read with the other the Children Act 1989 guidance, in particular Volume 2 (Care Planning, Placement and Case Review). The care plan, placement plan, personal education plan, health plan and pathway plan, the looked-after reviews, and the role of the independent reviewing officer (IRO) are set out in Volume 2 and the 2010 Regulations and are not repeated here. It should also be read with the Kinship Care guidance, the Short Breaks guidance, Working Together to Safeguard Children, and the statutory guidance on securing sufficient accommodation for looked-after children.

Principles and values

The following principles run through this guidance and the standards it supports:

- The child's welfare is the purpose of everything a fostering service does, and the constant against which decisions are judged.
- Children are cared for best in relationships. A stable, trusted relationship with a carer who knows the child is the main thing that supports a child to have a stable, loving home and do well.
- Foster carers are core members of the team around the child and are treated as such.
- Care is informed by evidence and by what children and carers say, it is not tied to any named programme or product.
- What a service does is proportionate to the carer and child's situation, rather than applied as a uniform routine.

How this guidance works with the standards

This document has 4 parts that do different jobs. The Quality Standards set what fostering services should achieve for children and are what Ofsted inspects against. The Development Standards set what every foster carer is expected to know and be able to do within their first year of approval, and what services should do to enable that. This guidance explains how the duties in the Children Act 1989, the Care Standards Act 2000 and the Regulations are carried out, and how services meet the standards in practice. Some matters are fixed by primary legislation; others are set by the Regulations; the rest is guidance.

Chapter 1: Leading a fostering service

1.1. Corporate parenting and the fostering task

The local authority is the corporate parent of the children it looks after. It must safeguard and promote their welfare, promote their educational achievement, and act as a loving and protective parent would, across the whole authority and with its relevant partners, so that children are not further disadvantaged by being looked-after. Corporate parenting responsibility remains with the local authority that looks after the child. It is not transferred to the fostering service or to the foster carer.

The fostering service supports the local authority to meet its parental responsibility through the care it commissions or provides.

The fostering service's task is to choose carers well, prepare them, develop them across the first year and beyond, and support them so a child can have stability and the experience of belonging to a family.

The child's welfare is the purpose of the role. A carer should be recognised as a core member of the team around the child, with a contribution to planning and decisions that reflects how well they know the child. In the same way, fostering services need to work in partnership with the local authority and wider services in the best interests of children and should recruit, train and support carers in a way which helps improve children’s outcomes.

1.2. Statement of purpose

The statement of purpose sets out the aims and objectives of the service and the services and facilities it provides. It is the foundation for everything the service does, and the manager must ensure the service is conducted consistently with it.

It should be reviewed at least annually, published on the service's website, sent to Ofsted, and; available to anyone who works for the service, to its carers and prospective carers, and to any child placed and their parents.

A clear and specific statement of purpose supports good matching, by helping those placing children to identify services suited to a child's needs.

The children's guide is the child-facing counterpart. It is written in language children can understand and produced in formats appropriate to the age, understanding and communication needs of the children the service fosters, which in practice means more than one version, including accessible formats.

It should tell the child: what the service is and what being fostered with it means; what the child has a right to expect from their carer and the service; how to raise a worry or make a complaint, and that doing so is safe; how to get an independent advocate; and how to contact their social worker, their independent reviewing officer (IRO), the Children's Commissioner and Ofsted.

It should be reviewed annually, and a copy should go to every child placed, subject to age and understanding, to every carer, and to Ofsted.

1.3. The manager and staff of the service

The service is run by a manager who is fit to do so: of integrity and good character, physically and mentally fit, and with the qualifications, skills and experience the role needs. The manager should run the service ethically, effectively and efficiently, keep their own practice current through training, and ensure Ofsted is notified of their appointment, of any change of manager, and of any conviction other than a motoring offence dealt with by fixed penalty.

The registered manager (or registered person, where the registered person is an individual and there is no registered manager) has: a. a recognised social work qualification or a professional qualification relevant to working with children at least at level 4; b. a qualification in management at least at level 43; c. at least 2 years' experience relevant to fostering within the last 5 years; and d. at least one year's experience supervising and managing professional staff.

Appointees to the role of registered manager who do not have the management qualification (above) must enrol on a management training course within 6 months, and obtain a relevant management qualification within 3 years, of their appointment. (With respect to standard 17.2 (a) and (b), for persons undertaking a qualification after January 2011, the relevant qualification will be the Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services. Managers who already hold a Level 4 Leadership and Management for Care Services and Health and Social Care will not need to undertake this qualification at level 5.

The service needs to be staffed with enough suitably qualified, competent and experienced people for the number and needs of the children placed and the support their

foster families need. The workforce should include social workers and other specialists, matched to what those children and families need.

As part of its annual review of the quality of care, the service should consider whether the skills of its workforce continue to match those needs and addresses any gaps it finds. Everyone working for the service, employed or otherwise, must meet the same fitness requirements, and anyone working for the service but employed elsewhere is appropriately supervised.

All staff should have a job description, a probationary period, an induction against recognised standards, and ongoing training, reflective supervision and appraisal. The disciplinary procedure addresses, explicitly, conduct that places a child's safety or welfare at risk and any failure to refer a concern of abuse promptly.

Fostering households are an asset beyond the placements they hold, and services may engage carers or members of their households in mentoring, training or supporting other carers. Where a carer or household member also works for the service or the wider organisation, the service guards against any actual or perceived conflict of interest, including access to records or influence over placement or approval decisions.

1.4. Quality of care and service improvement

The manager should use what the service knows to improve the care it gives. This should include the views of children, families and carers, gathered routinely in sensitive ways which enable practitioners, foster carers and children to be honest about their experiences. It should also include the patterns visible in complaints, allegations, missing episodes, unplanned endings and what carers raise in supervision.

Service improvement is a continuous effort, and leaders should work with staff and carers to better plan, commission and manage the service in ways which respond to evolving legislation, guidance, evidence, the local context and the needs of the children the service cares for. Where the needs cannot be met by the fostering service alone, leaders should establish effective working relationships with other services and agencies to help meet them.

The test of quality is the difference the service makes to children's lives, and the manager should be able to show how what children and carers have said has changed what the service does.

1.5. Children’s complaints and advocacy

A child should be able to raise a worry or a complaint, be helped to do so, and have access to independent advocacy. A complaint may be about the child's own care, a foster carer, the staff of the service, or the service as a whole.

The local authority is responsible for securing access to independent advocacy for looked-after children. Fostering services and foster carers should support this by helping children understand their rights and by facilitating access to advocacy.

Services make sure children know how to complain, that complaining is safe and does not affect the care they receive, and that what children say leads to a visible response the child can see in their own life. The children's guide tells the child how to complain, access advocacy services and how to contact Ofsted.

