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adoption • fostering • kinship

Consultation

Updating foster care standards and guidance consultation response

18 September 2026

Part 1: Why this matters

9 To what extent do you agree with the principles used to write this document?

Agree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

In consultation with our members, we identified:

9.1 There is strong support for the child-centred and relationship-based orientation, including the focus on enduring relationships, ordinary family life, repair after difficulty, lived experience and the child's wishes and feelings. At the same time, members stressed that the standards need to recognise practical limits of what fostering services and carers can secure, particularly after a child has moved on from a foster family or where another service controls decisions (e.g. accessing CAMHS through NHS or specific services delivered or funded by the responsible local authority).

9.2 An overarching theme identified by members was that the standards are set out very much as principles. As a result, a great deal is left open to interpretation, which risks bringing less clarity, a lack of shared understanding, and inconsistent practice.

9.3 The need for clarity, specificity, and consistency were recurring concerns. Members repeatedly welcomed the direction of travel but considered that terms such as "proportionate", "should", "timely", "independent" and other broad terms risk different interpretation between services, panels, local authorities, LADOs and Ofsted.

9.4 Members were concerned that flexibility without sufficiently clear parameters could undermine consistency and, in some contexts, negatively impact safeguarding. A recurring suggestion was to include practical examples or scenarios showing what proportionate and bespoke decision-making looks like, alongside an expectation that services translate the quality standards into clear local policies.

9.5 The standards cannot be implemented by fostering services alone. Many outcomes depend on the responsible local authority, children's social workers, police, LADOs, health, education and other corporate parenting partners. Members repeatedly asked how the wider system will be held accountable where the fostering service is expected to deliver an outcome but lacks control over the relevant process.

9.6 The position of foster carers within the team around the child was a major theme. Members welcomed recognition of foster carers as core members of the team but described a continuing culture in which carers may not be treated as professionals, listened to, or included as equal partners.

9.7 Implementation therefore requires wider culture change and training, not simply wording in fostering standards.

9.8 Practice around information sharing was repeatedly identified as fundamental and in need of practice improvement across the board. Members raised the consequences of carers not receiving sufficient information about a child, the need for chronologies and complete referral information, access to information relevant to safeguarding and allegations, and the practical consequences of poor inter-agency information flows.

9.9 Timeliness was a major concern, especially in allegations investigations, transfers and assessments. Members wanted clearer enforceable or at least published timeframes, escalation routes, senior oversight and clarity about what happens when delays are caused by police, local authorities or other agencies.

9.10 Implementation and transition arrangements will matter. Members stressed the need to train children's services practitioners and managers, panel members, carers, fostering staff and relevant partner agencies so that the new standards are understood consistently.

9.11 There was concern that broad, aspirational wording lacks clear accountability and measurable expectations.

9.12 Members feel that ambiguity could perpetuate existing inconsistencies and inequalities across fostering services which directly influences the foster carers experiences.

9.13 There is a strong view that foster carers should be explicitly recognised and treated as equal professionals within the multidisciplinary team. There was a strong desire for a more collaborative

"team around the child" approach rather than an "us and them" culture between foster carers and professionals. Foster carers have shared that the document places excessive responsibility on carers while giving services greater flexibility and less accountability.

9.14 Members have expressed concern at the absence of requirements for services, practitioners and foster carers to be anti-racist. Member highlighted the need for this to be more explicit within the introduction and also a more explicit requirement of services both within the quality standards and development standards. Assessing social workers need to feel confident to ask questions about values, societal views and perspectives on protected characteristics. Whilst it is important that the document acknowledges that racism exists, we believe it should go further by explicitly identifying anti-racist practice as an approach to recognising and addressing racism within fostering. Similarly, the Standards and Guidance could make more explicit reference to recognising and meeting the needs of LGBTQ+ foster carers, including ensuring that they are appropriately supported by fostering services and that their experiences and needs are reflected in service practice.

9.15 The standards are likely to be used in practice for a number of years and there was consensus that they are not currently written in a way to be adequately future proofed; some members feedback was that the standards in their current format read like as a status quo rather than an opportunity for evolving practice.

9.16 Members' feedback on reading the standards is that the responsibilities for meeting both the quality and development standards lie with fostering services and not with foster carers, therefore this should be made clearer.

9.17 There is a consensus amongst members that the re-writing of the Standards provides an ideal catalyst moment to change the use of language within this document to reflect what children in care, care leavers, care experienced adults, foster carers and practitioners have been requesting for a long time. This is the opportunity to stop using language that is hurtful, negative and insensitive therefore moving away from: 'placement', 'contact' and other terms that are out-dated. Whilst the language in the regulations still uses these terms this new set of standards doesn't have to. It would be sufficient to acknowledge that the language in regulations will eventually 'catch up' once they are amended/ revised/ replaced. It is felt this would be an opportunity wasted if this request was not addressed in the final version of the standards, making these changes would go a long way in demonstrating that those with lived experience have been genuinely listened to.

Part 2: The quality standards

10 Standard 1: Recruitment and assessment. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

10.1 The central challenge for services will be in interpreting these new standards and demonstrating how they are meeting them. Many comments returned to the same set of questions:

- How do I demonstrate that I have met this standard?
- How do I meet this standard in practice?
- How will I know I have achieved what is expected and how will this be measured?

10.2 There is a considerable amount of detail still to be worked through on what these standards mean in practice. This theme runs through members' feedback. E.g. the demonstration of competence in the development standards, the process behind home environment checks, the undefined route for issues raised with panel chairs, and the workings of transfer and regional arrangements are all instances raised.

10.3 There is reference to an “assessor” without this specifying that the assessor is social work qualified; members feel this needs to be made explicit from a safeguarding perspective, with required skills, experience and knowledge necessary for carrying out robust and high-quality assessments.

Panel independence

10.4 Members raised questions about what greater panel independence would mean in practice. This included whether panels could ever be wholly independent of the fostering service and how their independence might be perceived or challenged.

10.5 There was concern that greater independence could leave panel members more isolated at precisely the points when they may require support, for example where foster carers raise concerns directly with the panel chair. Members also questioned whether using concerns raised with panel chairs to support oversight and continuous service improvement could blur or expand the panel's role, and how such a function would be supported without compromising the panel's independence. Greater independence could also have unintended consequences for the recruitment and retention of panel members, given the level of support they may need from fostering services to undertake their roles.

Direct access to panel chairs and the complaints process

10.6 Members expressed concerns about the suggestion that foster carers could contact panel chairs directly to raise issues. The panel is not part of the complaints process, so this risks a blurring of boundaries, roles and responsibilities, with a range of unintended consequences.

10.7 There is already significant activity in feeding back to agencies, and a lot of work is undertaken by panel chairs to improve practice. Where an independent panel chair has concerns raised directly with them by a foster carer, it is not clear what their role is, how the process happens, or how it feeds into any complaints process. For example, a foster carer could go straight to the panel chair and bypass the complaints process. The chair would then have to work out what has happened and how to respond, which is likely to take time and potentially conflicts with other duties.

10.8 Members have reported that foster carers are increasingly using AI tools to make complaints, which is becoming a growing challenge for services to respond to. This is expected to increase the volume and complexity of communication with panel chairs, particularly for larger local authorities and regional hubs. There would likely be uncertainty about the routes for recourse where a foster carer has raised specific concerns about their assessment in a wider regional context.

Health assessments and health and safety

10.9 For the two points in the draft guidance “Health assessments consider ability to care, not general fitness, with flexibility in how they are carried out” and “Homes are assessed on whether a child can live well there, not against rigid checklists” members expressed that generally, this felt like a downgrading of assessments. Having many different approaches will not necessarily equate to improved practice.

10.10 Panels would potentially receive reports without necessarily being sure what process had been followed to consider suitability for a child to be cared for in the home environment. The resulting variation in practice could introduce delays, as panel members may have questions at panel about how assessments had been carried out.

10.11 Social workers do not have the necessary knowledge or expertise to interpret information from an applicant’s GP. Members wanted clarity on medical assessments under the new standards: what constitutes an appropriate assessment, how it can be timely, and what flexibility in the medical process means in practice.

10.12 CoramBAAF Health Advisory Committee feedback: Although some flexibility is appropriate, this is likely to lead to variation in quality of medical reports. A comment here about who should provide the health assessment report would be useful i.e. by medical practitioners with appropriate expertise of adult, child and fostering needs. Ability to care is the right basis on which a health report for fostering should be written.

Question over interpretation of what assessment should not cover

10.13 There is a sentence in the draft guidance which says assessment should not "Require a particular family structure, home ownership or spare-room arrangement beyond what a child's needs actually require." Clarity about what this means in practice would be beneficial as this could be interpreted in a variety of ways. For example, could this be interpreted as foster carer's own children sharing bedrooms with foster children?

11 Standard 2: Kinship and family and friends foster carers. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

Assessment

11.1 Assessment of kinship foster carers needs to specifically reference the child's voice and this should be amplified within any assessment report, as it is essentially a matching report between the child and carer as well as an assessment of the carer's capacity to meet the child's needs. We would therefore suggest the following addition to the Assessment section: Assessment must include the child's wishes and feelings about the kinship arrangement and include observations of the relationship between the child and carer.

