

# Policies, Procedures, Guidelines and Protocols

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Local Ref (optional)			
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covers	working environment for foster carers, kinship carers and		
	supported lodging providers.		
Who is the document	This policy is aimed at all staff.		
aimed at?			
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Who has been consulte in the development of the policy?	, , , , , , , , , , , , , , , , , , ,		
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Screening			
Full Equality Impact	N/A		
Assessment			
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# **Appendices**

Appendix A. Fostering Leave Request Form

#### 1. Introduction

- 1.1 Shropshire Community Health NHS Trust is committed to supporting family life through the development of flexible policies, assisting staff in balancing work and family responsibilities by adopting a flexible approach.
- 1.2 The implementation and application of this policy is intended to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their gender, gender reassignment, marital status, disability, sexuality, religion or trade union membership, or is disadvantaged by conditions of requirements which are not justified by the requirements of the job. This applies to all aspects of employment for existing staff and potential employees.

#### 2. Policy Statement

- 2.1 Shropshire Community Health NHS Trust recognises and values the contribution that foster carers make to society and especially in the lives of children in care.
- 2.2 We understand that foster carers who do other work in addition to fostering require some flexibility in their working arrangements in order to meet the needs of their fostered child/ren.
- 2.3We are committed to support any employee who is a foster carer, approved kinship carer or supported lodging provider.
- 2.4 We will do this, wherever possible, by creating a fostering friendly organisation that offers flexible working arrangements which responds to the needs of all foster carers, approved kinship carers and supported lodging providers.
- 2.5 The process of seeking approval to become a foster carer is lengthy and places a number of reasonable but demanding expectations upon prospective carers, particularly in relation to the training, assessment and approval process.
- 2.6 Wherever possible, we will extend the terms of this policy to prospective foster or kinship carers and supported lodging providers who have begun the formal process of seeking approval and registration as carers.

2.7 The Trust also has a separate policy around Adoption Leave that can be located via the Trust's Staff Zone.

# 3. Who is eligible for Fostering Leave

- 3.1 This policy applies to permanent full time and part-time staff and employees who are on fixed term contracts, who have three months or more employment service with Shropshire Community Health NHS Trust and are:
  - Applying to become foster carers
  - Are approved foster carers and have a child in placement (or have had a child in placement for 75% of the previous 12 months)
  - Are an approved kinship carer
     Are a supported lodging provider.
- 3.2 Any employees on secondment to Shropshire Community Health NHS Trust may wish to explore any entitlement with their employing organisation.

### 3.3 Meanings:

Foster Carer	Foster carers offer children and young people a safe, loving and nurturing home when they can't live with their birth families.
Kinship Carer	Kinship carers are family or friends who step up, often during an unexpected crisis, to care for a child when their parents aren't able to.
Supported Lodging Provider	Supported lodging providers are people who share their home with a young person, giving them an opportunity to live in a safe, family environment where they can gain more independence and learn to live on their own.

#### 4. Fostering Leave Entitlement

4.1 Shropshire Community Health NHS Trust values and supports foster carers, approved kinship carers and those providing supported lodgings, by giving paid time off in any 12-month period as follows:

For:	Leave Entitlement (Pro Rata)
Assessment and initial training	Up to 3 days
prior to approval as a foster carer	
Attendance at Panel for Approval	1 day
Child review meetings, annual	Up to 5 days
foster carer review meetings and	
training	
Long-term placement of a	Flexible Working Request
child/young person – please	Authorised unpaid leave
utilise;	TOIL etc.
Special Leave Policy	
Working Flexibly Policy	

- 4.2 The employee's line manager will aim to approve the leave unless in exceptional circumstances, taking into consideration service requirements of the Trust.
- 4.3 The leave entitlement will be considered and approved on a pro rata basis.