Most worries are best resolved early and informally, through a conversation with the carer or the social worker and with the support of an advocate if the child wants one. Informal resolution must never become a way of containing a complaint. Carers and staff support the child to take a complaint to the formal stage if the child wishes, including where the complaint concerns the service itself or the responsible authority. No one who is the subject of a complaint takes any part in considering it.

Advocacy is independent of the fostering service and of the responsible authority, and the advocate works only for the child. The service makes sure the child knows about advocacy and how to reach it, offers it actively when a child raises a concern, and supports non-instructed advocacy for a child who cannot give instructions. A child may instead choose any independent person to support them. Advocacy provision follows the national standards for children's advocacy services and the statutory guidance on effective advocacy.

A child can also bring concerns to their IRO and can contact their social worker or IRO in private at any time (see the wishes and feelings section above).

The service needs to keep a record of representations and complaints, review them regularly, and use them alongside what children say day-to-day to improve the service. A fostering agency notifies Ofsted and the responsible authority of any serious complaint about a foster carer.

1.6. Foster carer complaints and advocacy

Services must have a clear complaints process in place with a designated person able to oversee all complaints, spot patterns and make clear actionable recommendations about service improvement. Service improvement should be swift, and services should be able to show how they have acted on both individual complaints and patterns in complains overall.

Most worries are best resolved early and informally, through a conversation with the carer or relevant practitioners.

Foster carers should be able to make complaints to independent panel chairs / independent panel members if they do not feel their issue has been acted upon. Foster carers can make complaints to the Local Ombudsman and services should comply with any investigations and subsequent decisions or recommendations.

Foster carers going through an allegations or standards of concern process are entitled to access independent advocacy and should be able to choose the provider of said advocacy.

Chapter 2: Recruitment, assessment and approval of foster carers

2.1. Recruitment and selection

The local authority must secure, so far as is reasonably practicable, sufficient accommodation for the looked-after children in its area. This sufficiency duty is in section 22G of the Children Act 1989 and statutory guidance explains it. It is a duty on the local authority as corporate parent; it does not transfer to a fostering service or an independent fostering agency.

Recruitment should be planned, not reactive. The service should assess the current and likely future needs of the children it places and builds its recruitment strategy on that analysis. Most children should be placed in or near their own family, school and community, though for some children, including for safeguarding reasons, a placement further away is necessary.

The service should not decline to take children whose needs it is equipped to meet, in order to hold capacity for others.

2.2. Decision maker

The service should identify a senior member of staff as the decision maker. More than one decision maker may be appointed, but the role may not be delegated to another person.

The fostering service's decision-maker is a senior person within the fostering service or is a trustee or director of the fostering service, who is a social worker with at least 3 years post-qualifying experience in childcare social work and has knowledge of childcare law and practice.

Under regulation 27 of the 2011 Regulations the decision maker must take account of the panel's recommendation, and any recommendation of the Independent Review Mechanism, before deciding whether to approve a person and on what terms. The

decision should be made within 7 working days of receiving the recommendation through the panel minutes.

The decision maker records the basis for the decision: the materials taken into account, the key issues, whether they are satisfied with the panel's process, any new information, and the reasons adopted or added. This reflects the approach the courts set out for adoption decision makers in *R (Hofstetter) v London Borough of Barnet* [2009] EWHC 328 (Admin), which applies equally to fostering decisions.

2.3. Assessment and approval (Stage 1 and Stage 2)

Assessment establishes whether a person has the values, capacity and potential to provide a safe, stable and loving home, and to develop the knowledge and skill the role requires. It should begin to build the relationship and the development plan that will help the carer stay in the role. The stages and required checks are set by the Fostering Services (England) Regulations 2011

No one has a right to be a foster carer. Assessment and approval decisions are made in the interests of children.

The assessment process has 2 stages, which may run concurrently.

Stage 1 gathers the factual information the service needs to check suitability:

- The information in Part 1 of Schedule 3;
- An enhanced Disclosure and Barring Service certificate for the applicant and each household member aged 18 or over;
- References; and
- Consultation with the local authority for the area where the applicant lives if that is a different authority.

The decision on whether an applicant has completed stage 1 should be made within 10 working days of all the stage 1 information being received. An applicant found unsuitable at stage 1 may use the service's complaints process if they are unhappy with the decision that has been made; the Independent Review Mechanism is not available at this stage.

Stage 2 collects the fuller information in Part 2 of Schedule 3, including the applicant's capacity to care for a child of a particular background and their skills, competence and potential. This informs the assessment of the suitability of the applicant and their household, which is put to the fostering panel with a recommendation. An applicant found unsuitable at stage 2 must be told in writing that if unhappy with the decision made, they may, within 28 calendar days, seek a review by the Independent Review Mechanism or make representations to the service. A full assessment should allow the panel to make its recommendation within 6 months of the applicant first applying.

The 2011 Regulations provide for the approval of individuals. Where 2 people will share the care of a child, whether a couple or another partnership, they are assessed and considered for approval jointly. Where a new partner joins a single approved carer and will share the care of foster children, the carer must tell their supervising social worker so the partner can be assessed and the approval updated.

A connected person may be assessed to foster a particular child. Where a relative, friend or other connected person is considered, the assessment turns on the needs of the child who would be placed and the carer's capacity to meet those particular needs. The proportionate approach to connected-persons assessment in Quality Standard 2 applies. Detailed guidance is in the statutory guidance on kinship and family-and-friends care.

2.4. Suitability

Approval rests on the suitability of the carer and of everyone in the household. An enhanced Disclosure and Barring Service check is required for the applicant and for each member of the household aged 18 or over; this discloses relevant cautions and convictions for the assessment to consider.

A caution or conviction does not in itself prevent approval. However, a person who has been cautioned for or convicted of a “specified offence” may not be approved. This term is defined in regulation 26(5)-(7) of the Fostering Services (England) Regulations 2011 and includes, but is not limited to, the offences listed in Schedule 4. Where disqualification arises from a person’s association with another individual rather than their own offence, the exception in regulation 26(8) may apply.

Services are required to obtain a foster carer's health details, supported by a medical report. The report should, wherever possible, provide a single professional assessment that draws together relevant health information and advises the service on how the person's health may affect their ability to care for a child, including any support they may need.

The report should be proportionate. The fostering panel and the decision maker need enough to understand how a person's health affects their ability to foster and what support would help. A full account of a person's medical history is not required. For most carers a single report of this kind will be sufficient. Where a person has a particular health condition, the assessment should be informed by advice from a clinician with relevant expertise.

There is no requirement for services to conduct health assessments using specific delivery models. Services should consider innovative ways to commission medical advice available to them, ensuring it is timely, robust and informed by appropriate clinical expertise.

Suitability is not settled once at approval; it is an ongoing responsibility shared by the carer and the service.