11.2 Assessment proportionate to the role: This is an important concept but we wonder whether it might be open to misinterpretation and suggest possible rewording: "Assessment proportionate to the role - establishing whether this kinship carer can care for this specific child safely and well, considering their unique circumstances."

11.3 Members also raised concerns around the use of the word 'proportionate' without a clear definition as they felt that it was vague and open to subjective interpretation. It could create

inconsistent practice across local authorities, and it could be used to justify shortened assessment timescales – the risks of which are detailed below.

11.4 Suggested amendment: “Kinship carers must still be assessed as safe and protective. 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.” A carer's capacity to be protective is needed in addition to them being 'safe carers'. There is a distinction between being able to be protective and being considered 'safe'.

11.5 Suggested amendment: "Any temporary approval under the relevant regulations is followed by a full assessment completed without delay. Carers are kept informed about progress of their assessment, so they are not left in prolonged uncertainty about their status while a child is already living with them." Could the emphasis be on without delay rather than swiftness, given the pressures on kinship assessment timescales including kinship carers not feeling that they have enough time to process what is being asked of them and make informed decisions. But also pressures on assessing social workers to complete assessments in unrealistic timescales. Insufficient timescales is a significant challenge across the system that we frequently hear about from kinship families and kinship practitioners.

11.6 Rushed assessments risk excluding potentially suitable carers. Assessments must remain trauma-informed, sensitive, fair and inclusive.

We would suggest an additional Approval and Panel subsection to include the following:

In addition to the practice points in Standard 1, the following should be considered for kinship foster carers:

11.7 Approval is being considered for a kinship carer for a specific child, rather than approval to care for any child.

11.8 Specific and regular training for panel members to understand the unique context of kinship foster care.

11.9 Membership of the fostering panel to include lived experience of kinship care.

11.10 Panels should make recommendations about approval based on capacity to meet a child's needs with support, rather than against the benchmark of whether they meet the Quality Standards without support.

Support

11.11 We wonder whether Support section should come before Training, as we believe that it is essential that support needs are considered throughout the assessment, as a parallel process.

11.12 Suggested changes in quotation marks: Ongoing support which addresses the specific challenges of kinship care, including:

- Changes in the carer–child relationship
- Managing “relationships and” contact with the child’s family and “those important to them”
- Wider family impacts
- Financial and practical pressures

We make this suggestion because contact can convey a one-off event whereas it should have a focus on supporting family relationships and the emotions involved.

11.13 Support should be available early and should be understood as integral to assessment rather than as a separate activity after assessment. Members cautioned against framing this as “swiftness” if that encourages rushed assessment. Rushing kinship families may create unintended risks, including negative recommendations that could have been avoided with appropriate support and time.

11.14 Members wanted more practical detail about creative and accessible ways of working with kinship foster carers, including the use of voice notes, transcription tools, photographs and other methods where expectations concern training, evidence or recording.

Training

11.15 Training must be relevant, timely and accessible. The kinship carer’s readiness for training needs to be considered and flexibility applied to any training offer. It needs to provide the carer with the information needed for them to undertake the fostering role for a specific child rather than for any child as mainstream foster carer would. Carers may struggle to engage with mandatory training requirements when they are adjusting to their role at a time of crisis therefore highlights the need for flexible and responsive training delivery.

General point

11.16 There was disappointment at the limited guidance directed specifically at fostering panels about applying the standards to kinship foster carers. Panel members may consider mainstream and kinship approvals on the same day and may unconsciously compare applicants against the mainstream fostering model. More panel-specific guidance was therefore considered necessary.

12 Standard 3: Identity, culture and family relationships. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

Quality Standard 3.1

12.1 For the proposed requirement that every child's identity, culture, faith, language and family relationships are "valued and supported", members suggested adding "acknowledged/ celebrated/understood". Expanding this requirement feels essential.

12.2 Foster carers can only support a child's identity effectively if relevant information is shared with them. Members described delays and failures in information-sharing across departments, including an example in which information took two years to reach the foster carer. The standards should therefore place responsibility on services to share information so that foster carers can carry out identity work with all children in their care.

Quality Standard 3.5

12.3 This point could be expanded to help practitioners think about how relationships and trust can be established between members of a child's extended network to enable them to be more involved in a child's life, when they are not in a position to care for them on a full-time basis as kinship carers.

Recording and life story work

12.4 Life story work was described as too often treated as an end product rather than an ongoing process throughout the child's care experience. Members suggested that the standards should encourage innovation and recognise service responsibility for life story work. Some services previously had dedicated life story workers, but these roles may have been lost through financial pressures. The responsibility should not simply be shifted onto foster carers.

12.5 Members also questioned how responsibility for identity work will be reviewed and measured. They noted examples of insufficient identity-focused training and a lack of support within some teams. Members reflected on the influence of adult feelings and perspectives on the language and delivery of identity-related work which directly impacts how a child understands and relates to their identity. Essentially high quality and consistent training for all foster carers is needed.

12.6 Additionally, we welcome the expectation that records include strengths, achievements, celebrations and 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. The recommendations below have been developed with the support of, and are endorsed by, the Access to Care Records Campaign Group (ACRCG). The ACRCG brings together organisations and individuals working to improve the creation, retention of and access to care records, with a particular focus on ensuring that the perspectives and needs of care-experienced people inform policy and practice. For more info visit: https://www.accesstocarerecords.org.uk/

We recommend strengthening the Standard in the following areas:

12.7 Return and preservation of records and memorabilia: There is an important gap in practice when a child leaves a foster family. Records relating to the child should be returned securely to the responsible organisation rather than remaining with foster carers, with clear arrangements for their transfer, preservation and future access. This should include relevant photographs, memorabilia and other material forming part of the child's personal history. Particular clarity is needed for arrangements with independent fostering agencies about responsibility for ensuring that records and memorabilia are returned and appropriately preserved. For arrangements made through independent fostering agencies, placing local authorities should make these responsibilities explicit in commissioning and contractual arrangements with the IFA, and compliance with these arrangements should be capable of scrutiny through relevant inspection and assurance processes. This reflects feedback that records can otherwise go astray and that foster carers may retain records and memorabilia because of concerns about whether they will be preserved.

12.8 Purpose and language: The description of recording as “useful”, “meaningful” and “proportionate” may allow for differing interpretations. We suggest clearer language emphasising that records should be child-centred, relevant, balanced, respectful and written in plain language.

12.9 Recording with the child: The Standard should encourage records to be created in partnership with the child where possible and appropriate, rather than simply written about them. The child's own account should be recorded and preserved, including where their perspective differs from that of the foster carer or other adults.

12.10 Children's and care-experienced people's views: Consider whether children, young people and care-experienced adults have been sufficiently involved

12.11 In developing the recording expectations, particularly in defining what respectful and useful recording looks like from the perspective of the person whose life is being recorded. Their views should also inform the development and review of local recording policies and practice. The development of recording expectations should also be informed by relevant research and good practice developments, including learning from other jurisdictions such as Australia.

13 Standard 4: Knowledge and capability. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

13.1 Members welcomed the opportunity to have a more bespoke approach and care plan for individual children, there is an expectation that all children in care should have this.

13.2 Members were very positive that training will be informed by the lived experience of children in care, care leavers and foster carers, as well as being evidence-based.

13.3 Members were positive about the provision of bespoke training to meet foster carers' needs.

13.4 Members highlighted that foster carers need to have up-to-date information about each child, including their history.

13.5 Members felt there was room for more specificity in these standards, with concern about the many different ways in which the requirements could be achieved and that, as a result, experiences may vary greatly.

13.6 In relation to information provided to foster carers, members felt there should be a duty on the local authority to provide fostering agencies and foster carers with full details of the child's history, including the child's chronology as standard. Local authorities should be held accountable for providing this information.

13.7 Members highlighted that there is often a real reluctance among local authorities and social workers to share information about the child. This can lead to a range of issues, including safeguarding risks, disruptions and allegations, as well as affecting foster carers' capabilities and confidence. It can also create significant “matching ambiguity”, with carers potentially not having the information needed to determine whether they are equipped to care for a specific child.

13.8 Members wanted greater detail on training, particularly evidence-based training, and suggested that it would be useful to have a shortlist of the evidence that the Department for Education supports or endorses.

13.9 Members felt that foster carers should provide some of the evidence of their own capability. The consensus was that the workbook in its current guise was not suitable and was overly complicated, although members felt there was scope for a pared-down version that would allow training and development to be tailored to the individual child and carer. A model requiring the supervising social worker to provide all of the evidence risks being too unwieldy and placing undue strain on them. There should therefore be some expectation that foster carers keep track of their own ongoing learning and development.

13.10 Members felt that agencies should provide IT support and training to foster carers to support them in their roles and develop their IT and technology skills, particularly given that the IT landscape is constantly changing and can be difficult to keep up with.

13.11 Members suggested that there should be a robust induction for foster carers during their first year, equipping them with the skills and knowledge needed to understand the learning and administrative requirements expected of them. This could be accompanied by a handbook.

14 Standard 5: Support and supervision. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

14.1 Members expressed the importance of access to practical help and multi-disciplinary support outside the fostering agency to prevent escalation of needs and avoidable disruptions for children.

