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| --- | --- | --- | --- | --- |
| **Full Name of Carer/s** | | |  | |
| **Liberi Number** | | |  | |
| **Fostering Team** | | |  | |
| **Date Foster Carer/s Were Contacted by FRO** | | |  | |
| **Recruitment/Assessment process:**  *How was the assessment and recruitment process? Did this prepare the foster carer/s adequately for the fostering role? What worked and what could have been better?* | | | | |
|  | | | | |
| **Transfer from Assessment Team to Fostering Support Team:**  *How was the transition between Assessment Team and Fostering Support Team? What worked and what could have been better?* | | | | |
|  | | | | |
| **Foster Children Placed Since Approval:**  *Have placements been compliant with terms of approval? Matching process & information shared with you about CIC? Have Placement Arrangements Meeting, Delegated Authority & Safe Care plans been done for each child placed – timescale & quality?* | | | | |
|  | | | | |
| **Fostering Supervision:**  *What has been the foster carer/s’ experience of supervision so far? Is Supervision carried out consistently and within timescales? Is supervision structured, reflective, providing support, guidance and challenge for the foster carer/s? Is there a focus on safeguarding children, training and development and foster carer/s’ own family? Are diary records being seen, bedroom checked, children seen and spoken to?* | | | | |
|  | | | | |
| **Foster Carer/s’ Support Network:**  *Do they have the right support network they need i.e. fostering Mentor, SWA, New Carers’ Support Group, baby sitters, Relief Carer, SWs & other? Do they know where to access relevant information?* | | | | |
|  | | | | |
| **Learning and Development:** | | | | |
| **Training:**  *Does the foster carer/s know and understand the learning and training expectations? What training has been done so far or is planned?* | |  | | |
| **Support Groups:**  *Do they know what is required? Have they been attending? Any learning or issues from this?* | |  | | |
| **Training Support & Development Standards:**  *Has the portifolio been started?* | |  | | |
| **Skills Level:**  *If new carers approved at Skilled/Advanced Level, are they working to the expected skills level?* | |  | | |
| **Analysis:** | | | | |
| What is working well?  What is not working well and what are we worried about?  What needs to happen or be done going forward – by whom and when? | | | | |
| **Completed by:** | | Signature: | | | | |
| Name: | | | Role: | |
| **Date Completed:** | |  | | | | |