2.5. Temporary approval of connected persons

Kinship and family-and-friends care is the first option to consider for a child who cannot live with their parents (section 22C of the Children Act 1989).

Where a child needs to be placed with a connected person before that person can be fully assessed and approved, the local authority may approve them as a foster carer on a temporary basis under regulation 24 of the the Care Planning, Placement and Case Review (England) Regulations 2010. This allows the placement to begin without delay. Temporary approval lasts for up to 16 weeks, extendable once under regulation 25 by up to a further 8 weeks or longer if a decision is subject to a formal review or appeal process, and the full assessment must be carried out within that time.

Assessment of a connected person should answer the question whether this person can care for this child and should be proportionate to that question rather than applying the full mainstream process by default.

2.6. Fostering panels: purpose and functions

A fostering service provider must have one or more fostering panels with enough capacity to carry out their functions. Panels may be shared between providers.

A fostering panel is a multi-disciplinary body that operates with a degree of independence.

It makes recommendations, not decisions. Approval decisions are made by the agency decision maker, who must take account of the panel's recommendation and any recommendation from the Independent Review Mechanism.

The panel also plays a quality assurance role, monitoring the standard of assessments, support and practice and providing feedback to the service.

The panel's functions are to:

- recommend whether an applicant is suitable to foster, and on what terms;
- consider the first review of a newly approved carer, and any review referred to it;
- recommend whether a carer remains suitable and whether their terms of approval remain appropriate;
- oversee the quality of assessments and review procedures; and
- advise the service on any matter referred to it.

2.7. Fostering panels: expertise and independence

A fostering panel should be a multi-disciplinary body with a degree of independence from the service.

Panel members are drawn from a central list, maintained by the service, of people with the appropriate qualifications or experience. The list must include at least one social worker with at least 3 years' relevant post-qualifying experience. That experience should include experience in or with fostering services. Where a panel considers kinship foster care, the central list should include a kinship foster carer.

All members of the panel should be independent of the service and should not have been employed by it in the previous 3 years.

The chair of a panel appointed since October 2011 must be independent of the service and should have the experience and standing to lead a multi-disciplinary panel and to command the confidence of those who appear before it.

Regulation 24 of the Fostering Services (England) Regulations 2011 sets the quorum. It must include the chair or a vice-chair, a social worker with 3 years' relevant experience, and at least 3 other members, or 4 for a joint panel, with an independent member present where the chair is not.

Members should serve for a fixed term of 3 years, renewable for further 3-year terms by agreement. A member should not be removed within a term except through a clear and fair process.

Panels should be provided with effective training, covering the role of the panel, procedural fairness, allegations and standards of care, diversity and bias, and the parameters of the panel's remit. Where a panel considers kinship foster care, members should also be trained on kinship care.

Where a member's practice falls short, the service should raise its concerns with the member, give them the opportunity to respond, and support them to improve before any decision to remove them is taken. Where, after support, the member's practice remains unacceptably poor, the service may remove them from the central list, with the decision taken at an appropriate level of seniority and the reasons recorded. Where a member's conduct is serious enough to put children, applicants or carers at risk, the service should act at once and need not wait to provide support first.

Removal of an independent chair should be subject to the same process, and the service should be able to show that a decision to remove a chair was based on the quality of their practice and not on the substance of the scrutiny they provided.

2.8. Fostering panels: fairness and service improvement

The panel should treat applicants, foster carers and the social worker fairly and with courtesy. The size of the panel should be proportionate, and services should carefully consider how to make sure an applicant or foster carers' experience of panel is supportive and not intimidating.

Where the panel disagrees with the social worker's analysis, it should record its reasons. The panel does not direct casework or comment on the conduct of individual social workers outside the panel process.

An applicant, or an approved carer whose approval is being reviewed, should be present at panel for any discussion that involves their assessing or supervising social worker, other than where confidential third-party information is being considered. No one should seek to influence the panel's recommendation on any case through any route outside the recognised panel process.

An applicant, or an approved carer whose approval is being reviewed, should be given the opportunity to be heard by the panel, to see the reports about them in advance, subject to the protection of children and of third-party information, and to make written representations. The panel keeps written minutes recording its recommendations and the reasons for them.

The service should seek feedback from applicants and carers on their experience of panel. It should take that feedback into account when considering a member's development needs or, where concerns are serious or repeated, their continued membership.

The panel should be involved at the points where its expertise adds value, not only at the point of final recommendation. Where the panel has relevant expertise, it may advise on an assessment as it progresses, or contribute to the improvement of support and development plans prior to review, so that issues are identified early rather than at the end.

As part of its quality-assurance role, the panel should monitor the quality of the service's practice and identifies areas for development. In considering the quality of practice, the chair should take account of the experience of applicants and foster carers who have attended panel, including any feedback they give on how they were treated. The chair should provide an annual report on the quality of practice, which the service shares with Ofsted.

The chair should meet the service's managers regularly to consider the quality of practice and any areas for development and should be invited to regular practice meetings between managers and groups of foster carers or local foster carer organisations.

Foster carers may raise concerns about the service with the panel chair. Where a carer does so, oversight of the concern and of the service's response to it is held by the designated senior manager responsible for the oversight of concerns about foster carers, so that the service holds a single picture of concerns raised about carers and concerns raised by carers about the service.

2.9. Independent Review Mechanism (IRM)

Where the service proposes not to approve an applicant, or to change a carer's terms of approval, it must give them a qualifying determination: written notice of the proposal and the reasons, with the panel's recommendation where one was made.

Within 28 days of the notice the person may either make written representations to the decision maker or apply to the Secretary of State for Education for a review by the Independent Review Mechanism. If the person does not take either action within 28 days, the decision maker may proceed to decide not to approve the applicant. If the person makes representations, the matter is referred back to the panel and the decision is then made taking account of the panel's further recommendation.

The right to apply to the Independent Review Mechanism arises following a stage 2 determination of unsuitability, or a determination to change a carer's terms of approval. It does not arise where an applicant is found unsuitable at stage 1; in that case, the applicant may use the service's complaints process. The route to the Independent Review Mechanism is set out in the Independent Review of Determinations (Adoption and Fostering) Regulations 2009.

Where the person applies to the Independent Review Mechanism, the service must supply the relevant documentation within 10 working days. The decision maker must take account of the Mechanism's recommendation, as well as the original panel's recommendation, in reaching the decision.

2.10. Transfer of carers

A foster carer who wishes to transfer to another fostering service does so through a clear transfer process. Whatever process is followed, it rests on 2 principles: that safeguarding the children in the carer's care is paramount, and that in most circumstances the carer's existing approval is a solid basis for a move.

The carer is not questioned on the same information. Instead, the original assessment is supplemented with relevant information about their time as a foster carer.

Any transfer process should begin with a meeting between the carer, the current service and the receiving service to discuss the reasons for the transfer, its viability, and any outstanding matters or investigations. The needs of the whole fostering household are considered.