14.2 Members said that there should be consideration of what wider guidance or frameworks may be required to ensure all corporate parenting partners can effectively meet the standards.

14.3 Members would like therapeutic and trauma-informed support to be implemented collaboratively by the wider professional network rather than relying solely on foster carers.

14.4 There should be support for increased access to practical and specialist support for foster carers. Members felt that there should be greater accountability and clearer expectations around implementation.

14.5 Support for a more preventative and restorative approach to addressing difficulties, promoting stability, and avoiding children having to move unnecessarily. This would require fostering services to provide earlier intervention and, for example, routinely hold stability meetings where there are concerns about the stability of a specific child or the context for a child and their foster carers could lead to instability.

14.6 The standards assume support from supervising social workers and agencies without explicitly requiring it or stating what this covers. Members shared that clearer commitments to training, supervision, and practical support should be written into the standards.

14.7 There is concern that foster carers are expected to undertake increasing responsibilities without corresponding authority, resources, or professional recognition.

14.8 Members welcomed the emphasis on support, access to multidisciplinary expertise and planned breaks, but felt that greater clarity was needed about what “support” means in practice. As one foster carer commented, “Even the word support is ambiguous: practical support or verbal? What does support actually mean to different people?”

14.9 Members suggested that the Standards should be more explicit about the practical support foster carers can expect, including regular face-to-face supervision from their supervising social worker and access to planned and funded breaks where these form part of the child's placement plan.

14.10 Members also highlighted the importance of timely access to mental health and therapeutic support for children in foster care, and greater clarity about the responsibilities of fostering services, local authorities and Integrated Care Boards in ensuring that children and foster families can access the specialist support they need.

14.11 Suggested Amendment from foster carer: "Fostering services will provide guaranteed monthly supervising social worker face to face supervision. Funded, scheduled planned breaks (respite) as agreed and written into the placement plan will occur.”

14.12 Suggestion from Foster Carer Advisory Committee - “Explore with Integrated Care Boards (ICBs) a duty to provide direct, prioritised mental health and therapeutic support to children in foster care starting within four weeks of moving in with a foster family, bypassing general CAMHS waiting lists."

15 Standard 6: Delegated authority and everyday family life. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

15.1 There was general support for the standard, alongside concern about how flexibility will operate consistently across services and partner agencies.

15.2 Clarification needed about the decisions foster carers can make independently, including overnight stays and holidays, and how delegated authority will align with health and education arrangements.

15.3 Members asked whether there will be a standard delegated-authority tool or whether arrangements will be recorded through individual placement, health and education plans. More specific support and guidance needed.

15.4 The change in practice should allow flexibility for young people who enter care at an older age so that existing and age-appropriate independence is not unnecessarily restricted. Where this creates tension or risk, foster carers may need additional support.

15.5 Trauma-informed practice was not considered sufficiently explicit. Members suggested incorporating it within the Development Standards, including support for foster carers to recognise their own needs, seek help and sustain stability for the children.

15.6 Members generally welcomed the principle that foster carers should be trusted to make ordinary parental decisions without unnecessary permission-seeking. The approach was described as positive and consistent with work some local authorities were already trying to undertake.

15.7 The principal concern was implementation. Members repeatedly returned to the tension between flexibility and consistency. A child-specific approach was supported, but members were concerned that broad standards could continue to produce different interpretations between local authorities, individual social workers, fostering services and partner agencies.

15.8 Development Standard 6 was seen as valuable but very broad. Members questioned whether too many specialist areas had been condensed into one learning standard and whether the standard sufficiently recognises trauma-informed practice, foster carers' own wellbeing and the practical support needed to meet these expectations.

15.9 The overall move away from blanket permission-seeking and towards foster carers exercising ordinary parental judgement was welcomed. Flexibility versus consistency across local authorities

15.10 Variation in current practice was a major concern. Members described significant differences between local authorities and, at times, between individual social workers about what can be delegated. Some authorities were described as much more prescriptive, requiring sign-off for matters that others would treat as ordinary delegated decisions. Recognition that flexibility is necessary to respond to individual children, but questioned how the new standard would prevent the continuation of localised or 'postcode' interpretations.

15.11 Written authority was considered important for carers' confidence. Existing delegated-authority forms can reassure carers that a decision is genuinely theirs to make. Members noted that carers may otherwise worry that a decision will later be criticised by another member of the care team as having involved too much risk.

15.12 Members want clearer national parameters, while preserving child-specific judgement. The central question was whether a commonly used national delegated-authority tool or standalone document would accompany the standards, rather than every authority continuing to develop its own forms and interpretations.

Need for a national or standalone delegated-authority tool

15.13 Members questioned whether delegated authority is too important to sit only within a wider placement plan. One view was that it should be recorded in a standalone document for every child. It was noted that a placement plan and delegated-authority arrangements can sometimes operate in ways that inadvertently reduce rather than clarify the authority available to carers.

15.14 Members suggested revisiting previous work around a national standardised delegated authority tool or handbook rather than duplicating this work. Health and education professionals must understand delegated authority

15.15 A cross-agency implementation problem was identified. The principle of delegated authority may be supported by health professionals, but it is difficult to ensure that every GP, dentist, hospital clinician, school and other professional understands who can consent to what. Historic assumptions about who can give permission may persist.

15.16 Risk of inconsistent messages to children and carers. If partner agencies do not understand delegated authority, foster carers and children may be told different things when accessing healthcare or education. Members therefore asked whether guidance or communication specifically aimed at health and education professionals would accompany the new standards.

15.17 Implementation should not rely only on fostering services educating individual practitioners. Consider national cross-sector guidance, standard documentation or other mechanisms that make delegated authority intelligible to professionals outside children's social care.

15.18 Feedback from CoramBAAF Health Advisory Committee - guidance needed as to what level of health decision making is delegated. This will need clear paperwork which can be shared with all health providers – awareness within the wide health economy will be crucial not just for GPs and this awareness raising is a considerable task. Proposed developments in Delegated authority are supported by health professionals.

Integrating delegated authority with health and education plans

15.19 Support for better integration between social care and health documentation. Where delegated authority is recorded in the placement plan, members suggested that the relevant permissions should also be reflected in the child's health plan and, where applicable, individual medical plans. A similar point was raised in relation to education planning.

15.20 This was particularly important for children with complex medical needs. Members described situations involving complex treatment, including feeding arrangements, refusal of treatment, age and capacity questions, and uncertainty about when a foster carer must contact emergency duty or seek further authority. In such cases, a generic delegated-authority form may be insufficient.

15.21 A specialised approach may be required for some children. The suggestion was that children supported by disability services or with complex medical needs may need a more detailed, individual delegated-authority record setting out clearly what the foster carer can do, the advice on which that authority is based, and the respective roles of professionals in the multi-agency network.

15.22 Local flexibility can create practical difficulties for regional health services. Health and social care organisational boundaries are often not coterminous. A hospital may therefore encounter delegated-authority documentation from several local authorities or fostering agencies. Members highlighted the difficulty for health practitioners if each service uses a different form or approach.

15.23 The core tension identified by members is that this standard needs enough flexibility to reflect the individual child, but enough national consistency to be understood and safely implemented across organisational boundaries.

Unaccompanied children and children with prior adult responsibilities

15.24 Members asked for greater sensitivity to children's previous experiences of autonomy. Unaccompanied children were specifically discussed. Some may have lived with a high degree of independence or had experiences and responsibilities more usually associated with adulthood before entering care.

15.25 Other children may similarly have been required to act as the 'adult' during childhood.

15.26 A standard model of age-appropriate autonomy may therefore be insufficient. Curtailing decision-making that a young person has previously exercised may feel regressive and can create conflict with social workers or foster carers. Members wanted an individualised approach that recognises both chronological age and the child's lived experience, together with support for carers to manage the tensions that can arise.

Overnight stays, short breaks and carers' support networks

15.27 The meaning of an 'overnight stay' was identified as an area requiring greater clarity. The draft expressly includes overnight stays among ordinary decisions carers should be supported to make, but recurring practice questions about when an overnight stay remains an exercise of delegated authority and when it becomes a short break or respite arrangement.

15.28 What time limits or other factors distinguish an ordinary overnight stay from a short break; whether delegated authority can be used where a child stays temporarily with someone in the carer's support network while the carer is away; and what checks, if any, are required on members of that support network.

15.29 Holiday permissions were also raised by members noted recurring questions about approval for a child to accompany the fostering family on holiday and about checks on support-network members who provide temporary care.

15.30 More operational guidance or examples would reduce local interpretation while retaining the reasonable-parent principle.

15.31 It will be essential for delegated authority for each child to be reviewed regularly, at least during the children in care review meetings and more frequently when required.

16 Standard 7: Allegations, concerns and the fair treatment of carers. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

16.1 Members welcomed having a standalone standard on allegations and fair treatment of foster carers, but questioned whether "standards of care concerns" and "allegations" should be separated more clearly, many preferring these to sit in two different standards. Current practice can be confused or muddled for both practitioners and foster carers. The distinction matters because the process, threshold, safeguarding response and consequences differ. The foster carer should know at the outset which process is being followed and be told promptly if and why the categorisation has changed.

