**Fostering Social Workers report following concerns relating to child in care.**

Fostering Social Worker:

Date of report:

Foster carers Names:

Childs Name:

Details of current allegation/injury/incident -

*This form is to be completed when there are worries about a Foster placement when an accidental injury has occurred in placement or a presenting risk or concern around allegation of this kind. This is to help decision making regarding the child remaining in placement, managing any presenting risks or to contribute towards decision making relating to the child being removed from placement.*

**Section 1: The history and background of the Foster carer**

*(Length of approval, any past concerns, experience and number of children cared for )*

**Section 2: The relationship between foster carer and this specific child**

**Section 3: The Foster carers explanation of the injury/incident/allegation and workers analysis and observation.**

**Section 4: Impact of removal from the home**

**Section 5: Safety planning**

**Management Oversight – Name and Date**