### 5. Procedure for Requesting Time Off

- 5.1 The request for leave should outline the reason(s) and the amount of leave required.
- 5.2 Where more than the maximum entitlement of Fostering Friendly paid leave is required (as outlined above), the line manager and the employee should discuss other means available e.g. annual leave, TOIL, authorised unpaid leave (in line with other available policies).
- 5.3 The employee must request all foster leave by completing **Appendix A** and submitting to their line manager in a timely manner. The line manager should give full and due consideration of the request and support wherever reasonably possible. The line manager must confirm the outcome of the request to the member of staff at the earliest opportunity and should send a copy of the completed application to People Services via <a href="mailto:shropcom.hr-advisory@nhs.net">shropcom.hr-advisory@nhs.net</a>
- 5.4 All authorised requests for fostering leave, must be recorded by the line manager on ESR or for E-Rostered Teams, on Optima.
  - To record this in ESR select 'Special Increasing Bal' for absence type, then 'Carer's Leave' for the absence reason. Please enter 'Fostering' into the comments box.

For E-Rostered areas please select > Add Unavailability –
 Group type select other leave > Reason select Carers Leave Paid. Please enter Fostering as a person note not a duty note.

# 6. Communication and Training

- 6.1 The People Services department will provide advice on the policy to employee and advise and support managers in the fair and equitable application of this policy as appropriate.
- 6.2 All Directors, Group Managers and People Services are responsible for the communication of the policy to their staff.

#### 7. Review and Compliance Monitoring

7.1 The rules and operation of this procedure will be periodically reviewed (at least every 3 years) considering any development in employment legislation or employee relations' practice and, if necessary, revise in order to ensure their continuing relevance and effectiveness. Any amendments will be introduced only after consultation with staff-side representatives.

#### **Appendix A – Fostering Leave Request Form**

SECTION A: TO BE COMPLETED BY EMPLOYEE/APPLICANT:		
Full Name:		
Employee Number:		

Department: Base: Contact Telephone Number: Email Address: Date of Request:  Amount of Time Requested:  Days: Hours: Date From: Date To: Reason for Request:  Employee Signature: Employee Print Name: Date:  SECTION B: TO BE COMPLETED BY LINE MANAGER: Approved (please indicate): Yes No  If no, please state reasons why:  Manager Signature: Manager Print Name: Date:	Position Title:		
Contact Telephone Number:  Email Address:  Date of Request:  Amount of Time Requested:  Days: Hours: Date From: Date To:  Reason for Request:  Employee Signature: Employee Print Name: Date:  SECTION B: TO BE COMPLETED BY LINE MANAGER: Approved (please indicate):  Yes No If no, please state reasons why:  Manager Signature: Manager Print Name:	Department:		
Email Address: Date of Request:  Amount of Time Requested:  Days: Hours: Date From: Date To:  Reason for Request:  Employee Signature: Employee Print Name: Date:  SECTION B: TO BE COMPLETED BY LINE MANAGER: Approved (please indicate): Yes No If no, please state reasons why:  Manager Signature: Manager Print Name:	Base:		
Date of Request:  Amount of Time Requested:  Days: Hours: Date From: Date To:  Reason for Request:  Employee Signature: Employee Print Name: Date:  SECTION B: TO BE COMPLETED BY LINE MANAGER: Approved (please indicate):  If no, please state reasons why:  Manager Signature: Manager Print Name:	Contact Telephone Number:		
Amount of Time Requested:  Days: Hours: Date From: Date To:  Reason for Request:  Employee Signature: Employee Print Name: Date:  SECTION B: TO BE COMPLETED BY LINE MANAGER: Approved (please indicate): Yes No If no, please state reasons why:  Manager Signature: Manager Print Name:	Email Address:		
Days: Hours: Date From: Date To: Reason for Request:  Employee Signature: Employee Print Name: Date:  SECTION B: TO BE COMPLETED BY LINE MANAGER: Approved (please indicate): Yes No If no, please state reasons why:  Manager Signature: Manager Print Name:	Date of Request:		
Hours: Date From: Date To:  Reason for Request:  Employee Signature: Employee Print Name: Date:  SECTION B: TO BE COMPLETED BY LINE MANAGER: Approved (please indicate): Yes No If no, please state reasons why:  Manager Signature: Manager Print Name:	<b>Amount of Time Requested</b>	:	
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Date:  SECTION B: TO BE COMPLETED BY LINE MANAGER:  Approved (please indicate): Yes No  If no, please state reasons why:  Manager Signature:  Manager Print Name:	·		
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Manager Print Name:		-	
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Line Managers must return a copy of the completed application form to People Services via <a href="mailto:shropcom.hr-advisory@nhs.net">shropcom.hr-advisory@nhs.net</a>, and retain a copy on the employee's personal file.