16.2 Greater clarity is needed on the LADO role, the child's voice and autonomy, the identification of patterns, and what services can or should do with those patterns/ recurring themes.

"Should", proportionality and regulatory interpretation

16.3 The combination of "should" and "proportionate" is considered insufficiently precise for allegations and standards-of-care work. Drafting needs to be "ironed out" so that services, carers, LADOs and inspectors understand the same thing.

16.4 Foster carers and supervising social workers may know a child much better than a child's local-authority social worker where there has been repeated staff turnover. Conversely, directions may come from a LADO or Ofsted personnel who have never met the child. The guidance should explain how the views and knowledge of those who know the child best are weighted in proportionate decision-making.

16.5 A specific concern was how Ofsted will inspect a standard that deliberately permits proportionality and flexibility. Services need enough clarity to make defensible decisions without later being criticised for exercising the very discretion the standard appears to encourage.

16.6 Tighter definitions, parameters and examples to reduce grey areas and avoid inconsistent practice.

Child's voice and enduring relationships

16.7 The focus on preserving enduring relationships was welcomed, but members emphasised that this is not always achievable even when there has been no allegation. Once a child has moved, the former foster carer can quickly be excluded from the child's life. How will practice change to ensure relationships can be maintained?

16.8 The standards should address the child's wishes directly: whether the child wants to remain with the foster carer during an investigation, whether they want an ongoing relationship after a move, and how those wishes are heard and weighed alongside safeguarding considerations.

16.9 Members welcome the proposal to consider keeping a child with a carer during an investigation where safe but stressed that this requires a clear written risk assessment recording the decision-making, those involved and the safeguards for both the child and foster family.

Joined-up accountability and limits on fostering-service control

16.10 Fostering services may "live and breathe" the new standards but cannot achieve them alone. Local authority children's services, police, LADOs, Ofsted and other partners need to understand and support the same framework.

16.11 Examples included children experiencing repeated changes of local-authority social worker even where the fostering service has provided a consistent supervising social worker, and investigation delays caused by police or local authority processes rather than the fostering agency.

16.12 There was concern that fostering services could be judged against outcomes that are materially controlled by other agencies. The standards need system-wide accountability and escalation mechanisms.

Timeliness of investigations

16.13 Delay was identified as one of the most serious problems leading to carers being unavailable to foster for six months, a year or longer while investigations remained unresolved.

16.14 One example involved police taking eight months simply to decide that there was insufficient evidence to proceed. The consequences included eight months of distress and uncertainty for the carer, financial cost and a risk of the carer leaving fostering.

16.15 The core problem is not simply whether carers are paid during an investigation, but why investigations by police, local authorities and LADOs take so long. Fostering agencies may be able to complete their own work in two or three weeks but cannot progress until external processes conclude.

16.16 A comparison was made with complaints and recruitment processes, where clearer timescales exist. Members wanted explicit timeframes, exceptional-extension provisions, escalation and accountability. A section 47-type disciplined timeframe was discussed as a model, without suggesting that every allegation must necessarily be investigated by the local authority in the same way.

16.17 Reviewing officers described repeatedly revisiting carers whose position remained unchanged because an external investigation was still outstanding, with significant effects on carers' wellbeing.

Payment of fees and allowances during investigations

16.18 There was a strong consensus that foster carers should continue to receive payment where a child is removed during an investigation. Members saw this as an important element of fair treatment and recognition of the foster carer role.

16.19 However, there was substantial concern about financial viability, particularly for small independent fostering agencies and not-for-profit providers. A requirement to continue payments for many months, where delay is outside the provider's control, could threaten the viability of smaller agencies and potentially favour larger commercial organisations able to absorb prolonged costs.

16.20 Clarity needed on exactly what continues: fees, allowances, or both; for how long; what "regular review" means; and how seriousness, delay and an ongoing police investigation affect continuation.

16.21 A Member noted that their service had paid carers fully for six months, but questioned how an agency with perhaps ten carers could withstand one or two prolonged allegation cases.

16.22 The resourcing question remains unresolved.

16.23 Suggestions included a defined initial payment period such as 28 or 35 days, but members stressed that any cap would not solve the underlying problem unless external investigation delays are also addressed.

Retention pressures and suitability decisions

16.24 Members shared situations where panel considers that foster carers no longer meet required standards, but the local authority preferred further training or placing carers on hold because of foster-carer shortages and retention pressures.

16.25 The concern was that foster carer sufficiency and workforce shortages may cloud professional judgement about suitability. The standards should be supported by a workforce with sufficient knowledge, experience and management capability to handle allegations and standards-of-care issues consistently. Training to implement changes to standards about allegations, concerns and fair treatment of carers will be required.

Independent advocacy and support

16.26 Independent advocacy for foster carers was identified as essential and should be available early, not only at a late stage after the process has escalated. Late access was described as unfair in a standard expressly concerned with fairness.

16.27 Members noted that the draft does provide for independent advocacy where a child-protection investigation is required or ongoing registration is in question, and that the carer can choose the provider. However, concern was raised that unrestricted provider choice may create practical or financial difficulties for fostering services.

16.28 The distinction between advocacy for the child and advocacy/support for the carer should remain clear, and the person supporting the carer should be independent of the investigation.

Chronologies, records, patterns and risk assessment

16.29 Case chronologies need to be explicitly recognised as a useful tool in allegations and standards-of-care work. A chronology can identify themes and patterns across a long fostering history and should include positive evidence as well as concerns.

16.30 Recording should support pattern recognition across time and across the service. Members wanted clarity about who has oversight, what patterns trigger action, and how the child's and carer's perspectives are captured.

16.31 Where a child remains living with foster family during investigation, a written risk assessment should evidence why that is safe, what safeguards are in place and who contributed to the decision.

Feedback from foster carers: Concerns and allegations

16.32 There was also a strong view that the Standards should be clearer about when an allegations process should and should not be used.

Financial protection during allegations

16.33 Foster carers welcomed the draft expectation that concerns and allegations should be assessed fairly and impartially and that allowances should continue during the process, but some sought stronger and more certain financial protection.

16.34 One proposed amendment was that fostering services should maintain 100% of the foster carer's skills fee and child maintenance allowances throughout an allegation investigation, without reduction until the formal panel outcome and agency decision.

Timescales and communication

16.35 Foster carers felt that the requirement for investigations to be completed "in a timely manner without unnecessary delay" was insufficiently specific. A proposed amendment was to introduce a 28-business-day timeframe from notification to outcome report, with any extension requiring written authorisation and reasons, alongside regular written progress updates to the foster carer.

Independent support, advocacy and initial triage

16.36 Foster carers also sought greater specificity about the independent support available during an allegation. One proposal was for fostering services to automatically commission and fund independent specialist advocacy and legal advice when an allegation is raised.

16.37 There was also support for early triage to distinguish standards of care concerns from safeguarding allegations, with a proposed 24-hour timeframe. Foster carers felt that standards of care concerns should not automatically result in escalation through safeguarding processes or associated consequences where the relevant threshold is not met.

Reciprocal accountability

16.38 Foster carers also proposed greater reciprocal accountability between carers and fostering services. One suggestion was for a 360-degree mutual evaluation process to form part of annual foster carer reviews, enabling foster carers to provide structured written feedback on the performance, communication and support provided by the local authority social work team and fostering service during the preceding year.

Defining "appropriate support"

16.39 Foster carers were concerned that the reference in section 7.4 to "appropriate support" is insufficiently defined and could result in significant variation in what is offered. As one foster carer argued, the term could allow a service to meet the expectation simply by providing "a generic phone number."

16.40 Foster carers therefore called for the Standards to specify more clearly what support during an allegation should include. Suggested safeguards included independent legal advocacy, protection of fostering fees, psychological support, regular written progress updates and clear notification requirements.

16.41 The underlying concern was that replacing broad references to "appropriate support" with clearer expectations would provide more meaningful andconsistent safeguards for foster carers during allegations processes.

17 Standard 7: Allegations, concerns and the fair treatment of carers. To what extent do you agree or disagree that the same processes should apply to allegations against foster carers as apply to allegations against other adults who work with children, whether in a paid or voluntary capacity?

Disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

17.1 The unique role of being a foster carer is different to a lot of other roles working with and supporting children. The key factor is that in most instances where allegations or concerns are raised there will be a child in care in their care. Whilst we recognise that foster carers deserve equal treatment to others who work with children, we also need to recognise that children will potentially be seriously impacted by the allegations process itself. The potential disruption to family life for the child,

the foster carer and the wider foster family can be very significant. Having allegations against foster carers dealt with in exactly the same process as there is for managing allegations against other adults who work with children is unlikely to be fit for purpose and would likely have a range of unintended consequences.

17.2 Members recognised the value of appropriate LADO involvement, including the degree of independence and external oversight this can bring to the consideration of allegations and concerns. Greater alignment and cooperation with LADO process should therefore be supported, while ensuring that the respective roles and processes are clear and that the process remains responsive to the particular circumstances of foster care. The same fundamental principles of safeguarding, fairness, impartiality and appropriate multi-agency involvement should apply, but this does not necessarily require an identical process to that used for other adults who work with children. The process should be sufficiently tailored to safeguard the child while being consistent with their welfare, minimising unnecessary disruption to the child's care, relationships and family.

