**Appendix 1 – Report from Foster Carer**

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| **Foster Carer’s Annual Review**  **Report from Foster Carer(s)** | **NORTH YORKSHIRE COUNTY COUNCIL** |

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| **Date of Review:** |  |

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| --- | --- |
| **Supervising Social Worker:** |  |

**Details of Foster Carers**

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| **Full Name** | **Employment** |
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| *Details of Children placed during Review Period* |

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| **Name of Child** | **Date of Birth** | **Start date of placement** | **End Date of Placement.** |
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**Information on Children/Young People:**

Please comment below on how you ensure the following outcomes are met in relation to children placed with you. (Please use specific examples)

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| Being healthy **Emotional health, well-being and development:** including, self esteem, cultural identity, anxieties, disclosures and general behaviours, CAHMS appointments :  **Physical Health, well being** including diet, exercise, prevention of injuries/accidents, cultural needs, disabilities, appointments etc**:** |
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| **Staying safe:**(consider issues raised in ‘Safe Care Agreement’, Challenging Behaviour risk assessments etc) |
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| **Enjoying and achieving:** (activities, interests/hobbies, homework, school events, education, employment, friendships, fashion, clothing)  Include information about parent’s evenings and Personal Education Plans. |
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| **Making a positive contribution**:(developing social skills, helping others, community involvement) |
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| **Achieving economic well-being:** ( managing pocket money, saving, earning, encouragement to develop independence skills) |
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# Information on Supervision and Support

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| **How does the fostering service support you? Please comment on the quality of supervision and other support received (including respite, support groups, supervision, finance and equipment)** |
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| **How appropriate do you feel the placements you have taken or been asked to take have been?** |
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| **Please comment on the pattern of joint working with child’s social worker and your supervising Social Worker – (Are there placement agreements in place and are there reviews of these?)** |
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| **How happy you been happy with the information you have received at the beginning of placements?**  **Please confirm that you have the Personal Information Record, Health Assessment, Care Plan and PEP or detail documents missing.** |
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| **What other services have you had involvement with in relation to children placed? (For example, ELAC, Health, CAMHS, Out of Hours Support and other designated staff for Children in Care)**  **Please comment in relation to provision and quality.** |
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| **Are there any improvements to support & supervision that you consider would be beneficial?** |
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| **What training / learning have you completed over the last year?** |
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| **What further training / learning do you require to support you in undertaking your fostering?** |
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| **How do you consider that supervision/training has influenced your practice?** |
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| **Has any member of the Fostering Household been cautioned or convicted for any offence, or received a fixed penalty, or been questioned by the police during the review period?**  **If yes please give details.** |
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| **Please comment on how fostering is impacting on other household/family members.** |
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| **Any other comments, issues or concerns you would like to highlight.**  **Please include things that have gone well or not so well for you as a fostering family.** |
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| **Treatment Foster Carers and Specialist Foster Carers only**  **Please comment on any contractual issues arising and /or delivery of the Treatment Fostering model.** |
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| **Are you seeking any changes to your approval? If so what are the reasons for this.** |
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**Foster Carer: ……………………………………………**

**Foster Carer: ……………………………………………**

**Date Form Completed: ……………………………………………**