

Form FR

FR-A: SUPERVISING SOCIAL WORKER REPORT

Foster carers

Name		Date of birth (and age)	Address
1	Foster Carer	26/01/1961	[REDACTED]
2	N/A		
Reference number		Protocol Reference: [REDACTED]	
Supervising social worker		Supervising Social Worker	

Foster carer's own children (under 18) in the household

Name	Date of birth (and age)	Relationship to carer(s)
N/A		

Other adults in the household

Name	Date of birth (and age)	Relationship to carer(s)
Foster Carer's Daughter	[REDACTED]	Foster Carer's daughter

Terms of approval

Current terms of approval	Approved for 1 child, 0-18 years, either gender, short-term
Proposed changes in the approval terms	None
Information on skills level or banding of carer/s where these exist	Level 2
<i>Note: Foster carers who have met the progression criteria are entitled to receive level 3 fees.</i>	

Key information

	Carer 1
Ethnicity	White British

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	Carer 1
Religion (practising/non-practising)	Church of England
Language(s) spoken	English
Employment details (days and hours worked)	Teaching Assistant Allesley Hall Primary School 35 hours, 5 days a week
Are the foster carer/s child-minding? N/A	
If yes, please provide details	

Children currently in placement -N/A

Placements that ended since last review

	Child 1	Child 2
Name	Child A	Child B
Date of birth (and age)	██████████	██████████
Ethnicity	White British	White British
Placement type	Time-limited	Time-limited
Date placed	16/05/2019	23/10/2020
Date placement ended	22/08/2020	13/01/2021
Placing authority (if appropriate)	Coventry City Council	Coventry City Council
Reason placement ended	Moved to a Next-Steps foster carer	Placed with grandparents

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Foster children's views

Are foster children's views (Form FR-D) provided for all these children (subject to age and understanding)?	Both children have left
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Placing authority/children's social worker's views

Are children's social worker's views (Form FR-E) provided for all these children?	See attached
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Fostering review history

Date of initial approval	20/03/2019	
Date of last fostering panel	11/03/2020	
Date last review was completed	25/02/2020	
Reason for this review	Initial review	
	12 monthly review	x
	Change of circumstances	
	Allegation or complaint	
	Request to change approval	

Disclosure and Barring checks (foster carers/adult household members)

<i>Coventry's requirements are laid out in our Review and Termination of Foster Carer Approval Policy- DBS to be repeated at least every three years.</i>	Name	Date of check	Outcome
	Foster Carer	06/12/2018	No concerns
	Foster Carer's Daughter (daughter)	07/01/2019	No concerns

Disclosure and Barring Service checks (non-household members)

Disclosure and Barring checks <i>Disclosure and Barring Service checks on non-household members will be repeated at least once every three years.</i>	Name	Date of check
	██████████ – Foster Carer's son	21/02/2019 No concerns
	██████████	21/02/2019 No concerns
	██████████ – Foster Carer's daughter	19/06/2019 No concerns
	██████████	19/06/2019 No concerns
	██████████	07/10/2019 No concerns

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Local authority checks (foster carers/adult household members) – N/A

Medical checks

<p><i>Coventry's requirements are laid out in our Review and Termination of Foster Carer Approval Policy</i></p> <p><i>Health (AH2) updates every two years</i></p>	Foster carer 1
	Date of last AH1 or AH2 health report
	AH2 -01/12/2020 Dr Doe Interim designated doctor Children's Safeguarding North Staffordshire and Stoke on Trent
	Medical adviser comments
	Remains in good health No limitations to function or activities of daily living. Non-smoker. Drinks 9 units of alcohol per week. Remains on blood pressure medication, regularly monitored by GP, also on fluoxetine for bipolar disorder which is stable. BMI is 27.5 - slightly overweight. Remains fit to continue as a foster carer.
	Additional health/medical information
	Foster Carer uses hearing aids. Foster Carer disputes what Doctor Doe says. Foster Carer states that she never been diagnosed as having dipolar disorder. In discussion with Doctor Doe she referred to her mother who is now deceased having suffered bi-polar disorder when she was alive. Foster Carer has experienced mild depression in the past particularly at the time of significant events, e.g separation and divorce. Her GP has advised continued prescription of a low dose of an anti-depressant medication as a preventative measure from further depression.