17.3 Alongside the consideration of this we heard feedback from foster carers about this issue highlighting the impact of allegations processes.

17.4 "Within our criminal and civil justice systems, everybody is legally entitled to the presumption of innocence and a fair hearing. In fostering we continue to propose a culture where carers are treated as guilty until proven innocent— facing immediate financial loss, procedural isolation, and removing children based on unverified allegations, with zero procedural mechanisms to prove their innocence in a timely manner." (Foster Carer)

17.5 "Where facts of case are not established, we are then directing use of opinion - this is dangerous. The foster carer view must be recorded but not sure the recording of opinion is useful if we are using this as the basis of judgement against foster carers? There is huge opportunity for bias and other motivations to scare foster carers into compliance. Surely for good safeguarding we operate on fact, as we do in health, education, social care, justice" (Foster Carer)

Part 3: Training and development standards

18 Introduction. To what extent do you agree with the principles used to write the Development Standards?

Agree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

18.1 Members welcomed increased flexibility and opportunity for reflective discussion compared to previous TSD standards. Although the standards aim to be flexible, members felt there was:

- Insufficient detail about what evidence would demonstrate achieving these standards.
- Lack of clarity about how standards would be assessed.
- Uncertainty about documentation expectations and recording requirements.

18.2 Members questioned what it means to say carers "learn how to" do something without specifying:

- By when standard should be achieved.
- How progress would be measured.
- How fostering services would assess whether standards had been met.

18.3 There was a request for greater clarity around: Expectations/ Timeframes/ Evidence of achievement.

Language in the development standards

18.4 Language used about foster carers was a significant concern. Several members felt that the repeated phrase “foster carers need to learn” could come across as patronising, derogatory or school-like, and does not sufficiently recognise the knowledge, experience and expertise that many foster carers already bring to the role. Members highlighted that many foster carers come from professional backgrounds and felt that the language should better recognise foster carers as valued members of the team around the child.

18.5 Members also felt that the current framing places considerable emphasis on foster carers' individual responsibility, without equivalent recognition of the responsibility of fostering services to provide the training, support, resources, information and opportunities needed to develop and demonstrate their knowledge and capability. As one foster carer suggested, an alternative framing could be “fostering services need to equip foster carers to…”. Even though the Development standards were written with fostering services being responsible for ensuring their foster carers can meet the standards in mind, feedback general feedback was that this could be made clearer, more explicit.

18.6 Suggested alternatives to “foster carers need to learn…” included “foster carers are supported to learn…”, “foster carers need to build confidence to…”, “foster carers understand…” and “foster carers appreciate…”. Members also suggested that, where appropriate, expectations could be framed around the team around the child, rather than placing responsibility solely on foster carers.

18.7 Members felt that revising the language is important because the current wording risks reinforcing longstanding concerns that foster carers are not sufficiently respected, valued or included alongside other professionals working with the child.

19 Standard 1: Understanding the role of the foster carer. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

19.1 The role of the Local Authority in the implementation of the new standards is crucial. It was identified that local authorities and children’s social workers would be instrumental in the rolling out of the new standards, therefore training to all children’s social workers, management and service managers should be mandatory on the new standards and on working with foster carers, promoting a relational approach to working together.

19.2 Members fed back that training covering the fostering standards should be embedded in core training and delivered to all social workers and not only those working in fostering; significant knowledge gaps were identified when working with social workers and other professionals who do not have a background working in fostering, which they identified as problematic. Members fed back that some knowledge gap is understandable and expected, but it is an area that could be improved.

19.3 The overall direction is welcomed, but there is a need for greater specificity about information provided to foster carers at referral and point that the child moves in with fostering family.

19.4 Members argued that the information about a child should be more prescriptive, including a full and current chronology. The principle of foster being better able to know about a child’s history to be able to better respond to and meet their needs seems sensible and proportionate. There will be sensitive information that foster carers won’t be able to have access to, but they should be given information that supports and promotes a child’s identity and supports a foster care meet a child’s needs.

19.5 Insufficient information was linked to safeguarding risk, breakdown/disruption for child and unrealistic demands on the carer's capacity.

19.6 The requirement for evidence-based training and the use of service-user/lived-experience input were welcomed, but members state clearer direction is needed about the evidence base services are expected to draw on. A short, authoritative list or framework was suggested rather than leaving services to navigate a very wide evidence landscape.

19.7 The transition to the new standards requires training not only for fostering staff and carers but for the wider children's services workforce, including practitioners, managers, senior managers and service managers. The persistent disparity between the child's social worker and the foster carer was identified as a threat to stability for the child that implementation should address.

19.8 Feedback from foster carer- "rather than giving foster carer's ambiguous pseudo-decision-making power could we not make guidance which emphasises the necessity for the existing delegated authority tool to be completed fully and on time? My fear here is that we are given power to mask where an existing process is not adequately completed, responsibility is shifted to foster carers, but then we are vulnerable to allegation if it goes wrong. One social worker will say applying head lice treatment is safe/appropriate - another will say absolutely not, it is their decision."

20 Standard 2: Building safe, stable and loving relationships with children. To what extent do you agree with the proposed standard?

Agree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

20.1 The relational content of the Development Standards was welcomed, particularly the focus on repairing relationships and understanding children's behaviour as communication and as an understandable response to their experiences.

20.2 Members also welcomed the emphasis on noticing and responding to children's behaviour as well as their words. This included recognising the impact of trauma, loss and instability, responding with empathy and curiosity, supporting children to regulate their emotions, and recognising emotional safety alongside physical safety.

20.3 Members felt that, whilst the language and tone of this Standard were welcome, there was a potential gap in how these expectations should be achieved in practice and how they could be evidenced. Foster carers will need appropriate training and support from fostering services to enable them to meet these Standards. The expectations should not rest solely on individual foster carers without corresponding expectations about the support and conditions that services need to provide.

20.4 Members also emphasised that relationship-based and therapeutic care cannot be delivered by the foster carer in isolation. The wider team around the child needs to understand and work consistently with trauma-informed and therapeutic approaches. This includes social workers and other professionals involved with the child. Members highlighted that the effectiveness of the wider professional network can materially affect the foster carer's ability to provide stable and therapeutic care.

20.5 There should also be recognition of the emotional demands placed on foster carers in providing this type of care, including the potential for fatigue and burnout. Expectations of therapeutic or relationship-based care therefore need to be accompanied by appropriate professional, practical and therapeutic support for foster carers and children.

20.6 Members cautioned against therapeutic parenting being interpreted as requiring foster carers to provide levels of therapeutic or clinical intervention that cannot reasonably or safely be provided within a family home. The Standard should recognise the boundaries of the foster carer's role and the circumstances in which a child's needs require additional specialist support or provision.

21 Standard 3: Therapeutic parenting. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

21.1 Members shared that the standard places too much expectation on the individual foster carer without sufficiently recognising burnout, compassion fatigue, blocked care and the emotional load of therapeutic parenting.

21.2 The standards should point to the best available evidence about models and approaches that work, rather than leaving individual services or carers to devise approaches without consistency.

21.3 Therapeutic parenting needs to be supported by the wider care team. Members contrasted examples where the network worked cohesively with situations where it did not, with very different consequences for the carer and child.

21.4 Social workers working in crisis-oriented child-protection contexts may struggle to work consistently within a therapeutic-parenting approach. Discussion included whether the wider network around the child, rather than placing all responsibility on the child's social worker, could be organised around a shared trauma/therapeutic-informed approach.

21.5 Members welcomed the trauma-informed and relationship-based approach and said that there should be consideration of how wider care teams, including social workers, therapists, schools and health professionals, can support carers to apply therapeutic parenting approaches consistently.

21.6 Members felt there should be greater emphasis on carer wellbeing, emotional resilience and preventing burnout. More practical guidance and resources are needed to help carers implement therapeutic parenting.

22 Standard 4: Identity, culture and the child's sense of self. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

22.1 Members reported that foster carers need to be able to acknowledge, understand and celebrate who children are. One of the key ways they can support children is by the information they receive about the child's identity. There needs to be a shared responsibility placed on Fostering Services and Children's Services to provide the relevant information for carers to have the discussions they need to have with children. Delays in multi-agency working can impact information sharing. A foster carer spoke of waiting 2 years from the department to share information with a child and the impact this has on their identity can be hugely detrimental.

22.2 Standards should include words like 'awareness' as there is an ongoing learning

22.3 There needs to be more in terms of emotional support, there is an emphasis on hair, skin etc, although there are more complexities to navigating society and the world e.g. racism.

22.4 A question was raised about how will carers be held to account for this and how will services be held to account for implementing this standard or failing to do so.

22.5 Members discussed whether the emphasis could instead be framed around the training and support carers need. It was noted, however, that this raises a related question about what carers are expected to learn through training and how that learning and development is evidenced or assessed.

22.6 Members also questioned whether there should be greater emphasis on hearing and capturing the voice of the child, including how foster carers are supported to do this effectively in practice.

