

Scope

This policy applies to all PCC Foster Care Agency's employees, including:

- The Registered Person
- Permanent staff
- Voluntary staff
- Placements and Work Experience
- Temporary staff

Purpose

To inform the aforementioned staff of the PCC Foster Care Agency requirements in relation to the notification of serious incidents to the required bodies.

To ensure that PCC Foster Care Agency complies with the relevant legislation and codes of practice.

Introduction

PCC Foster Care Agency is committed to fulfilling its duties and responsibilities in regard to the monitoring of the service. These are outlined in the:

- Foster Service Regulations 2011 (Section 36 and Schedule 7)
- Foster Services: National Minimum Standards 2011 (Standard 29)

Definition

For the purpose of this policy a 'serious incident' is any of the following occurrences (as defined in Schedule 7 of the FSR 2011):

- Death of a child placed with foster parents.
- Information is provided to the Independent Safeguarding Authority under any of sections 35, 36, 39, 41 or 45 of the Safeguarding Vulnerable Groups Act 2006(a) in respect of an individual working for a fostering service.
- Serious illness or serious accident of a child placed with foster parents
- Allegation that a child placed with foster parents has committed a serious offence
- Involvement or suspected involvement of a child placed with foster parents in prostitution
- Serious incident relating to a child placed with foster parents necessitating calling the police to the foster parent's home
- A child placed with foster parents is missing from the placement
- Any serious complaint about any foster parent approved by the fostering agency
- Instigation and outcome of any child protection enquiry involving a child placed with foster parents

Responsibilities

In the first instance the welfare and safety of the child is to be paramount and all actions are to be taken to guard and promote this. Where appropriate the emergency services are to be contacted to ensure the safety and welfare of the child.

Foster Carers

In the event of a serious incident the foster carer's first duty is to ensure the welfare and safety of the child or children in placement. Then, as soon as possible and only when it is safe to do so, the foster carer is to contact PCC foster care agency by telephone on:

Office hours: 020 8887 6888

Out of hours/duty: 07891 427157

They are to give the worker details of the incident and then assist and co-operate with the PCC staff member to enable them to carry out their duties.

Registered Person

In the event of a serious incident the Responsible Person has a duty to inform both Ofsted and the agency identified in Appendix A of this policy.

The Registered Person is to then ensure that the supervising worker has completed the Schedule 7 Incident Report Form (Appendix B). This form is then to be signed by the Registered Person and sent, by registered mail, to the following address:

**Notifications
Ofsted National Business Unit
Piccadilly Gate
Store Street
Manchester
M12 WD**

In urgent situations or where there may be media interest the Responsible Person is to make a judgement as to whether Ofsted should be informed by telephone, prior to completing the Schedule 7 Incident Report Form, on the following number:

0800 1231231

Team Manager

The Team Manager has a duty to be aware of this policy and assist and co-operate with the Registered Person to enable them to carry out their duties. Where necessary they are to assist with the completing of the Schedule 7 Incident Report Form prior to it being sent to Ofsted. They are to ensure that all serious incidents are reported to the Registered Person.

All members of staff

All members of staff have a duty to be aware of this policy and assist and co-operate with the Registered Person to enable them to carry out their duties. Where necessary they are to assist with the completing of the Schedule 7 Incident Report Form prior to it being sent to Ofsted. They are to ensure that all serious incidents are reported to the Team Manager and Registered Person.

Appendix A

SCHEDULE 7 Events and notification						
Event	To be notified to:					
	Chief Inspector	Responsible authority	Secretary of State	Area authority	Police	Primary Care Trust
Death of a child placed with foster parents	yes	yes	yes	yes		yes
Information is provided to the Independent Safeguarding Authority under any of sections 35, 36, 39, 41 or 45 of the Safeguarding Vulnerable Groups Act 2006(a) in respect of an individual working for a fostering service	yes	yes				
Serious illness or serious accident of a child placed with foster parents	yes	yes				
Outbreak at the home of a foster parent of any infectious disease which in the opinion of a general practitioner attending the home is sufficiently serious to be so notified	yes	yes				yes
Allegation that a child placed with foster parents has committed a serious offence		yes			yes	
Involvement or suspected involvement of a child placed with foster parents in prostitution	yes	yes		yes	yes	
Serious incident relating to a child placed with foster parents necessitating calling the police to the foster parent's home	yes	yes				
A child placed with foster parents is missing from the placement		yes				
Any serious complaint about any foster parent approved by the fostering agency	yes	yes				

Instigation and outcome of any child protection enquiry involving a child placed with foster parents	yes	yes		yes		
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Appendix B

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Notifying Ofsted

Providers of fostering agencies must notify us of any events or incidents.¹ We ask that you use this form to do so. When notifying us please make sure that you always include your URN and full postal address.

