**Annual Review of a Private Foster Care Arrangement**

 **Part One - To be completed by the Social Worker**

1. **Child Details**

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| **Child’s Name** | **Date or birth** | **Date placed** |
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1. **The Review**

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| **2.1 Date of this review** |  |
| **2.2 Date of previous review** |  |
| **2.3 Names of those attending and/or providing reports to the Annual review** | ***Child******Carer******Other Family Members******Nursery or Education representative******Health representative*** |

1. **Private Foster carer details**

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| **3.1 Private Foster Carer’s name** |  |
| **3.2 Private Foster Carer’s address** |  |
| **3.3 Details of any other persons living currently at the Private Foster Carer's Address including D.O.B. and age** |  |
| **3.4 Date written agreement signed by carer and parent/ Person with Parental Responsibility** |  |
| **3.5 Do all relevant household members have an up-to-date DBS check? (within 3 years)** |  |
| **3.6 Were home safety concerns considered in the private fostering assessment?** **Outline any health or safety concerns identified** |  |
| **3.7 Confirm any specific requirements imposed at the time of agreement of arrangement and if so, confirm if they are being complied with?** |  |
| **3.8 Have Regulation 8 social work visits been carried out as per minimum visiting requirements?** **(Visits to the child and foster carer within 1 week of notification of PF arrangement, at least once more during the assessment period, then at least every six weeks during the first year and then at least every 12 weeks thereafter.)** |  |
| **3.9** **Has Advice and support been offered to the child and to the private foster carer?** |  |
| **3.10 Have any prohibitions or requirements been imposed on private foster carer and are these being complied with?** |  |

**4. Child’s Need’s and progress in placement**

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| **4.1 Education****Are arrangements for the child's education satisfactory and how is the child’s learning progressing?** |
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| **4.2 Physical and Emotional Health and Wellbeing****Is the child registered with a GP, optician and dentist and have there been any GP or hospital attendances and any necessary health care provided.** **If the child has additional health or emotional support needs are these being responded to?** **Outline any provision of access to services required as a result of any disability?** |
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| **4.3 Placement****Consider the family strengths and protective factors** **Are the home conditions satisfactory?** **Consider the impact of extended family relationships and environmental Factors****What is the child’s lived experience within the family?****How is the placement progressing?**  |
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| **4.4 Contact with Parents and/or other family members****(Are any contact arrangements with parents, siblings and/or other family members clear and working well? If not, what are the issues?)** |
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| **4.5 Identity (including needs arising from the child’s religious persuasion, racial origin and cultural and linguistic background)** |
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**5. Private Foster Carer(s)**

 **Summary of placement progress**

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| **5.1 What are the strengths and protective factors?** |
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| **5.2 Are there any concerns or risks that have arisen since the agreement of the private fostering arrangement?** |
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| **5.3 Concerns regarding risk:****Is there any issues or changes in the private foster carer’s circumstances or their household which potentially impact upon their parenting and ability to safeguard and meet the needs of the child/ young person, if yes please explain what is being done to manage any concerns?** |
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| **5.4 Please comment on the home conditions and any environmental factors** |
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**6. VIEWS**

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| **6.1 Views of the child/ young person** |
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| **6.2 View of parents / persons with parental responsibility** |
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| **6.3 Views of private foster carer(s) and their household** |
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**Part Two – To be completed by the Independent Reviewing Officer**

**1. Summary of the Review Meeting and Recommendation**

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| **1.1Summary of Review discussion** |
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| **1.2 Is the Review satisfied about the continued suitability of the private fostering arrangement? Y/ N** |
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| **1.3 Recommendations (including any specific restrictions and also the frequency of visiting):** |
| Action Who By When |

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| **1.4 Signature of IRO conducting the review** |  | Date: |  |
| **1.5 Date for next annual review** |  |  |  |

**Part Three – Senior Management Oversight**

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| **1. Decision of the Senior Manager with responsibility for Private Fostering arrangements** |
| Signature: Date: |