22.7 Feedback from foster carer- “I cannot emphasise enough how poor some of the information we receive about the children we care for is; sometimes it is scarce, sometimes with important and intentional omissions, sometimes it is months late and sometimes we never know. The greatest foster carer in the world is not able to deliver good foster care in this circumstance”

22.8 If the guidance can strengthen this, we change the section on recording (it has to be accurate) but also change the emphasis from the foster carer must, to recognition that a foster carer can only act on the knowledge they hold and that the fostering service and child’s social worker has a duty to provide honest, thorough and full information as quickly as possible.”

22.9 In relation to identity, specific characteristics and history of being in care is important. There are some great examples of joint working where the role of foster carers in supporting children in care to understand their history has been recognised, for example Northern Ireland model involving carers and workers around a shared system for answering child questions about their history etc https://www.celcis.org/application/files/4316/2375/4624/Adoption Fostering-2016-Coman-49-59.pdf

22.10 However, what is also important is having people in your life who know you - what you enjoy, are interested in and what makes you, you. What stood out in From Surviving to Thriving, which pulled together views of thousands of children in care, is the importance of feeling seen and heard. Children and young people need carers who notice their feelings and talk to them about what is important to them.

22.11 Coram's From Surviving to Thriving showed how important trusted and supportive relationships with the adults they live with are to children in care.

22.12 Members agreed that it is essential that the standards recognise the important role of foster carers in supporting and facilitating relationships with other young people (including friends and siblings) as well as wider family networks.

22.13 Children in care who had a good friend had twice the odds of high well-being. Overall, 12% of children and young people in care report that they did not have a good friend. The proportion who report that they have a good friend declined as children got older. Similarly a quarter of children in care feel they see their siblings too little.

22.14 (Coram, 2025, From Surviving to Thriving, https://coramvoice.org.uk/resource-library/from-surviving-to-thriving-the-seven-drivers-of-well-bei…) Coram Institute, From Surviving to Thriving report also found that some children felt care-related restrictions affected their ability to have normal friendships.

Young people described difficulties with:

- Sleepovers.
- Visiting friends.
- Friends visiting them.
- Access to phones and social media.
- Curfews and restrictions that made them feel different from peers
- “I just want to be able to sleep at a friend’s house without having police checks." 8-11 year old
- "I would like to use the Internet and Facebook to talk to my friends. I would like to be more independent and go out by myself and my friends like other kids do. 11 18 year old

22.15 When preparing their Messages to the Minister, setting out children and young people's priorities for children's social care, A National Voice care experienced ambassadors recommended the following:

- Friendships should be prioritised to build social skills and support networks. Foster carers, residential staff and social workers should actively support young people to make and keep friends. Friends should feel
- Friendships should be prioritised to build social skills and support networks. Foster carers, residential staff and social workers should actively support young people to make and keep friends. Friends should feel welcome at the home and the default answer to spending time with them should be “yes” if it’s safe, With help given for transport and arrangements.

Messages to the Minister: briefing papers and recommendations (2025-26) - Coram Voice

22.16 We know that similar support and engagement in relation to siblings also helps ensure that young people maintain contact with brothers and sisters who they don't live with. This is illustrated by

the testimonial from Daniel (care-experienced young person from Southwark) who shares his experience in this case study of being supported and states how “my foster carer is the glue between me and my siblings". (Helping children locate and connect with people who are important to them - Coram Voice)

23 Standard 5: Safeguarding and the child’s safety. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

23.1 The aspiration that foster carers are part of the team around the child was strongly welcomed, but members described carers not being treated as professionals or listened to in practice, so how will this change?

23.2 Foster carers described the difficulty of them challenging social work practice and the potential repercussions for them when they do. A significant culture change is required if the language and practice around working in partnership is to become reality.

23.3 More detail was requested about what supporting family time (contact) should look like. The appropriate role of the foster carer will differ according to the child, parent and relationship, and there will be circumstances where carers need to step back from close direct relationships with parents.

23.4 Members fed back that transition planning and preparation for adulthood were insufficiently visible within the “working together/team around the child” material and should be strengthened.

23.5 Foster carers highlighted that many foster carers come from professional backgrounds and should be recognised as equal professionals within the team around the child. Suggested alternatives included: "Foster carers understand...". There is an opportunity to frame expectations around how the team around the child respond to child’s needs rather than focusing solely on foster carers.

23.6 Members felt the current wording reinforces historical issues of foster carers not being respected or valued equally alongside other professionals.

Recognition of Foster Carers as Professionals

23.7 There was strong support for:

- Greater recognition of foster carers' knowledge, skills and experience.
- Foster carers being treated as professional partners in decision-making.
- Acknowledging that foster carers often know the child best because they spend the most time with them.
- Some members noted that professionals can respond differently to the views of a social worker versus "just" those of a foster carer.

Safeguarding concerns and foster carers' voice

23.8 A significant theme was that foster carers often:

- Identify safeguarding concerns.
- Raise concerns appropriately.
- Feel their concerns are not always taken seriously by other professionals.

Examples included:

- Unsafe transport arrangements for children during family time.
- Concerns about young people's safety and vulnerability.
- Professionals overriding carers' judgement despite carers' detailed knowledge of the child.

Members wanted:

- Stronger recognition of foster carers' safeguarding responsibilities and knowledge.
- Clearer processes for responding when carers raise safeguarding concerns.
- A more collaborative approach to decision-making.

24 Standard 6: Health, education and everyday wellbeing. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

24.1 Members welcomed concise standards but questioned whether development standard 6 is over-compressed. The standard combines health processes and entitlements, physical and emotional health, educational barriers and planning, independence, disability and special educational needs, technology, digital life and ordinary wellbeing.

24.2 A facilitator with experience delivering foster-carer training observed that the content represented approximately five separate training courses. This prompted the question whether it is realistic to expect all of this learning to sit coherently within one development standard, particularly because several areas require specialist knowledge. The final framework should make clear that meeting development standard 6 is not a one-off training exercise.

24.3 Services may need to evidence modular, specialist and child-specific learning over time.

Health planning is insufficiently visible (ref 4.2)

24.4 Members noted an apparent imbalance between education and health planning. The standard expressly refers to the personal education plan and designated teacher, but members could not see equivalent prominence given to the child's health plan. Given the breadth of health responsibilities, members stated that the foster carers role in meeting children's health needs should be more explicit. This would include understanding of bio psychosocial models of health and wellbeing, managing health conditions, and supporting children and young people in managing their own health.

24.5 This links directly to delegated authority. Where carers need to exercise health-related authority, the relevant permissions should be clear not only in social care documentation but in health planning and specialist medical plans where appropriate.

Trauma-informed practice (ref 4.3)

24.6 Foster carers could have a trauma-informed approach to this standard, which would fit particularly well with the draft's emphasis on mental and emotional health and on distress being expressed through behaviour.

24.7 Members noted that children in care may have experienced significant trauma and adversity, which can affect education, emotional wellbeing and their development. The carer's role was framed as helping create a safe and comfortable environment in which the child can live, grow and progress.

Foster carers' own health, wellbeing and role modelling (ref 4.4)

24.8 Members felt the standard focuses heavily on what foster carers must do for children but says little about carers' own wellbeing. The standard acknowledge the carers' physical and emotional health and their role modelling. Supporting a child affected by trauma can place substantial emotional demands on a foster carer.

24.9 Help-seeking should be normalised rather than treated as failure. Members observed that some carers may experience their own distress or instability as a sign that they have failed. The preferred culture would encourage carers to recognise when they are struggling, reach out or accept support, and use that support to sustain relationships and stability for the child.

24.10 Members also considered children's experiences and perspectives. Reference was made to work in which young people identified the wellbeing of the wider family as important to their own wellbeing. Members linked this to trauma-informed practice and to the need to consider the effect of caring on the whole fostering household, including adults and other children living in the household.

Education, trauma and realistic expectations (ref 4.5)

24.11 Members recognised the importance of high expectations but cautioned against treating educational outcomes in isolation from children's experiences. Children who have experienced trauma or significant adversity may face greater challenges with both accessing education and receiving the right support during their education. Members therefore emphasised the foster carer's role in enabling a safe, supportive environment and helping the child progress, rather than reducing success to attainment alone.

25 Standard 7: Working with others around the child. To what extent do you agree with the proposed standard?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.

25.1 Members agreed that:

- Multi-agency working is essential.
- Foster carers should advocate for children.
- However, carers often have limited authority and influence despite being expected to help coordinate support around the child.

25.2 There was concern that the standards:

- Place responsibility on foster carers without acknowledging the limitations of their role.
- Do not sufficiently address how professionals and services should listen to and support foster carers. Family Time arrangements

25.3 Several concerns were raised about wording relating to family time (contact):

- The term "support family time" is open to interpretation.
- Supporting family time should not automatically imply supervising these arrangements, however, it might be that foster carers are the right people to supervise this for children they care for, this requires bespoke and sensitive planning.
- Members' stated the importance of foster carers being afforded the flexibility to remain the child's safe base, particularly where there is significant trauma.

- More emphasis should be placed on: reunification planning, working alongside birth families, transition planning and preparation for adulthood.