Other checks or reports - N/A

Comment on any issues arising from these other checks – N/A

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Accommodation

<p><i>Briefly describe the foster home accommodation, including</i></p> <ul style="list-style-type: none"> • <i>number of bedrooms;</i> • <i>where each person in the household sleeps;</i> • <i>any arrangements for room sharing;</i> • <i>a description of the child or young person's room.</i> <p><i>Fostering Services NMS (10.1) state that the foster home must comfortably accommodate all who live there. NMS (10.2) requires the home to be adequately furnished and decorated, clean and hygienic. Avoidable hazards should be removed (NMS 10.3). NMS (10.6) notes that unless specifically agreed otherwise, children over the age of three should have their own bedroom [TSD 3.2(a)(b)].</i></p>	<p>Foster Carer lives in a rented 3 bedroomed house in the Radford area of Coventry. The lower floor comprises of a living room, a kitchen and dining area; the kitchen and dining area is separated by built in cupboards which means that if ever Foster Carer is in the kitchen, she is able to keep an eye on what is happening in both areas.</p> <p>The house has a good size tidy garden which is securely fenced. Foster Carer has a shed which she uses for storage. The upper floor comprises of three bedrooms and a bathroom.</p> <p>Foster Carer and Foster Carer's Daughter have their own bedrooms. The bedroom for a foster child is quite small. The bed has a raised frame and ladder so there is room for some furniture underneath.</p> <p>It is decorated to a good standard and has enough light coming in through the window and feels warm.</p> <p>Overall, the house presents as tidy, clean and warm. There is evidence of activities. For example, arts and crafts, toys for different age groups.</p>
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Foster home safety check/unannounced visits

<p><i>NMS (10.5) states that the foster home must be inspected annually without appointment. Statutory guidance (paragraph 5.67) requires at least one unannounced visit a year by the supervising social worker.</i></p> <p><i>TSD 3.2(c) requires foster carers and those living in the household to know what to do in the event of fire.</i></p> <p><i>Coventry's requirements are laid out in our Review and Termination of Foster Carer Approval Policy</i></p>	Date of health and safety check	25/01/2021
	Date of unannounced inspection visit(s) since the last review	27/11/2020
	Are any actions required?	No
	Are arrangements in relation to holiday homes or second homes satisfactory?	N/A
	Detail any outstanding home safety actions with target completion dates	N/A

Family safer caring plan

(The safer caring plan to be reviewed and updated by the SSW in conjunction with the foster carers every six months if they have a placement or every year in case of long-term placement. It is also necessary to amend the safer caring policy on a yearly basis if foster carers haven't had any placement within the last 12 months.)

<i>There is no legal requirement for a written family safer caring policy, but TSD 6.2(d) requires foster carers to 'develop and maintain safer caring guidelines for you and your household'.</i>	Date of most recent policy	25/01/2021
	Was this reviewed after the latest placement?	Yes
	Any actions required?	None
	Detail any outstanding actions with target completion dates	

Pets

<i>There is no specific legal guidance about fostering and pets, but fostering services will likely have a policy that should be referred to.</i>	Are there pets in the fostering household?	Yes, 'Stitch', an eleven-year-old, male, Jack Russell dog.
	Have any new pets joined the household in the review period? If yes, Please attach the assessment report.	No
	Have assessments been completed on all pets in the household?	Yes, 25/01/2021
	Have you seen child/ren with the pet?	Yes
	Detail any concerns or outstanding actions	No concerns

Smoking

<i>There is no specific legal guidance about fostering and smoking, but fostering services should have a policy that should be referred to.</i> <i>Coventry's expectations around foster carers and smoking are outlined in the Foster Carers Handbook</i>	Are there smokers in the fostering household?	No
	Has a smoking agreement been completed or has smoking been addressed in Health and Safety.	Yes
	Detail any concerns or outstanding actions	No concerns

