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 **Integrated Safeguarding Unit**

 Foster carer review Foster carer

**Could you please complete the form in black ink.**

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| **Your name/s** | **Ethnic Origin** | **Religion** | **Employment** |
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| **Review date and time** |  |
| **Supervising Social Worker’s name** |  |

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| **Other household members** | **DOB** | **Relationship to carer** | **Ethnic Origin** | **Education or employment** |
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|  **Address** |  |
| **Do you have a second home? *(Including caravans/ holiday homes)***  |  |

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| **Fostering Registration date** | **Approval category and number of children** | **Payment for Skills Level** |
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**Support the child**

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| **Can you describe for each child placed with you something which you feel you may have helped the child achieve/succeed during the past 12 months?** |
| **Have any children/young people you have cared for been report missing from the placement or from school since your last review?** | Y/N |

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| **Comment on your experience of working with the children’s birth family. Do you supervise contact? Are the contact arrangements clear?** |
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| **Have you had any difficulties since your last review, in either meeting the children’s needs you care for or yourself/s as carers?** |
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**Your experience**

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| **Generally can you please comment on your fostering experience since your last review** |
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| **Have there been any important events or changes in your family over the past year and if so, how has this affected your fostering role?** |
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**Your support**

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| **Please comment on the support you receive from the children’s social worker****What do you find helpful?** |
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| **Is there anything that would improve the support?** |
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| **Does anybody else provide care for any of the children you foster either occasionally or regularly**? (e.g after school, babysitters, friends and family, other foster carers, holiday carer). Please specify | Y / N |
| Type of support |
| Could you comment on how this support is working for you. |
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|  | **Have you received the following documents for each child you look after?** | **Are these documents up to date?** | **Comments** |
| **Placement plan & agreement** | Y/N | Y/N |  |
| **Delegated decision authority form**  | Y/N | Y/N |  |
| **Care plan** | Y/N | Y/N |  |
| **Health needs assessment** | Y/N | Y/N |  |
| **Child’s review reports** | Y/N | Y/N |  |
| **Copy of personal education plan** | Y/N | Y/N |  |
| **Does each child in your care have a savings account**  | Y/N | Y/N |  |
| **If you claim DLA for a foster child, is this managed in a separate bank account?** | Y/N | Y/N |  |

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| **Is there any further information you feel you need to enable you to care for the children in your care?** |
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| **Do you have any observations or comments to make about the support given to the child by the child’s social worker and any other services?** |
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| **Please comment on the support and supervision you receive from your Supervising Social Worker and the fostering service in general** |
| What do you find helpful? Is there anything that would improve the support? |

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| **Are copies of the following documents up to date?** |  | **Comments** |
| **Copies of supervisory visits** | Y/N |  |
| **Foster carer agreement** | Y/N |  |
| **Copy of your last review** | Y/N |  |
| **Safe care policy (this must include current placement children)** | Y/N |  |
| **Home safety assessment** | Y/N |  |
| **DBS for each member of the household over 18** | Y/N |  |
| **Fact File, relevant reading/training material** | Y/N |  |
| **Copy of complaints procedure** | Y/N |  |
| **Fostering Network Membership**  | Y/N |  |
| **ID card** | Y/N |  |
| **Is your driving licence within date?** | Y/N |  |

**Personal development**

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| **Below is the current list of mandatory and core training** |
| **Mandatory** (required as a minimum expectation) | **Date completed** | **Core** (basic expectation for all carers. These can be prioritised in discussion between carer and SSW) | **Date completed** |
| Child protection (Safeguarding) |  | Moving children on / life story work |  |
| Safer care (Safeguarding) |  | Attachment and loss |  |
| First aid (renewed every 3 years) |  | Total respect |  |
| First aid for babies |  | Educational needs of CLA |  |
| Record keeping / data protection |  | Equality and diversity |  |
| Restorative practice |  | Pro social behaviour |  |
| Moving and handling Level 2 (for those caring for disabled children) |  | TCI training (Level 3 & 4 – required to complete refresher every 18 months) |  |

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| **Please list training you have attended in the period since your last review and be able to evidence these at the review. Also include self-directed learning.****Level 1 and 2 – 15 hours****Level 3 and 4 - 20 hours** |
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| **Please list the support groups you have attended since the last review?****4 support groups for all levels** |
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| **What do you see as your training needs for the coming year?** |
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| **Have you received the nursing training you need to fulfil your required tasks effectively?** |
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| **Have you had any health difficulties over the last year?**  | Y/N |
| **If so please complete the Health Questionnaire at the back of this form.** |

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| **Do you have any future plans that would impact on your fostering e.g. moving house, getting married, adult children returning home?** |
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| **Would you like to make any changes to your fostering registration, e.g. age range of children, increasing or decreasing number of children?** |
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| **If you wish to discuss any other matters before the review meeting please outline these below.** |
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| **Do you know how to make a compliment, comment or complaint?** | Y/N |

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| **At your review you will need your copy of your personal development plan, health and safety checklist, safe care plan, DBS checks, pet assessment, house and car insurance. Please ensure that these are up to date.** |

Signed

Date

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| **Would you prefer this form to be sent by email for your next review?** | Y/N |

**Health Update**

Please describe your medical condition:

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| Are you taking any medication? If yes please provide details |
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| Is your medication reviewed by your GP? |
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| Does your medical condition impact on your daily fostering task? If yes please describe. |
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| Is your medical condition likely to impact on your long term health? |
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| Any other conditions? |
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Signed