**ALLEGATION / COMPLAINT / STANDARDS OF CARE REPORT**

**FOR THE**       **FOSTERING PANEL ON**

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| **Foster Carers Names:** | **Date of Birth** | **Liberi Number** |
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| **Other Household Members:***(Also record details of children in placement at time of allegation)*  | **Relationship** | **Date of Birth** | **Liberi Number** |
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| **Foster Carers Address:** |  |
| **Fostering Support Team:** |  |
| **Foster Carers Registration:** *(Include date registered)* |  |
| **Date Allegation / Complaint made:** |  |
| **Allegation / Complaint made by:** |  |
| **Fostering Social Worker:** |  |
| **Fostering Team Manager:** |  |
| **Childrens Social Worker:** |  |
| **Children’s Team Manager:** |  |
| **Investigating Social Worker/Senior Practitioner/Team Manager:** |  |

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| **REASON FOR THE REPORT** *(Summary of allegation/complaint/standards of care concern, relevant dates, and decision making process undertaken to bring the case to the fostering panel)* |
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| **OVERVIEW OF FOSTERING CAREER** *(Foster Carers and family members. Any changes in registration / family circumstances, summary of children placed, children in placement at time of allegation/complaint/standards of care concern. Summary of attendance at support groups and commitment to training)* |
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| **CHRONOLOGY OF PREVIOUS RELEVANT CONCERNS** *(Details of related concerns/complaints/allegations including action and outcome)* |
| **Date:** | **Event:** |
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| **INVESTIGATION:** (*Details of investigation: significant people, summary and dates of any strategy discussions, interviews, action taken, social media searches and findings.* |
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| **CONSULTATION WITH FOSTER CARERS AND OTHERS:** *Views and responses of foster carers, views of relevant others including wishes and feelings of children (if appropriate)* |
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| **CURRENT SITUATION AND IMPACT UPON CHILDREN/YOUNG PEOPLE IN PLACEMENT** *(Placement update, support provided, learning and practice development in response to the concerns raised, what are the children and foster carers behaviour indicating?)* |
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| **ANALYSIS OF THE FOSTER CARERS SUITABILITY AND COMPETENCY TO FOSTER CHILDREN AND YOUNG PEOPLE** *(What are the findings of the investigation? Are there standards that have not/are not being met by the foster carers and how is this evidenced?)* |
| **What’s worked / working well?** |  |
| **What are we the worried about?** |  |
| **What needs to happen next?** |  |
| **RECOMMENDATION REGARDING THE FOSTER CARERS REGISTRATION** *(Action plan with specified timescales and any return to panel necessary? Specific considerations for any children in placement)***RISK ASSESSMENT FOR KENT FOSTER CARERS –** To be attached |
|  |
|  | **Signature:** | **Date:** |
| **Foster Carer Signature:** |  |  |
| **Foster Carer Signature:** |  |  |
| **Fostering Social Worker Signature:** |  |  |
| **Fostering Team Manager Signature** |  |  |