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Supervision arrangements

Date of foster care agreement <i>(This form to be discussed and signed at every Carer Review or after any changes of approval)</i>	25/01/2021
Date of supervision agreement	25/01/2021
Dates of supervising social worker visits since the last foster home review <i>Newly approved foster carers</i> <i>Fortnightly visit up until 4 months post approval</i> <i>Established foster carers</i> <i>Time-limited Foster carers visit every 4 / 6 weeks</i> <i>Long-term foster carers visit every 3 months</i> <i>Respite foster carers visit every 3 months</i> <i>Specialist Foster carers visit every 4 weeks</i>	See next page.
	<u>Foster Carer</u>
	10/02/2020
	18/03/2020
	23/04/2020
	29/05/2020
	08/07/2020
	05/08/2020
	15/09/2020
	28/10/2020
	24/11/2020
	27/11/2020
	07/12/2020
	05/01/2021
	08/01/2021
10/02/2021	
Does this comply with the supervision agreement?	Yes
If no, provide reasons	N/A
Changes of supervising social worker or periods unallocated since last foster home review	No

Allegations (for the last 3 years) - NONE

Complaints (for the last 3 years)

(These can be written or verbal)

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Date	Complaint/ compliments	Summary of outcome
22/07/2019	Child A's mother complained that contact was stopped because of a disagreement between herself and the foster carer, that the foster carer told lies about her and that she was unhappy with how the foster carer treated her.	These complaints were investigated by, Team Manager Looked After Children/Permanency Team and were not upheld.

Compliments (for the last 3 years)

Date	compliments	Summary of outcome
11/11/2020 and 07/01/2021	At LAC reviews Child B parents complimented both Foster Carer and Foster Carer's Daughter on their care of Child B	They described that although upset that he wasn't with them they were reassured that he liked being with Foster Carer and Foster Carer's Daughter and he talked positive about them, for example, he talked about what he had been doing with them. 'We are thankful that we have someone as good as Foster Carer looking after Child B. We are reassured that he is looked after well by both Foster Carer and Foster Carer's Daughter.'

Training, Support and Development Standards (CWDC before 2011)

<i>NMS 20.3 requires Training, Support and Development Standards to be attained within 12 months of approval</i>	Have the TSDS been achieved?	Yes
	If yes, what date was this signed off?	09/09/2020
	If no, detail outstanding actions and a target completion date	N/A

HISTORICAL CONTEXT

Fostering history

Briefly summarise the fostering history of these carers. Identify any themes or patterns that have emerged over the time that they have been fostering, including allegations, concerns and complaints. Consider whether completing and attaching a chronology or placement record since approval might be helpful.

Foster Carer has been approved as a foster carer for Coventry City Council since March 2019. Prior to approval, Foster Carer had considered fostering for many years, and then decided to apply when her daughter moved out of the family home, leaving her with a spare bedroom.

Foster Carer has significant childcare experience, as she has brought up her own three children as a single parent, and sometimes looks after her grandchildren. She has been a Teaching Assistant for over twenty years and has been able to continue to fulfil this role alongside being a foster carer.

Foster Carer is a warm, friendly and cheerful person who wants to do the right thing for any child who is living with her for however long.

She can empathise with a child's experience of being separated from their family, as she has experienced separation in relationships and bereavements. Foster Carer promoted contact between her own children and their fathers following separation and was able to put aside her own feelings to enable them to have positive relationships.

Since approval, Foster Carer has had two children placed with her, Child A (aged 11) for fifteen months and more recently Child B (aged 4) for three months. Child A moved to a Next Steps Foster Carer and Child B was placed with his grandparents.

Foster Carer found Child A a challenging child to look after but has reflected on how much she learnt through having her. Foster Carer was very resilient coping with Child A through the lockdown period from March 2020, until she moved in a planned way in August 2020. In February 2020, it was agreed that Child A should move from Foster Carer's in a planned way, once a placement that could meet her longer-term needs was identified. However, Foster Carer agreed for her to stay longer until the coronavirus crisis eased. Child A's mother contracting coronavirus and was in intensive care and Foster Carer wanted to support her during this time. It took a long time to identify a placement for Child A and she moved just in time to start secondary school from her new carers.

Foster Carer has found her most recent experience of fostering Child B as a younger child completely different. She has really enjoyed having him and this has given her confidence and optimism going forward into the future. She had a good experience of working with birth family and other professionals, as well as Child B being a lovely little boy. Foster Carer has enjoyed having a child who is closer to her grandchildren's ages.

Changes since last foster home review

Identify any changes in household composition, circumstances or significant events. This should include any changes in the carer's employment, changes in the carer's health, or new pets.