Urgent situations

In urgent situations, particularly if there is significant media interest, you may telephone us first on **0300 123 1231** and then complete and return this form.

Completing the form

You can complete the form by hand or on your computer but you must print, sign, and return the form in hard copy to us at:

Notifications
Ofsted National Business Unit
Piccadilly Gate
Store Street
Manchester
M12 WD

You can use the box on the last page if you need more space. We will also accept notifications by letter or on other forms currently being used by providers.

Please consider sending your form by registered mail if it contains sensitive/personal information.

¹ Regulation 36 of the Fostering Services (England) Regulations 2011. The events to be notified are listed in Schedule 7.

Section A. Personal details

Please add any additional details in Section F

1. Name of independent fostering agency	2. URN SC
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3. Address
Postcode

4. Telephone	5. Fax
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6. Email

7. Details of child(ren) if applicable Please use initials only, and insert more rows if needed.	8. Date of birth
Child 1	
Child 2	
Child 3	
Child 4	

9. Placing authority(ies) if applicable Please insert more rows if needed.	
Child 1	
Child 2	
Child 3	
Child 4	

Section B. Incident details

10. Date of incident	
11. Time of incident	am <input type="checkbox"/> pm <input type="checkbox"/>
12. Location	
13. Cause of death (if applicable/known)	
14. Date of death (if different from above)	
15. Time of death (if different from above)	am <input type="checkbox"/> pm <input type="checkbox"/>
16. Will there be an inquest or post-mortem?	yes <input type="checkbox"/> unknown <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>

17. Details of staff on duty Please use initials only, and insert more rows if needed.	18. Job title

19. Witness names (if applicable) Please use initials only, and insert more rows if needed.	20. Job title or role/relationship/other For example, neighbour/shop assistant/social worker/parent.

Section C. Description of incident

21. Please provide details of the incident

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Section D. Notifications

22. Reason for notification – tick as appropriate (✓)	
(a) Death of a child placed with foster parents	<input type="checkbox"/>
(b) Information is provided to the Independent Safeguarding Authority under any of sections 35, 36, 39, 41 or 45 of the Safeguarding Vulnerable Groups Act 2006 in respect of an individual working for a fostering service	<input type="checkbox"/>
(c) Serious illness or serious accident of a child placed with foster parents	<input type="checkbox"/>
(d) Outbreak at the home of a foster parent of any infectious disease which in the opinion of a general practitioner attending the home is sufficiently serious to be so notified	<input type="checkbox"/>
(e) Allegation that a child placed with foster parents has committed a serious offence	<input type="checkbox"/>
(f) Involvement or suspected involvement of a child placed with foster parents in prostitution	<input type="checkbox"/>
(g) Serious incident relating to a child placed with foster parents necessitating calling the police to the foster parent's home	<input type="checkbox"/>
(h) A child placed with foster parents is missing from the placement	<input type="checkbox"/>
(i) Any serious complaint about any foster parent approved by the fostering agency	<input type="checkbox"/>
(j) Instigation and outcome of any child protection enquiry involving a child placed with foster parents	<input type="checkbox"/>

23. Was the GP called?	yes <input type="checkbox"/>	no <input type="checkbox"/>	not applicable <input type="checkbox"/>
24. Date	25. Time		am <input type="checkbox"/>
			pm <input type="checkbox"/>

26. Were the emergency services called?	yes <input type="checkbox"/>	no <input type="checkbox"/>	not applicable <input type="checkbox"/>
27. Service name	28. Date	29. Time	am <input type="checkbox"/>
			pm <input type="checkbox"/>

Other notifications²

30. Placing authority (all)			
31. Date	32. Time		am <input type="checkbox"/>
			pm <input type="checkbox"/>

33. Secretary of State (a only)			
34. Date	35. Time		am <input type="checkbox"/>

² Refer to the reasons for notification above.

	pm <input type="checkbox"/>
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36. Area authority (a and f)	
37. Date	38. Time am <input type="checkbox"/> pm <input type="checkbox"/>

39. Health authority (a and d)	
40. Date	41. Time am <input type="checkbox"/> pm <input type="checkbox"/>

42. Police (e and f)	
43. Date	44. Time am <input type="checkbox"/> pm <input type="checkbox"/>

45. Parents (if applicable) yes <input type="checkbox"/> no <input type="checkbox"/>	
46. Date	47. Time am <input type="checkbox"/> pm <input type="checkbox"/>

Section E. Outcomes and future actions

48. Outcome of incident

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49. Actions to prevent further occurrence

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Signed	Print name
Job title	Date

Section F. Further information

50. Use this box if you need more space to provide us with any additional information. Please use people's initials only.

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