Recording and Documentation

25.4 Members felt greater clarity was needed regarding:

- The purpose of foster carer recordings.
- Who the reports are for and who are they read by.
- What level of detail is expected.
- What constitutes proportionate recording.

25.5 Concerns included:

- Inconsistent guidance across fostering services.
- Lack of training on professional recording.
- Duplication between daily records, reports and life-story work.

Balancing professional standards and respect

25.6 Some members highlighted that:

- Certain expectations are necessarily prescriptive because of safeguarding, legal and regulatory responsibilities.
- Learning requirements are appropriate, especially for new foster carers.
- The issue is how standards are worded, implemented about and ensuring carers feel respected and supported rather than judged.

25.7 Additionally, we welcome the explicit recognition that records form part of the child's history, that how something is written matters, and that children should, where appropriate, be involved in creating records about their lives. The recommendations below have been developed with the support of, and are endorsed by, the Access to Care Records Campaign Group (ACRCG). The ACRCG brings together organisations and individuals working to improve the creation, retention of and access to care records, with a particular focus on ensuring that the perspectives and needs of care-experienced people inform policy and practice. For more info visit: https://www.accesstocarerecords.org.uk/

We recommend strengthening the Development Standard in the following areas:

25.8 Participatory and relational record co-creation: Foster carers should be supported to understand recording as a participatory and relational practice, creating records with children and young people rather than simply about them. Where possible and appropriate, children and young people should be supported to participate as co-creators of records about their lives and as storytellers of their own experiences, including through their own words, perspectives, reflections and accounts of

significant experiences and relationships. This recognises that records are not simply administrative accounts of events, but are created through relationships and interactions between children, foster carers and others around them, and may later become an important part of how a person understands their childhood, identity and relationships. Participatory and relational recording should therefore include capturing and preserving the child or young person's own account where this differs from the views or interpretation of adults, and records should distinguish clearly between fact, the child or young person's account and the carer's observations or interpretation. This reflects feedback from

25.9 care-experienced adults that records can be one-sided and may fail to capture how the child felt at the time. We recommend signposting the UCL MIRRA (Memory – Identity – Rights in Records – Access) research and resources on participatory and person-centred recordkeeping, which provide an evidence base and practical resources for involving children and young people in the creation of records about their lives. https://blogs.ucl.ac.uk/mirra/resources/ See also: https://www.coram.org.uk/storyteller-app/

25.10 Right of access: We strongly welcome the explicit recognition that children, young people and care-experienced adults have a right to access their personal information held in their care records, subject to applicable exemptions and restrictions. This should be a core principle of foster carer recording training and development so that carers understand that the person may access information recorded about them during childhood or later life, and that this should inform how records are written.

25.11 Language and recording practice: Foster carers should be supported to record in plain, respectful and non-stigmatising language. Recording should provide an honest and fact-based account that the child can recognise as part of their own history. Records should be balanced and accurate, avoid unnecessary or judgemental language, and be written with an awareness that they form part of the child's history and may be read by them later in life.

25.12 Digital recording: Foster carer training and development should include digital and information security when records are created, stored or shared through apps and other digital systems.

Part 4: Guidance for fostering services

26 To what extent do you agree with the proposed content of this guidance?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with and any changes you would suggest.: Proportionality and interpretation

26.1 Members supported proportionality in principle but were concerned that the concept is too open-ended without examples or clearer parameters. Something intended to reduce unnecessary process could instead create greater variation because different practitioners, services and inspectors may understand proportionality differently.

26.2 Practitioners may fall back on the Regulations where the guidance is insufficiently detailed. However, Regulations deliberately do not provide all operational detail; statutory guidance should help practitioners understand how duties should be implemented in real situations.

26.3 A practical suggestion was to include worked examples showing how proportionality should operate in particular scenarios. Services could then be expected to develop policies identifying where flexibility or bespoke decision-making is appropriate and how decisions should be evidenced.

26.4 Even where individual services build proportionality into policy, consistency can be difficult across different registrations or teams. What one person considers proportionate may differ from another person's assessment of the same situation.

26.5 Members linked inconsistent interpretation to safeguarding risk. The concern was not opposition to flexibility, but the need for a clear baseline of what is required, with flexibility operating around that baseline where circumstances justify it.

Spare room and home arrangements

26.6 Concern was raised about wording indicating that assessment should not require a particular family structure, home ownership or spare-room arrangement beyond what a child's needs require. Members have queried whether this was intended to remove a spare bedroom expectation and found the wording difficult to understand. Final bedroom sharing wording should articulate what this means for kinship fostering families where bedroom sharing is often accepted and appropriate.

26.7 The discussion recognised the wider recruitment context and the possibility that lack of a spare room has been identified as a barrier to recruiting foster carers. Members nevertheless wanted the guidance to state clearly what is and is not expected, rather than leave assessors, panels and decision makers to infer the policy intention.

Soft information and checks

26.8 Members discussed assessment information that may sit outside an enhanced DBS disclosure. One example involved information later shared by police during a strategy meeting which, had it been available during assessment, would have materially changed the assessment and likely prevented approval.

26.9 Concern was also raised that routine local authority checks may not necessarily identify LADO information because frontline or MASH teams may not have access to LADO records. One service had therefore been advised to request separate LADO checks.

26.10 There is a need to consider whether and how police can appropriately share relevant "soft information", together with the training and assessment framework needed to ensure such information is interpreted lawfully, fairly and proportionately, with further information sought from carers where appropriate, given the significant consequences it may have for an applicant or carer.

Transfers and closing agencies

26.11 Greater detail was requested about assessments when carers transfer between agencies, particularly where the previous agency has concerns. Members were concerned that a drive for speedy transfer could result in relevant concerns being lost.

26.12 Clearer transition timelines were requested where an agency is closing. Members described transfer processes continuing for over a year where investigations or other issues had prevented completion, despite an expected 16-week period. The concern was that management oversight alone does not resolve prolonged drift.

Foster carers as members of the professional team

26.13 Members described foster carers being excluded from discussions with schools, commissioners or care teams and not being treated as professional contributors, despite often knowing the child extremely well.

26.14 The draft's aspiration that carers are core members of the team was welcomed, but members wanted practical guidance on how supervising social workers and services can secure this in meetings and decision-making, including where carers' views are not respected.

26.15 It was noted that existing care-planning law already requires relevant views to be sought. The implementation question is how to translate the legal and policy position into a lived experience of genuine inclusion.

Kinship carers

26.16 With regards to Stage 1 and Stage 2 assessments, there is a need to articulate caution around ruling out prospective kinship foster carers at Stage 1 as arguably there is a risk this may result in insufficient consideration of the carer's capacity to meet the child's needs on Stage 1 information alone. Social workers undertaking Stage 1 assessments need to have knowledge of the complexities of kinship care, knowledge of the different regulations that would preclude them becoming mainstream foster carers and apply this to completion of a balanced Stage 1 assessment.

Panels

26.17 The principle of fewer, more accessible standards and a single consolidated document was welcomed.

26.18 Members wanted the panel role to be defined very clearly, especially if panels have a broader role in unresolved foster-carer concerns. Panels should retain quality-assurance independence without being drawn into operational care planning or reassessment.

26.19 Concern was raised about proposed fixed three-year terms for panel members. Recruitment and maintaining a sufficient panel list are already difficult for local authorities and agencies. Members wanted the rationale and operation of the term limit clarified, including whether renewal is possible and whether membership necessarily ends after a particular period.

Health

26.20 The paragraph about obtaining health information elicited comments which again focussed on likely variable interpretation of phrasing such as "proportionate"

26.21 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.

26.22 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.

Comments from members included:

26.23 The wording does not identify which type of professional can complete the assessment, it mentions appropriate clinical expertise but does not define.

26.24 Misinterpretation of the phrase “the full medical history is not required” is anticipated. This may not be required by the panel or agency but is essential for the professional providing the health report.

26.25 Timescales would be helpful in guidance.

26.26 Flexibility in process for providing reports is appropriate but clear standards regarding the content of the health report will be required otherwise there will be huge variability in what is provided and accepted by agencies.

Specific feedback on 3.12 Record keeping

26.27 We welcome the significantly strengthened approach to record keeping in section 3.12, including the move away from blanket daily recording, the emphasis on respectful and non-stigmatising records, and explicit recognition of access to records as a right. The recommendations below have been developed with the support of, and are endorsed by, the Access to Care Records Campaign Group (ACRCG). The ACRCG brings together organisations and individuals working to improve the creation, retention of and access to care records, with a particular focus on ensuring that the perspectives and needs of care-experienced people inform policy and practice. For more info visit: https://www.accesstocarerecords.org.uk/

We recommend strengthening the Guidance in the following areas:

26.28 Right of access and support: Retain the clear recognition of the right of access and ensure that it is applied consistently throughout the Guidance. Services should support children, young people and care-experienced adults to exercise this right. The Guidance should consistently reinforce that people have a right to access their personal information held within care records, subject to applicable exemptions and restrictions. Access may take place many decades after care, and appropriate trauma-informed support should be available before, during and after access, according to the individual's needs and wishes. This reflects feedback that access is not a one-off transaction and that support may

be required throughout life, including in older age and where an individual's circumstances require access and support arrangements to be adapted.