There has not been any significant change in Foster Carer's household. Like all households in the nation, the coronavirus pandemic has had an impact on everyday life, since March 2020.

Recommendations of last foster home review

List the recommendations of the last foster home review and the actions taken to address these.

At Fostering panel on 11/03/2020 all panel members recommended Foster Carer's continued approval, and that the next match should be very carefully considered, secondary trauma to be explored by both carer and social worker, better understanding of LAC ways of working, disruption and stability meeting to take place, and Foster Carer is to attend a meetup when a new placement is identified.

There was consideration to matching Child B with Foster Carer who needed to be placed on the same day. Foster Carer was able to meet Child B at his school on the same day that he was placed with her. Foster Carer has gained a clear understanding of processes for Looked After Children. A disruption and stability meeting was not necessary for Child A as it was agreed by her social worker that she should move on in a planned way.

TSD 1 – PRINCIPLES AND VALUES

(Individual Needs of Children, Equality and Diversity and Confidentiality)

Describe briefly and give examples to show how the foster carers have demonstrated that they have met the individual needs of the children. Please provide case example and placement experience to show how carers provides care which promotes equality, diversity and confidentiality within the last 12 months or since the last review of approval.

Foster Carer has had two different children placed with her since she has been approved, and on both occasions, she has been curious about meeting their individual needs. She listened to information that she was given carefully, made notes, read written information and asked appropriate questions.

An initial meeting was arranged for Foster Carer to meet Child A's social worker to exchange information and plan the introductions and this worked very positively. Child A was able to move in a planned way from her previous carers and Foster Carer's daughter also took part in the planning and introductions which was supportive to both Foster Carer and Child A.

When Child B was placed it was on the same day that she was asked to have him. Foster Carer was able to go to the school and introduce herself and then his social worker brought him to Foster Carer's house. He was confused and upset about

being separated from his parents, but at least an opportunity was given for an introduction.

Foster Carer accepted Child A and initially thought she was different to how she had been described in reports about her. Both Foster Carer and Foster Carer's Daughter found Child A to be very polite and eager to please. However, once Child A settled in, she started to present some of the more difficult behaviours described. Some work was done with Foster Carer and Foster Carer's Daughter to accept that this was quite normal, and they understood that the behaviours could be linked to her earlier childhood experiences and her uncertainty about the future. They both empathised that it was hard for her as she had had three different foster homes in a short period of time and accepted that it would be difficult for her to adapt easily.

Foster Carer has a lot of experience of working with children on the autistic spectrum and wondered whether Child A might be on the autistic spectrum because of some of the behaviours and characteristics that she was presenting. For example, the need for routine, taking things said literally, becoming verbally abusive if things did not go her way.

Child A had a neurodevelopmental assessment in December 2019 that Foster Carer was involved with and the outcome reached was that Child A did not have an autistic spectrum condition. The Clinical Psychologist's view was that Child A's life experiences have informed her beliefs and expectations of herself and of others.

Foster Carer found meeting Child B's needs completely different. Foster Carer has a good understanding of child development and expected milestones from her job as a teaching assistant. She was able to identify what was usual for his age and this was really valuable because the reasons that he had come into care were connected with suspected fabricated illness. His mother had reported health care concerns that medical professionals did not think were true and a police investigation was initiated.

His mother reported that there was blood in his urine and faeces, but Foster Carer monitored this and found no evidence.

Child B's Social Worker, was impressed with Foster Carer's ability to meet his needs and commented: *'Foster Carer had a great understanding of Child B's needs. She got to know Child B as an individual person and cared for him accordingly. They had a lovely relationship which really aided Child B's ability to settle into foster care. He had a great time with Foster Carer and thought very fondly of her and Foster Carer's Daughter.'*

Foster Carer always respects the need to keep information confidential as a foster carer, and she has been used to this in her role as a Teaching Assistant.

Analysis

Foster Carer's practice as a foster carer is child-centred and focusses on the child's individual needs. It adheres to the principles of PACE (playfulness, acceptance, curiosity and empathy) from the Dan Hughes model of Dyadic Developmental

Practice. She uses humour and a sense of fun with the children she has looked after but she is also sensitive to their interpretations as some children take jokes literally. She is sensitive about the child's past experiences and is careful not to say anything that might upset them or make them feel insecure.

