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**Integrated Safeguarding Unit**

Foster carer review - Supervising social worker

Mockingbird Family Model

Please complete this form and email to fostering.reviewing@leeds.gov.uk within 10 working days of receipt of the form. The review will not take place unless this form has been completed. Please phone the Fostering Reviewing 0fficer if you have any queries.

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| **Name of Carer** | **DOB** | **Ethnic Origin** | **Does carer work?** | **Address** | **Date DBS expires** |
|  |  |  | YES / NO |  |  |
|  |  |  | YES / NO |  |

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| **Name of Supervising Social Worker** |  |
| **Name of Fostering Reviewing Officer** |  |

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| **Date of this review**  |  | **Date of last review**  |  | **Date of Registration/****approval** |  | **Does carer qualify for long service award?** | YES / NO |
| Is this review: | Annual  | Early |
| If early; state the reason |  |
| **Current****approval** |  | **PfS level** |  | **Are you requesting a change?** (give details at the end) | YES / NO |

**Exemptions/Placements outside terms of approval**

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| Were there any exemptions or placements outside the carer’s terms of approval (unlawful placements) | YES/NO | If yes, please provide details and any action required: |
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| **Other household members** | **DOB** | **Relationship to carer** | **Ethnic Origin** | **Date DBS expires****(if applicable)** |
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| **Does the carer use a Holiday Carer, respite carer, other family members etc?** | YES / NO |
| **If yes, please give details** |  |
| **Are all checks for this carer up to date? DBS, Home Safety, Safe Care Plan etc.** | YES / NO |
| **Is the support provided included in the carers’ Delegated Decision Authority?** | YES / NO |
| **Other non-household member who require DBS:****Relationship** | **Date DBS expires** |
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**Children currently in placement**

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|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| **Name** |  |  |  |  |
| **DOB** |  |  |  |  |
| **Social Worker** |  |  |  |  |
| **Date Placed** |  |  |  |  |
| **Ethnic Origin** |  |  |  |  |
| **Religion** |  |  |  |  |
| **Status of placement eg short term, respite, permanent** |  |  |  |  |
| **Legal status** |  |  |  |  |
| **If placed since last review, was a Placement Planning Meeting held?** | YES / NO | YES / NO | YES / NO | YES / NO |
| **Does carer have Delegated Decision Authority?** | YES / NO | YES / NO | YES / NO | YES / NO |
| **Is child included in the Safe Care Policy?** | YES / NO | YES / NO | YES / NO | YES / NO |
| **Has copy of Safe Care Policy been sent to social worker** | YES / NO | YES / NO | YES / NO | YES / NO |

**Kinship Foster Carer only**

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| **What is the relationship between the child and carer** |  |

**Children who have left the placement in the review period**

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|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| **Name** |  |  |  |  |
| **DOB** |  |  |  |  |
| **Social worker** |  |  |  |  |
| **Date placed** |  |  |  |  |
| **Date placement ended** |  |  |  |  |
| **Reason placement ended; return home, unplanned, adoption etc** |  |  |  |  |
| **If unplanned, was a disruption meeting held** | YES / NO | YES / NO | YES / NO | YES / NO |
| **Ethnic origin** |  |  |  |  |
| **Religion** |  |  |  |  |
| **Status of placement eg short term, respite, permanent** |  |  |  |  |
| **Legal status** |  |  |  |  |

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| **Any significant comments regarding the care of the children who have left the placement from the child/ren’s social worker, (please note which child comments relate to).** |
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| Dates of all visits and summary of support undertaken in last 12 months (please indicate unannounced visits/supervisory visits, and the date the home was inspected, including the bedrooms used for fostering) |
| **Date of visit/contact with carer** | **Please indicate the status of Visit:***Support visit/ supervisory visit/unannounced visit/ telephone support/other* | **Placement Children Seen?** YES / NO |
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| **Any changes of Supervising Social Worker** | YES / NO |

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| **Any allegations/complaints/significant incidents; if yes please give details below.** | YES / NO |
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| **Decisions and recommendations of last review or from Fostering Panel if first review.** |
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| **Have all recommendations been completed? If not, please comment.** | YES / NO |
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| **Comment on the carers’ health.** *(Are there any new health issues since the last review? How do they impact on the carer’s capacity? Do any of the household smoke? When was the last medical undertaken/ Is a further medical required?*  |
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| **Have there been any changes in the carers’ circumstances or household composition in the review period? (What has been the impact on the carers’ fostering commitment, if any)?** |
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| **Comment on the carer’s compliance with the fostering policy including recording, confidentiality and health and safety matters.** |
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| **Impact of fostering on the family since previous review or approval.** |
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**How does the carer meet the needs of the fostered children?**

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| **How has the foster carer met the health/education/emotional and other needs of the child/children in placement?**  |
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| **Please comment on the strengths of the foster carer. Please give examples of good practice.** |
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| **Do you believe there are areas where the carer could benefit from additional advice or training?** |
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| **How well has the foster carer communicated with you/your department or other professional?** |
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| **Comment on standard of accommodation and suitability for undertaking the fostering task, this must include comment on the children’s bedrooms.** |
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| **Foster children’s view of placement** |
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| **Foster carer’s own children’s views on fostering** |
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**Training**

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| **Has the carers attended the required training since last review?** Level 1 and 2 - 15 hoursLevel 3 and 4 - 20 hours |  |
| **Any gaps in mandatory training (including refreshers required)** |  |
| **Any task specific training required (dependent on needs of child in placement and needs of foster carer)** |  |
| **Future training and development identified** |  |
| **Is the Personal Development Plan up to date?** |  |
| **Is the carers training record up to date on Frameworki?** |  |
| **Any barriers to attend training?** |  |
| **Training and Support Development Standards (TSDS)** |  |
| **Has the carer attended the required 4 support groups** |  |

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| **Recommendations and actions to address any issues identified** |
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| **Have these recommendations been discussed with the team manager** | YES / NO |

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| **Changes to approval** | YES / NO |
| Please comment on why the changes are being requested. In particular please give evidence for a request for an increase in approval. |
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| If this is a first review, what date has been booked for panel?  | Date |
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Supervising Social Worker:

Signed Date