The assessing service may request the applicant's records from the holding service, which must provide access within 15 working days where the applicant consents.

If consent is refused information raising concerns about conduct or suitability should still be shared.

On request, agencies should provide:

- the original assessment (if still relevant);
- the most recent and relevant review reports;
- details of practice concerns and actions taken;
- information on allegations; and
- any other relevant material.

Individuals can request access to their records under data protection law. Some information may be withheld (e.g. third-party data or where disclosure risks harm or investigations).

Where an applicant has fostered for another service in the previous 12 months and a written reference is obtained from that service, there is no requirement also to interview personal referees.

Where a service considers that the original assessment was not robust, it may carry out a completely new assessment without taking the old one into account.

Where a significant concern or investigation is identified, the transfer is paused until it is resolved. For each child currently cared for by the carer, the support the child needs is considered individually, through a meeting of those who know the child best including the child’s social worker, so that support continues through the transfer and is enhanced where possible. Where siblings are cared for together, their needs are considered separately within that process.

Practical arrangements, including fees and allowances, are agreed between the carer, the current service, the receiving service and the placing authority. The detail of the process, including timescales, meetings and templates should be based around the needs of the child and carer, and services should work to support this.

A transfer should be completed within a defined period, and the service should not allow it to be delayed unduly; where the transfer is paused to resolve a concern, the period restarts once the concern is resolved.

The carer's existing assessment, supplemented with information about their time as a foster carer, is presented to the receiving service's panel, which makes its recommendation in the usual way. The carer is not required to attend panel but may attend if they wish.

The receiving service's decision maker then makes the approval decision, taking the panel's recommendation into account. Once the receiving service's decision maker has agreed to approve the carer, the carer gives notice of resignation to their current service. The new approval cannot take effect until the resignation from the original service takes effect, 28 days after notice is received under regulation 28(13) of the Fostering Services (England) Regulations 2011. The 2 services should coordinate dates to keep approval continuous.

2.11. The approval of people living overseas

In the event that a fostering service approves a person living outside of England and Wales as a foster carer, the responsible authority must, as far as is practicable, ensure that the arrangements for the placement provide safeguards and standards equivalent to the regulatory and safeguarding requirements that would apply if the child were placed in England.

This includes, where possible, meeting the relevant requirements relating to the assessment and approval of carers, the suitability and safety of the accommodation, safeguarding arrangements, and the support and supervision and review of the placement.

Such circumstances will be exceptional but may arise, for example, where a connected person to a looked-after child is identified as a potential foster carer.

2.12. Parent and child arrangements

Parent and child arrangements, where a parent and their child live with a foster carer, are within the scope of the standards and this guidance. The carer's role here is different from ordinary fostering and often includes observation that informs an assessment. The service prepares and supports the carer for that role and is clear with the parent about its purpose.

Chapter 3: Supporting foster families

3.1. Matching

Matching in the context of foster care means finding the home that meets a particular child's needs. The service should be able to show why a placement was the right match for the child.

The service should not select or decline children in ways that leave those with the most complex needs hardest to place.

Where a service operates referral or acceptance criteria for children, it should be able to account for the decisions it makes, including to placing authorities and on inspection, so that selection is open to scrutiny.

When a child is placed, a placement plan is made, setting out how the child will be cared for and recording the matters required by the the Care Planning, Placement and Case Review (England) Regulations 2010, including the arrangements for delegated authority, contact, health and education. The plan is the shared record of the day-to-day arrangements for the child.

3.2. Supervision and support

Every foster should receive regular reflective supervision, as outlined in Quality Standard 5 including visits to the foster home.

As per Quality Standard 5, support should prevent difficulty as well as respond to it, and should include practical help, peer support, and access to specialist advice when a child's needs require it. Support should extend to the carer's household, including the carer's own children.

Foundations, the What Works Centre for Children and Families, publishes practice guidance reviewing the evidence on support and interventions for foster carers and the children they care for. Services should have regard to this guidance when deciding what support to provide. Where the evidence supports a particular approach, services should be able to explain why the support they offer is suited to the needs of their carers and children.

3.3. Evidencing development

As outlined in Quality Standard 4, every foster carer is supported to meet the Foster Carer Development Standards. The service, not the carer, is responsible for evidencing that the standards have been met; this is intended to reduce the recording burden on carers while keeping the evidence robust.

Evidence should draw on the carer's own account, the supervising social worker's observation, the child's experience captured in a way suited to their age and understanding and practice the service has seen. The evidence a service holds should be available on inspection and should be reflected in supervision records.

Learning and development is ongoing and responsive to the children each carer is looking after; the first-year standards are a foundation, not the end of a carer's development. Where a carer identifies a new learning need, specific to their child’s needs, the service should respond in a timely and substantive way, and help the carer find the right source, including where the need is specialist or rare.

3.4. Children's wishes and feelings

A child's wishes and feelings are established and taken into account in decisions about them, in a way that suits the child's age, understanding and communication. For some children a direct question places too much pressure on them; the duty can be met through the people who know the child best, through observation, and through the most recent information about what the child has said and how they are. This applies fully to children with complex needs, whose wishes and feelings should always be established. For a child who communicates without words, or not in English, the service makes the communication arrangements.

Children are given information, explanations and real choices about what happens to them. Where a decision goes against what a child wants, the child is helped to understand why. A child's wishes are weighed alongside their welfare and the welfare of others in the foster home.

The wishes and feelings of the child's parents and the other people who matter to the child are also sought and considered.

Every child can contact their social worker or their independent reviewing officer in private, without needing permission and without giving a reason. Carers make sure the child knows this and is able to make this contact.

The service must routinely seek the views of children, their families and its carers about the care it provides and should use their feedback to improve the service.

3.5. The foster home

A child should live in a home that is safe, comfortable and suitable for them, with appropriate space of their own, including their own bedroom or suitable sharing arrangements, and somewhere for their belongings. The home should be suitable for the number, ages and needs of the children living there. A child should be helped to feel it is their home.

Services should support carers to manage everyday safety in a way that is built around the particular child and proportionate to them, and that avoids an institutional feel.

3.6. Health

The service should make sure each child is registered with a GP (keeping the child's own GP where possible) and with a dentist, sees an optician when needed, and has any aids or equipment their health or disability requires. Day-to-day responsibility for the child's health should be delegated to the carer, with the specifics recorded in the child's health plan and placement plan. Where a health need arises between assessments or reviews,

the carer and the social worker act on it; services should not wait for the next scheduled review point before acting.

Where a child needs mental health or therapeutic support, the service helps the carer pursue it through the child's health plan and the integrated care board's services for looked-after children, including the designated doctor and nurse. A child with a specific condition is supported to manage it in ways that protect their dignity.

Any health professional the service employs or retains is suitably qualified and uses recognised approaches.

