

# Conversations with Foster Carers in Sandwell

June 2024

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**healthwatch**  
Sandwell



**Engaging  
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## Introduction

Healthwatch Sandwell is an organisation that listens to the views and experiences of people who use health and social care services. We use what we hear to influence and improve the way the health and social care services are provided and run. We link into the providers and commissioners of services whose job is to make sure that health and social care services meet government standards of quality and safety. We do this in various ways through direct engagement and outreach in the community, social media, workshops, and through working closer with groups and organisations in Sandwell.

## What We Do – We Monitor

Through our community engagement activities, data intelligence systems, Enter & View programme and our Healthwatch Champions, we continually monitor service delivery through concerns and experiences raised and feedback received.

## Why We Do It

The people of Sandwell should be able to access the right health and social care, at the right time and in the right place. We are aware that many people find it challenging to know who to turn to when navigating the health and social care systems. By gathering experiences, intelligence, and stories we work with commissioners and providers of services to help bring about change in how services can be shaped for the benefit of the service user.

Healthwatch Sandwell endeavors to ensure that underrepresented groups / people are also given the opportunity to share their views. Foster carers are often an underrepresented group, and we take every opportunity where possible to talk to such groups.

## Foster Caring in Sandwell

The rewards of foster caring extend far beyond the positive influence on a child; as fostering can lead to personal growth, fulfilment, and a sense of purpose to your own life. As of 31st March 2021, there were 45,370 fostering households and 76,640 foster carers in England. This is a 2% and 4% increase since 2014 to 2015, respectively. However, over the period up to March 2020, the number of children in foster care grew by around 11%.

**[www.gov.uk/government/statistics/fostering-in-england](https://www.gov.uk/government/statistics/fostering-in-england)**

There are over 240 internal carers that Sandwell Children's Trust support along with several connected carers, relative carers and also external carers (located outside the borough) who are supported by external companies. Overall, there is a shortage of carers to care for the 800 plus children we have in care.

## Sandwell Children's Trust – Voices Heard Event

Healthwatch were kindly invited to attend the Voices Heard Foster event on Wednesday 29th May at Coneygre Community Centre in Tipton. The event was a celebration of Foster caring in Sandwell and an information and promotion event showcasing local support services. But mostly important, it gave both foster carers and fostered children an opportunity to share their experiences.

We were able to talk to foster parents about some of the challenges that they face in accessing services to support their fostered child or children.

### Key Findings

The findings reveal several significant challenges faced by foster carers in accessing essential services and support for both themselves and the children in their care. These challenges are complex and impact the overall effectiveness and efficiency of the foster care system.

### What People Told Us



***Note that these stories are what foster carers have told us and may not be the case for all foster carer families in Sandwell. These views may not be proportionate to more views from foster carers however Healthwatch Sandwell would like to hear from other foster carers who have experienced similar issues.***

#### Access to Controlled Medication

A foster carer family fostering a 12-year-old explained to us the issues that they had been facing with controlled medication for their foster child. The child has ADHD and additional behavioral issues due to his condition. The foster parents told us that the GP will only allow the medication to be prescribed once the previous medication is close to being completed. They have several times been very close to running out of medication to the point that they have had to call 111 to get advice. They informed us that this not acceptable.

#### Accessing EHCP's

A single foster carer of an 11-year-old boy with ADHD and Autism has been trying to get him an Education and Health Care Plan (EHCP), initially through CAMHS. The process was taking too long, and she was also told as the child was able to make eye contact and understand questions that they would not be offered any support, however the child was not always able to make eye contact. The foster carer has paid for an EHCP to be undertaken privately at huge financial cost. The foster carer is also trying to get her foster son to go to a SEND school to get the right support. The Social Worker said that the EHCP would be completed in early April, but it had still not been completed. She informed us that they are not getting the right support as her foster son had melt downs and regularly bangs his head on purpose.

### Single Point of Access

Another foster carer family told us their 2-year-old foster son had not been drinking or eating. They called the out of hours GP who was supposed to call back. The GP did not call back. They were told that someone from pediatrics would call back but again they didn't. He did however improve on his own. As the foster carer works in this NHS sector, he was aware that there should have been a single point of access which was not in place and that for such a young child it should have been a priority.

### Foster Carer Medical Check Up Delays

Foster carers must have 3 yearly medicals so that are deemed well enough to foster children. This is not seen as a priority by GP's, and many are waiting up to 8 months to get the right medical checks whilst The Children's Trust are having to pay for the checks to be undertaken. These range from £70 to over £100. Some foster carers have had arrangements made to foster with a child which cannot take place due to the checks not being conducted in time.

Some reasons that have been given for delays include:

Availability of appointments for 'non-NHS work' which are more restricted – this links to the interpretation of foster carer medicals by some as 'private work'.

Time between completion by GP and the paper form being returned from the surgery. Some examples were given of the form getting lost at the surgery.

This in turn has delays on court proceedings which are necessary in the foster care process. This is also causing issues with foster carers wanting to go from fostering to guardianship as time delays make it much harder to get all the necessary checks in place to guardianship of a child.

## Conclusion

Based on the provided findings, the conclusion highlights several issues faced by foster carers in accessing necessary medical and educational support for their foster children:

- **Access to Controlled Medication.** Some Foster carers face difficulties in ensuring a consistent supply of controlled medication for children with ADHD and behavioural issues. The policy requiring medication to be nearly exhausted before reissuing prescriptions creates periods where children risk running out of their necessary treatments, posing a threat to their well-being.
- **Education and Health Care Plans (EHCPs).** There are substantial delays and hurdles in obtaining EHCPs for some children with ADHD and Autism. These delays result in children not receiving timely educational support and interventions. Foster carers often resort to costly private assessments due to inefficiencies in the public system, causing financial strain on families.
- **Single Point of Access.** The absence of a streamlined single point of access for urgent healthcare needs leads to critical delays in medical responses for young foster children. This lack of coordination within the healthcare system hampers the timely provision of care, which is crucial for the health and safety of vulnerable children.
- **Foster Carer Medical Check-Up Delays.** Foster carers are required to undergo medical checks three times a year, but these are often delayed due to GP availability and the interpretation of such checks as private work. Delays in these medical evaluations not only affect the carers' ability to foster but also cause significant disruptions in court proceedings necessary for the foster care process. Additionally, these delays hinder foster carers' efforts to transition from fostering to guardianship, as timely medical checks are a must for such legal transitions.

Overall, these findings highlight the need for improvements in the healthcare and educational support systems for foster children.

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