26.29 Retention: We recommend that the Department review the existing statutory retention framework with a view to establishing a minimum retention period of 150 years for care records, consistent with the position of the Chief Archivists in Local Government Group (CALGG). CALGG's work concluded that adoption and care records should receive equal protection and should ideally be preserved indefinitely. Its Guidance identified 125 years as good practice and 150 years as exemplary practice, and CALGG's current response to the Government's adoption-records consultation calls for a 150-year minimum for both adoption and care records. In the interim, the Guidance should support longer-term preservation where this is lawful and justified, rather than encouraging routine destruction simply because a statutory minimum retention period has expired.

26.30 Long-term significance of records: The Guidance should recognise that care records may have enduring significance throughout a care-experienced person's lifetime and potentially for understanding family history across generations. Retention and preservation policies should reflect this enduring significance. This is consistent with CALGG's concern that records are important to people seeking to understand both their own personal histories and those of their families.

26.31 Return and preservation of records: When a child leaves a foster family, records relating to the child, together with relevant photographs, memorabilia and other material forming part of their personal history, should be returned securely to the appropriate responsible organisation and preserved. The Guidance should clarify responsibility for this process, including where the child is placed with an independent fostering agency. Contracts and commissioning arrangements between placing local authorities and independent fostering agencies should expressly identify responsibility for returning foster-carer records and relevant personal material to the local authority for preservation and archiving. Records and memorabilia can otherwise remain with carers, become separated from the formal record or be lost.

26.32 Digital records and recording systems: Any app or digital system used by foster carers to create, store or share information about children should comply with applicable data protection, security and retention requirements, with clear organisational responsibility for governance, security, retention and the information held, including clarity about the respective responsibilities of the fostering service and responsible local authority. The draft already requires paper and digital records, including apps or

systems used by carers, to be kept secure. The Guidance could usefully strengthen this by addressing the risks associated with information being held outside organisational systems and by ensuring foster carers receive appropriate training on digital and information security.

26.33 Custodianship and discoverability: Consider aligning the Guidance with CALGG's recommendation that custodians maintain accurate information about their record holdings, supporting the longer-term ability of care-experienced people to locate records about their lives. CALGG has also recommended that this information should contribute to a national, publicly accessible database of record holdings.

26.34 Consistency with specialist records guidance: The final Guidance should expressly signpost relevant specialist guidance and resources on the creation, preservation, retention and provision of access to care records, including the ICO and CALGG guidance and the UCL MIRRA (Memory – Identity – Rights in Records – Access) research and resources. This should include the ICO's Better Records Together work, developed with care-experienced people and organisations working with them, and ICO guidance on 'requests for information about children'.

General questions

27 Do you have any overall comments on the proposed standards and guidance that you have not yet had the opportunity to share? For example, you may wish to comment on the overall impact of the proposed changes or identify any areas where additional detail or attention may be needed to support meaningful improvement. Please respond below.

The development standards were generally well received.

Below is a selection of specific feedback from foster carers about language

27.1 "The draft guidance has a host of ambiguous and subjective language throughout and I would ask that this is all removed and replaced with terms that offer clarity and remove potential for bias. For example: 'timely' - give a timescale, accountable person and consequence for delay (specifying the foster carer is not adversely impacted for delays beyond their control; continued payment in allegation, priority panel date for assessment etc)"

27.2 "'fair treatment' - the treatment of foster carers should be equal to the treatment of all the personnel within the fostering service: detail a formal process with timescales, expected standards of

treatment (inclusion and invitation to meetings), right to be informed, right to correct information, right to review evidence, right of appeal”

27.3 “'with support' - what support? Foster carers are victim to the decision making, budget and staffing levels of their fostering agency; using a loose term like 'support' creates space for huge disparities whilst the responsibilities fall directly on foster carer's shoulders. If support is required to complete a task there should be a minimum level of training, supervision, input by support worker, funding, travel provision and potentially respite or child care to create time to complete a task. Otherwise we are telling foster carers to complete admin late at night when children sleep (if they do), without training and vulnerable to allegation when it is not done to their preference.”

27.4 “'independent advice' - if it is not (funded by fostering service, delivered by employee of same LA in same office) move away from this language. It might be advice, but it is not independent of the service you are negotiating with / defending against / complaining to.”

Change of tone

27.5 “The document positions them/us rather than recognising a fostering service as functioning in support to their foster carers (it cannot exist without them). It would be helpful to have a positioning statement that the fostering service includes foster carers; and that the treatment expected by social workers should be delivered in parity to the foster carers.”

27.6 “Amend statements indicating foster carers must and fostering services may; its both 'must' or both 'may'.”

28 To what extent do you agree or disagree that the proposed standards are suitable for kinship carers and meet their specific needs?

Neither agree nor disagree

If desired, please explain your response. You may wish to include any aspects you agree with for kinship carers and any changes you would suggest.

Please see detailed comments under Quality Standard 2.

28.1 We agree that this standard would meet kinship foster carers’ needs if suggested changes are made.

The following points were raised by members:

28.2 The proposed standards are only suitable with greater clarity around use of alternative ways of demonstrating learning and meeting the Development Standards, including creative ways to support kinship foster carers in their learning, as traditional written methods do not suit all carers. Older carers, carers with disabilities or neurodivergent needs, and those less confident with technology may struggle.

28.3 A key principle needs to be that kinship foster carers are supported to meet the Development Standards in ways that takes into account the unique context of kinship foster care, preparedness of kinship foster carers and ongoing caring responsibilities within changing family relationships and dynamics.

Implementation Questions

29 To what extent do you agree or disagree that these standards and guidance can be implemented in day-to-day practice?

Disagree

If desired, please explain your response.

29.1 Members were clear that the standards and guidance will need further detail, clarity and examples to be effectively implemented. The view from members is clear that the current presentation of the standards allows for varied interpretations and this will lead to practice variance, the consequences of which will be felt most acutely by foster carers and the children they are caring for.

29.2 There is an important difference between encouraging innovation, creativity and flexibility and the unintended consequences of a permissible tiered system of support.

30 In your view, what are the challenges to implementing these standards and guidance?

Please respond below.

30.1 Where there is ambiguity in the standards these will be interpreted in a variety of ways by agencies in implementation. This will likely lead to greater variance in practice.

30.2 The standards arrive at a time when there is significant change in the children's sector. Implementation comes at a time when there are changes to the National Framework, consultation about LADO's, consultation about Ofsted and changes to SEND provision alongside wider restructuring of services. With such significant change affecting fostering and the services around fostering and

children in care this adds to challenges around implementation. Information about how these standards fit in with wider reforms and support implementing these standards alongside these reforms would be helpful.

31 In your view, what additional support, if any, would be required to enable effective implementation of these standards and guidance?

Please respond below.

31.1 Need for training and dissemination across services, not just fostering services, but children's service and multi-agency partners. There will need to be clarity with Fostering providers and children's services about how they will be inspected against these standards. There will also need to be training and support for Ofsted in understanding the new standards and how they inspect against them.

31.2 Feedback from foster carer - "I think there is an interesting debate on the role of a SSW (or clarifying the role of an SSW). Is this person supporting me as a foster carer? Or are they providing therapeutic support, guidance/advice, professional development Or are they stepping in for the CSW? Or are they creating life story work? Clarification of what this person is feels really important in the context of almost every section telling me I will be supported to (but not how or by who or when or where the children will be to enable me to do this) but I as foster carer must (so the burden lies with me)."

Consultation Proposal 1: Withdrawing notice

32 To what extent do you support a regulatory clarification being made to allow a foster carer to withdraw their resignation within 28 days? Where a foster carer does not withdraw a resignation within 28 days then they will be deregistered.

Agree

If desired, please explain your response. You may wish to include any benefits and any challenges of the proposal.

32.1 Members considered an automatic and inflexible 28-day consequence too strict and supported a short cooling-off period during which a foster carer could withdraw a resignation notice.

32.2 Suggested cooling-off periods ranged from 48 hours to 14 days. The underlying point was that a decision with profound consequences for both the carer and children should not necessarily become irrevocable immediately.

32.3 After any cooling-off period, members proposed allowing the fostering service provider and carer to agree to extend the 28-day period where this is in the child's interests, for example to identify an appropriate new carer or allow a planned transition rather than an emergency move.

32.4 Members also proposed allowing the period to be shortened by agreement where a carer is transferring to another provider, the receiving panel and agency decision-maker processes are complete, and a seamless transfer would avoid an artificial gap in approval.

32.5 Both extension and shortening were envisaged as consensual rather than unilateral. These proposals would need to be considered against the existing wording and legal effect of regulation 28(13), rather than being achievable by guidance alone if the Regulation fixes the legal termination point.

32.6 Further points included that most foster carers don't know about this. 'in writing' includes emails and texts, so there could be a higher risk of impulsive resignation than originally anticipated.

32.7 A Fostering Service Provider has to treat a resignation as if real and look for alternatives for the children. This is unsettling for the child if it doesn't happen

32.8 Finding the right foster family for a child can take more than 28 days and there was the suggestion of agreeing a longer period in certain instances.