The service has a clear medicines policy. Medicines are stored safely out of a child's reach unless the placement plan records that the child manages their own medication, and children are supported towards managing their own medicines as their age and understanding allow. Prescribed medicines are given only to the child they are prescribed for, and the carer keeps a record of medication, treatment and first aid given. At the start of a placement the carer holds written permission from a person with parental responsibility to administer first aid and non-prescription medication, and the placement plan records which health consents are delegated to the carer (see Quality Standard 6: Delegated Authority and Everyday Family Life).

For a child receiving short breaks who is not looked-after, responsibility for the child's health usually remains with the parents. The carer maintains any ongoing treatment during the break and acts in an emergency, as the short break care plan sets out.

3.7. Education

The child has a quiet place to study, a device and internet access for schoolwork, and a carer who takes an interest, helps with homework and goes to school events as a parent would.

Where a child has special educational needs or a disability, the personal education plan and any education, health and care plan work together, and the carer is supported to contribute to assessments and reviews and to advocate for the support the plan promises. For young children, the service supports the carer to take up the child's early education entitlements.

Where a child is out of education or struggling to engage, the right setting is the one that meets the child's needs. For some children this is a mainstream school with the right support in place. For others it may be a special school, alternative provision, a smaller or specialist independent setting, or a boarding place. Exceptionally, and for a defined period, it may include an arrangement that combines time in school with structured learning elsewhere, agreed through the care plan and personal education plan and overseen by the virtual school head. The decision on a child's education setting, and its funding, rests

with the responsible local authority through that process. The fostering service's role is to help the carer recognise what the child needs and to advocate for it.

For a child receiving short breaks who is not looked-after, the duty to promote educational achievement remains with the parents, and the carer supports them in it.

3.8. Leisure, play and everyday life

Services support carers to make these a normal part of family life and to remove obstacles that arise from a child being looked-after. The cost of an activity should not be one of those obstacles; the service's allowances policy should be clear about how activities are supported.

Services also work beyond the foster home to open doors: with other parts of the authority, schools and local organisations, including negotiating access and subsidised passes to local facilities for fostering households, the carer's own children included. For young people of employment age this includes support with part-time work and other steps towards employment. A child's achievements, in whatever they pursue, are noticed and celebrated by the carer day-to-day and by the service.

3.9. Payments

Payments to foster carers should be fair, transparent and made in a timely way. Fostering services should ensure that every carer receives at least the national minimum allowance for each child placed. This should be uprated each year in line with changes to the rate of the national minimum allowance, with updated rates paid from the start of the new tax year. Fostering services should also agree additional payments necessary to meet the full costs of care, including everyday living expenses and participation in ordinary family life. This should include consideration of education and reasonable leisure interests of the child, as well as wider parts of everyday life such as insurance, holidays, birthdays, school trips and religious festivals.

Fostering services should review the financial support they offer annually, including allowances, expenses, wider incentives (such as council tax discounts or exemptions) and the fees they pay to foster carers. Services should consult with foster carers in advance of any changes to the financial support they provide. Carers should be informed annually of current payment levels, and commissioners should also have access to this information. Payment structures, including the distinction between allowances and any fees, should be clearly set out in a written policy, with criteria applied consistently across all carers. Foster carers should be provided with clear information about the payments and expenses available to them before a placement begins, and receive a written statement of payments, including an annual summary for tax purposes. Payments to foster carers should be accompanied by a statement setting out which money is set aside for allowances and additional expenses, and which is set aside for fees for the carer.

Payments should be made promptly at the agreed time and reviewed annually, with fostering services consulting carers in advance of any changes. The policy should address how payments are managed in different circumstances, including breaks in placement. If a carer normally receives a fee, and is subject to an allegation, the fee should continue for the duration of the investigation. Services should ensure clarity about any equipment provided or loaned to carers, and about the financial support available where a young person remains in the placement beyond the age of 18 or where parent-and-child arrangements are in place.

Fostering services should support carers to access wider sources of financial support where appropriate, including benefits for children with disabilities and general entitlements such as universal credit. Where additional benefits are received on behalf of a child, there should be regular, recorded consideration of how these are used to promote the child's welfare.

3.10. Short breaks

Short break carers provide planned, time-limited care, often for disabled children, while responsibility for the child remains, in most cases, with their parent. Short breaks for disabled children are provided under a separate statutory framework which this guidance does not replace.

This guidance addresses short breaks as a form of fostering and applies wherever a short break is provided through an approved foster carer. Short breaks of this kind can be used for a wider range of children, and services should consider their use where a planned, time-limited arrangement would support a child and their family.

Continuity of the same carer across a series of stays is what makes short breaks work effectively. A settled relationship with the child and family and good information-sharing, matter as much here as in full-time fostering. Services prepare and support short break carers for this role and plan each child's short breaks around their needs and their family's needs.

Where a short-break child is not looked-after, some duties in this guidance are modified by regulation 42 of the Fostering Services (England) Regulations 2011; the contact, health and education sections say where responsibility remains with the parents.

For a child receiving short breaks who is not looked-after, the regulation 14 duty does not apply, but the short break care plan should address how the child will keep in touch with their family during the break (see the short breaks section in Chapter 2).

3.11. 3 child limit

A person may not foster more than 3 children at any one time, unless the children are all siblings of one another, or unless the responsible authority has granted an exemption.

This usual fostering limit is set by Schedule 7 to the Children Act 1989.

An authority may exempt a person from the limit in relation to named children, having regard to the matters set out in paragraph 4 of Schedule 7 to the Children Act 1989 and, where relevant, the Fostering Services (England) Regulations 2011. The authority must record the exemption, the children it applies to, and any conditions attached to it.

Fostering more children than the limit allows, without an exemption, takes the arrangement outside the definition of fostering and may require the setting to be registered as a children's home. How the usual fostering limit applies in a parent and child arrangement depends on the circumstances of the parent and the child, including whether the parent is themselves a looked-after child.

Fostering limits should not get in the way of peer support, and sleepovers or short-term care breaks should not be considered as a foster carer exceeding the child limit.

3.12. Record keeping

A fostering service must keep the records required by the Fostering Services (England) Regulations 2011, including records of significant events in a child's life and in the running of the placement, and Independent Fostering Agencies must notify Ofsted of the events the 2011 Regulations require. These duties are fixed by the Regulations.

Unless the child's circumstances call for more, the default expectation for a carer is weekly record keeping; no regulation requires a daily account, and services should not impose one as a blanket rule. For long-term placements, the frequency of record keeping may less regular, provided enough is still recorded to give a clear picture of the child's progress and wellbeing. Significant events are recorded when they happen, whatever the routine rhythm, and the duties to record and notify under the Fostering Services (England) Regulations 2011are unaffected. More recording is warranted while a placement is new or settling, where there is a known risk, when medication is given, and where what is recorded may inform a court's decision, including in parent and child arrangements (see Annex B). A carer may always record more than the default where they judge it useful, including for their own protection.

Routine recording contributes to the child's life story. Records about a child are kept with the child in mind, written so that a child who one day reads their own file finds an honest and respectful account of their life and can recognise it as their own (see the identity section in Chapter 5). Records distinguish fact from opinion and are free of stigmatising language. The purpose of recording is the child's care and the child's own account of their life. Records are not kept to monitor the child or their family. The fact that a parent was in care as a child is not, of itself, evidence of risk to their child, and records made about a person's own childhood should not be read that way.

Records are created, kept and shared in line with data protection law. In practice this means the service is:

- Clear why it holds what it holds;
- Shares information about a child only with those who need it for the child's care or protection;
- Keeps records, paper and digital, secure, including any apps or systems carers use for daily recording;
- Retains them for the periods the Fostering Services (England) Regulations 2011 set and no longer than its retention policy justifies; and
- Makes sure children, in ways that suit their age and understanding, know what is recorded about them and how to see it. When a child asks to see their records, the service recognises this as a right and supports the child to do so, including through a subject access request where appropriate.

3.13. Recording in parent and child arrangements

In a parent and child arrangement, the carer's recording contributes to the assessment of the parent. This is an exception to the general position in the section above and the recording is never covert. The parent is told clearly, before the arrangement begins, that observation and recording are part of its purpose; what will be recorded, by whom, and who will see it are agreed in writing at the start, and the parent knows how to ask questions about the record or add their own account. Recording is confined to the purpose of the assessment, distinguishes fact from opinion, and records what the parent does well alongside any concern.

3.14. Reviews

A carer's approval is reviewed within the first year and at least annually after that, and at any point a concern requires it. A review considers whether the carer continues to be suitable and whether the terms of approval remain appropriate as well as the effectiveness of the training and support offered to the carer.

A review takes into account the views of the carer, of any child placed with them, during the year, and of the responsible authority for each child, as the Fostering Services (England) Regulations 2011 require. The first review, and reviews following a significant change in circumstances or an allegation, are referred to the fostering panel for a recommendation.

Chapter 4: Safeguarding

4.1. A safeguarding culture

Children are kept safe by carers who know them and are trusted by them, and by services that respond quickly and supportively when a concern arises. A safeguarding culture is one in which a child believes they will be listened to, and in which concerns are noticed and acted on early, before they drift.

Where children are listened to, respected and involved in family life, the conditions in which abuse can occur are less likely to exist. Carers are trained in safeguarding to at least the level the local safeguarding partners expect, and they understand how to care for children safely in a way that does not make the child's life unusual. Carers also help children learn, in ways that fit their age and understanding, how to keep themselves safe, including online. Every child knows how to raise a concern and who to: their carer, their social worker, their independent reviewing officer, an advocate, or a helpline, and can make a private call or go online to raise a concern.

Carers and staff can raise concerns about the practice of the service itself, know how to, and can go to the local safeguarding partners or Ofsted where the concern is not resolved.

The service supports carers to keep their home free of avoidable hazards, in keeping with ordinary family life, under a written health and safety policy. Every foster home is visited at least once a year unannounced.

People who regularly help the fostering household, such as back-up carers or regular babysitters, are identified during assessment and afterwards as they arise. There is no requirement to approve them as carers; the service uses professional judgement on whether checks are needed (see Chapter 3 for household suitability and checks).

4.2. Safeguarding looked-after children

The responsible authority's safeguarding duties towards a child it looks after are the same as towards any child and are exercised through the child's social worker as set out in Working Together. The fostering service's part is to make sure its carers and staff can recognise harm, respond to it and report it, and that its own procedures work with the local safeguarding arrangements where the carer lives and, where different, those of the responsible authority.

Harm to children in care often can originate outside the foster home: such as exploitation, online harm, and coercion through peer or community contact. Children can be vulnerable to multiple forms of extra-familial harm from both adults and/or other children, and harm may be perpetrated or facilitated by individuals or groups. Children who experience extra-

familial harm may also perpetrate harm, this can be at the same time as experiencing harm. It tends to show first in patterns of behaviour and absence. Carers are often the first to see these patterns, and the service makes sure they know what to watch for and how to raise any concerns, working with the child's social worker and the relevant safeguarding teams. A child's online life is part of their everyday life and is safeguarded in the same way: with knowledge of the child, proportionate boundaries agreed through the placement plan, and an open culture in which the child can say when something has gone wrong.

If a child experiences or is at risk of significant harm in any context, including extra-familial, then they require and deserve a child protection response.

A fostering agency notifies the responsible authority and Ofsted of any child protection enquiry involving a child it has placed, and of its outcome (see Chapter 8 for notifiable events).

4.3. Children missing from the foster home

Good care reduces the risk of a child going missing; a child who feels secure and known has less reason to leave the foster home. Where there is a known risk, the carer and the service talk with the child about the dangers and about how to get help if they find themselves in difficulty, and the placement plan reflects what is agreed.

Carers know and follow the service's procedure and the local missing-children protocol of the authority where they live and, where different, of the responsible authority. A carer should try to prevent a child leaving through dialogue and does not restrain a child who is intent on leaving except within the limit the Fostering Services (England) Regulations 2011 set. When a child returns, they are met with warmth and without recrimination, and the responsible authority arranges the independent return interview; the carer's part is to help the child engage in the interview and to share what they know.

There is a risk of over-policing children in care, and of failing to protect them. Careful consideration should be given about the level of risk in a missing episode and the appropriate response. Police should not be called when a child challenges boundaries in line with other peers their age and should be involved swiftly and extensively where there is exploitation risk. All missing episodes and whether they have been reported to police, should be recorded and shared with the child's social worker.

Every incident is recorded and shared with the responsible authority and, where appropriate, the child's parents. Going missing is often a sign of something else happening with the child, including exploitation, and patterns matter more than single events. Where a child goes missing repeatedly or for long periods, the child, the responsible authority, the service and the carer meet to decide what further action is needed.

4.4. Bullying

The culture of the service and of each foster home makes clear that bullying is unacceptable. Carers recognise the signs, act early, and engage both a child who is bullied and a child who bullies; a child who bullies needs help to stop and to take accountability. Carers respond to bullying that happens online with the same seriousness, working with the child's school and others involved.

4.5. Behaviour

Taking age-appropriate risks is part of growing up. Excessive caution is not beneficial for a child. A child in foster care should be making friends, playing sport, going to the park, staying over with friends and exploring the world on the same terms as their peers. In making a decision about a child's activities, the carer makes the judgement a reasonable parent would make, weighing what is known about the child and the situation. Day-to-day decisions are delegated to the carer through the placement plan (see Quality Standard 6: Delegated Authority and Everyday Family Life). Anything in the child's history that could present a particular risk is shared with the carer at the beginning of a child's placement with them.

Services prepare carers for this appropriate decision-making through training and supervision, including how to read behaviour well, to assess everyday risk proportionately and to reflect after a hard day rather than absorb it alone.

Good behaviour support is relational. The carer knows the child, sees difficulty coming, and steers away from confrontation through dialogue. Carers also understand their own responses under pressure and know when to withdraw, concede or seek help. Any specific behaviour the child needs help with, and the approaches agreed, are set out in the placement plan. Sanctions, where used, are clear, reasonable and fair, and never include corporal punishment.

4.6. Control and restraint

Physical intervention is used only where it is necessary to prevent harm, is proportionate, and is the least restrictive option. Every use is recorded, reported to the service and reviewed, and the child is given the chance to talk about what happened and have their account heard. The purpose of a review is to help the carer and the service to understand and prevent the situations that lead to restraint, and a pattern of incidents prompts a wider look at whether the child and the carer have the right support.

4.7. Allegations and the fair treatment of carers

Important note on this standard and Working Together to Safeguard Children

This standard sets out what is expected of fostering services when a concern or allegation arises about a foster carer, and the principles that should govern their response: proportionate, swift, supportive and fair. The wider framework for managing allegations against people who work with children, including the role of the Local Authority Designated Officer (LADO), is set out in Working Together to Safeguard Children.

The Government is also consulting on the statutory framework for the help, support and protection of children, which includes the role of the LADO and the handling of allegations. That consultation can be accessed here: Improving help and child protection: revised framework - GOV.UK

That consultation and the consultation on these fostering standards are complementary. The framework consultation closes on 4 September 2026. Responses to both will be considered together, with the safeguarding guidance due to be updated in 2027.
The detailed thresholds for managing allegations are being considered through that wider process, so that the fostering standards and the safeguarding framework develop together.

The Government intends to adopt an approach to allegations in fostering that includes more consistent support for children and carers throughout the process. The standard sets out the principles for that approach. Additional detail will follow both consultations.

As outlined in Quality Standard 7, an allegation or concern about a foster carer is handled through a process that keeps the welfare of the child at its centre. The carer is treated fairly and without unnecessary delay throughout. A sound process ends an unfounded allegation quickly and identifies genuine risk where it exists.

Where the fostering service considers there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, the matter is dealt with through the multi-agency child protection process, in the same way as for any other child. A strategy discussion is held, and any enquiries under section 47 of the Children Act 1989 are carried out. The child's social worker is involved.

Each service has a designated senior manager responsible for the handling of allegations and standards of care concerns, for oversight of the records kept, and for liaison with the LADO where that is needed. The designated senior manager keeps the carer informed of progress during the allegation investigation and of the conclusion. The carer continues to receive support from the service throughout, including from the supervising social worker, with whom they have an existing relationship. The person supporting the carer is independent of any investigation.

When a concern or allegation is raised, a child is not removed from the placement automatically, and a carer's approval is not suspended automatically. Each decision is made independently, based on the individual circumstances, and any removal of a child

follows the the Care Planning, Placement and Case Review (England) Regulations 2010 and guidance. Where a child is moved, active steps are taken to preserve the child's relationship with the carer where it is safe to do so. Every effort is made to maintain confidentiality and to guard against publicity while a matter is investigated.

The carer is given appropriate information about the concern or allegation by the designated senior manager, provided with written reasons for decisions, and the chance to make representations. Fees continue during the investigation, subject to regular review against the length and seriousness of the matter, with continuation reconsidered where there is an ongoing police investigation.

The service keeps a clear and comprehensive record of any concern or allegation, how it was considered or investigated, the outcome and any action taken, and is available to the carer. Records are held in a way that allows patterns to be identified across the service and over time. They are retained in line with Working Together so that future enquiries can be answered accurately and resolved matters are not reinvestigated. The carer has access to what has been recorded about them and a clear route to correct anything inaccurate. An allegation found to be malicious is removed from the carer's record.

4.8. Terminations of approval

Where concerns about a carer arise, the service considers first whether the carer can be supported to continue to provide the care the child needs, with attention to the child's enduring relationships and in providing stability to the child. Where a placement cannot be sustained but the carer has provided good care, the carer should be supported to return to caring over time, and the ending should not be treated as a failure on their part. Where concerns show that a person is not suitable for the role, the service acts swiftly to protect children.

Where the service determines that a carer is no longer suitable, or proposes to change their terms of approval, this is a qualifying determination, and the carer has the independent review rights set out earlier in this chapter.

A carer may resign by giving written notice. Under regulation 28 of the Fostering Services (England) Regulations 2011 resignation takes effect automatically 28 days after the service receives the notice.

Chapter 5: Transitions

5.1. Planned endings and transitions between placements

Moves into, out of and between placements are points of risk for a child. A child should not move placement unless this follows a statutory review, is clearly in the child's best interests, has taken account of the child's wishes and feelings, and is properly planned. In

exceptional circumstances, where there is an immediate risk of significant harm to the child or a need to protect others in the household from serious injury, a placement may be ended without a prior review. The authority must then take the required steps, including making alternative arrangements and notifying relevant parties, as soon as reasonably practicable.

A planned move is prepared for and time to meet the child's needs. The foster carer, the service and the child's social worker help the child understand why they are moving, and the child leaves in a way that makes them feel valued, with the chance to say goodbye. An unplanned ending still protects the child's relationships and the information the next carer needs to care well from the start. Services give attention to endings as much as to beginnings.

Services should work to avoid placement breakdowns by putting in place the right multi-disciplinary support around foster families.

Some placements end because the match was not right. A breakdown does not by itself mean that the child or the carer is at fault, and neither should be treated as though it does. What matters is that the ending is managed with care, that the child's next step is planned wherever possible and that the service learns what the ending has to teach them about matching and support.

5.2. Transitioning to adulthood and Staying Put

The primary benefit of a Staying Put arrangement is the continuation of a secure, stable, family-based relationship. Young people in foster care should be able to access Staying Put regardless of whether they are in education, employment or training (EET) when they turn 18. The opportunity should apply equally to young people placed with local authority foster carers and those with independent fostering providers.

Throughout a child's time in foster care, and at a pace that suits them, carers support the development of skills and confidence for adult life. These skills include managing money, running a home, self-care, accessing work and education and forming positive relationships. Preparation for adulthood should be embedded in everyday family life within the foster home, and be supported practically, financially and emotionally. No young person should be required to leave their foster home before they are ready; there should be no abrupt 'cliff edge' when the young person turns 18.

A Staying Put arrangement allows a young person to remain living with their former foster carer up to the age of 21. Local authorities are under a duty in section 23CZA of the Children Act 1989 to advise, assist and support both the young person and their former foster carers when they wish to stay living together after the former relevant child reaches their 18th birthday.

The pathway plan should set out what the local authority, its partners and the young person will do to support the young person's transition to adulthood. In preparing the plan, the foster carer and the young person must be consulted. The carer's view of the young person's readiness is an important consideration, and the carer should work closely with the young person's social worker and independent reviewing officer to review progress. The option of Staying Put should be introduced early - both during assessment and as part of pathway planning - so that it is a genuine, informed choice made in good time.

Every young person is entitled to a personal adviser, available up to the age of 25. A young person may wish their carer or former carer to undertake aspects of this role; in such cases, the local authority will determine suitability and any associated payment, in addition to the financial support they put in place to facilitate the continuation of the Staying Put arrangement. Both the young person and their carer should also be supported to understand the local authority's "local offer" for care leavers.

A Staying Put placement is not a foster placement, and the 2011 Regulations do not apply. Instead, the young person becomes an adult member of the household, with practical implications that the service must plan for. These include, where relevant, checks when other children are placed in the home, and changes to the carer's financial arrangements, which should be clearly set out in the local authority's Staying Put policy.

5.3. Relationships after a placement ends

The relationships that a child builds in foster care do not lose their value when a placement ends. Where it is what the child or young person wants and consistent with their welfare, services should support contact between a child and a former carer after a move, and between a young person and their former foster family after they leave care. For many care leavers, a former carer remains one of the few constant adults in their life. The service may support former carers to continue this role, and practical arrangements, such as keeping a bed for a young person studying away to return to in vacations, are agreed through the pathway plan.

5.4. Closure of the service

A child's placement does not end because the agency that approved their carer closes. When an agency anticipates closing, it should inform responsible authorities and its carers as early as possible. It should then work with them and the receiving local authority to ensure that, where this is right for the child, placements continue through the transfer. Records should transfer intact, and carers should understand their position at each stage.

Annex A: Definitions

In this guidance:

Legislation referred to in shorthand

- **the 1989 Act** the Children Act 1989;
- **the 2000 Act** the Care Standards Act 2000;
- **the 2004 Act** the Children Act 2004;
- **the 2008 Act** the Children and Young Persons Act 2008;
- **the 2010 Regulations** the Care Planning, Placement and Case Review (England) Regulations 2010; and
- **the 2011 Regulations** the Fostering Services (England) Regulations 2011.

Terms

- **care plan** the plan for a looked-after child's future care, prepared by the responsible authority under the 2010 Regulations; it includes the placement plan, the health plan and the personal education plan.
- **child** a person under the age of 18. Where the context refers to older children, "young person" is used.
- **connected person** a relative, friend or other person connected with a looked-after child. This includes a grandparent, sibling, aunt or uncle (whether of full or half blood, or by marriage or civil partnership) and a step-parent, and may include someone who knows the child in a professional capacity, such as a childminder, teacher or youth worker.
- **designated teacher** the teacher in a maintained school, academy or free school with responsibility for promoting the educational achievement of looked-after and previously looked-after children, under section 20 of the 2008 Act.
- **the Development Standards** *(replaces Training, Support and Development Standards)* the Foster Carer Development Standards, which set what every foster carer is expected to know and be able to do within their first year of approval.
- **foster carer** a person approved as a foster parent under the 2011 Regulations, or temporarily approved as a foster carer under the 2010 Regulations. Where a couple foster together, a reference to a foster carer includes both.

- **fostering agency** an undertaking which discharges local authority functions in placing children with foster carers, or a voluntary organisation which places children with foster carers, as defined by section 4(4) of the 2000 Act.

- **fostering service provider** the local authority, in relation to a local authority fostering service, or the registered person, in relation to a fostering agency.

- **Independent Review Mechanism (IRM)** the mechanism by which, on behalf of the Secretary of State for Education, prospective and current foster carers may seek an independent review of a service's proposed decision not to approve them, or to change the terms of their approval.

- **independent reviewing officer (IRO)** the officer appointed under section 25A of the 1989 Act to review the case of each looked-after child and to monitor the local authority's performance of its functions in relation to the child.

- **kinship carer** any friend or family member who is not a child's parent but is raising them for a significant amount of time, either as a temporary or permanent arrangement. A child would be defined as living in kinship care if they live with a relative, friend or other connected person for all of part of the time and that person provides all or most of the care for the child. Legal parents, local authority foster parents who were not previously connected to the child, and people caring for the child in a professional capacity would be excluded from the definition.

- **local authority fostering service** the discharge by a local authority of its fostering functions under section 22C of the 1989 Act and the Regulations made under Schedule 2 of that Act, as defined in section 43(3)(b) of the 2000 Act.

- **looked-after child** a child who is in the care of a local authority under a care order; or who is provided with accommodation by a local authority for more than 24 hours, including under section 20 of the 1989 Act; or who is placed away from home under an emergency protection order or police protection; or who is remanded to local authority accommodation.

- **parent** in relation to a child, includes any person who has parental responsibility for the child.

- **parent and child arrangements** made by a local authority for a parent and their child to live with a foster carer, whether or not the parent or the child is looked-after.

- **parental responsibility** all the rights, duties, powers, responsibilities and authority that a parent has in relation to a child and the child's property.

- **pathway plan** the plan prepared under the 2010 Regulations recording what the responsible authority, its partners and the young person will do to prepare the young person for adulthood.

- **personal education plan (PEP)** the part of a looked-after child's care plan that records the arrangements made to meet the child's education and training needs.
- **placement plan** the part of a looked-after child's care plan that sets out how the placement will contribute to meeting the child's needs.
- **placing authority** the local authority or voluntary organisation responsible for a child's placement.
- **the Quality Standards** *(replaces National Minimum Standards)* the Fostering Quality Standards, which set what fostering services must achieve and against which Ofsted inspects.
- **responsible authority** the local authority that is looking after a child.
- **service(s)** the fostering agency that recruits, assesses, approves, trains and supports foster carers, and arranges fostering placements for looked-after children. The agency is either run by the local authority or independently.
- **short break care** a series of placements with the same foster carer, provided under section 20, each lasting no more than 17 days and totalling no more than 75 days in a year, at the end of each of which the child returns to their parent or other person with parental responsibility. It does not include care for a child subject to a care order.
- **the standards** the Quality Standards and the Development Standards together.
- **supervising social worker** a social worker with responsibility for the supervision, ongoing assessment and support of a foster carer.
- **virtual school head** the officer of a local authority responsible for promoting the educational achievement of the authority's looked-after children, under section 22(3B) of the 1989 Act.
- **Volume 2** the Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review. (Retain "Volume 1" and "Volume 3" definitions from the current guidance if you cross-refer to them.)
- **Working Together to Safeguard Children** is the statutory guidance that sets out how organisations and professionals should work together to protect children and promote their wellbeing.

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