Other professionals have noted her ability to meet the child's needs and enable them to settle whilst staying with her.

TSD 2 – ROLE AS A FOSTER CARER

(Working with SSW, Other Professionals and Birth Family)

Describe briefly and give examples to show how the foster carers have promoted contact, working in partnership with professionals and birth parents, including SSW and CSW, undertaking the foster carer's role and responsibilities, contributing to planning for children and young people, and communicating effectively. Describe how foster carers are negotiating and making use of delegated authority.

During Foster Carer's first year of fostering she had some difficult experiences associated with the child's family time which was unsupervised at the time. Foster Carer alerted the child's social worker about the difficulties which had been extreme including, the child's birth mother sending Foster Carer abusive messages and banging on her door. It has made Foster Carer very wary about how contact arrangements are set up and she would not agree to having her address disclosed to a birth parent in the future.

Foster Carer had a more positive experience recently when Child B was placed with her. She was introduced to Child B's parents by his social worker, when she took him to family time at the neighbourhood office. They appreciated this and were reassured that Foster Carer had Child B's interests at heart which eased their relationship. It also helped Child B seeing his parents and Foster Carer speaking to each other and getting along. Child B's parents complimented Foster Carer on her and Foster Carer's Daughter's care of Child B (see compliments).

Foster Carer and Foster Carer's Daughter took Child B to his grandparents when he was placed with them. This was a positive and inclusive experience, which enabled Child B to have a smooth transition, and feel cared for by all involved.

Foster Carer works in partnership with social workers and other professions. As her Supervising Social Worker, I find that she is always ready for supervision, and understands more the difference of roles between the Supervising Social Worker and Child's Social Worker now. She is able to build up a good rapport with the child's Social Worker and check things out and report things directly to them.

This is evidenced through Child B's Social Worker, comments that: *'Foster Carer worked well with myself, the school and the family. The family were extremely complementary of Foster Carer which was reflected at Child B's LAC review. The school also sent compliments regarding Foster Carer's commitment and*

professionalism as a foster carer for Child B'.

Analysis

It is evident that Foster Carer is good at liaising with other professionals and seeking support for the children she looks after. This has been evidenced as Foster Carer has built a close working relationship with the children's schools and has been able to approach them directly for support and advice. It is clear that Child B's parents appreciated the standard of care Foster Carer provided and had a good relationship with her.

TSD 3- HEALTHY CARE

(Health Physical and Emotional Care and Managing Behaviour)

Describe briefly and give examples to show how the foster carers promote the health and development of children and young people placed with them (refer to physical, emotional, sexual and identity) taking into account any attachment difficulties, trauma, separation and loss. Please explain how the carer promotes positive behaviour and manages challenging behaviour safely and appropriately, taking account of the needs of all household members.

Foster Carer takes the children she fosters to all their health appointments and promotes their health through leading a healthy lifestyle herself. Foster Carer is vegetarian but she offers meat meals to the children she looks after. She makes sure that they have a good routine of getting enough sleep, eating healthy food and good hygiene by encouraging them to bath/shower, brush their teeth and take pride in their appearance. Food is very important to both the children that Foster Carer has had, and they have been well provided for. During visits and video calls I have heard them talking about looking forward to their dinner and asking what they will be having.

Child B's social worker reported: *'Foster Carer met all of Child B's physical and emotional health needs. Foster Carer responded appropriately to Child B having to self-isolate on two occasions and appropriately care for Child B when he had a cold'.*

Foster Carer is concerned that children's emotional wellbeing and mental health needs are met. She checks how they are feeling and if they are worried about anything. When Child B was placed with her, she found it unusual that although he was initially upset about being separated from his parents, he did not talk about them.

When Child A first came to live with Foster Carer, she had night-time enuresis, so Foster Carer was quick to address this and help Child A. She was wearing 'pull-ups' to bed and Foster Carer was concerned about how Child A must be feeling about this so took her to appointments at the enuresis clinic and tried methods that she had learnt from experience. For example, she would make sure Child A went to the toilet before she went to bed and she would also wake her up and encourage her to

go to the toilet when she herself went to bed later. This helped her as she started to get up herself during the night to use the toilet.

Foster Carer had to deal with some difficult behaviours when Child A was placed with her; she switched temperament quickly and tried to control and dictate to Foster Carer. Foster Carer had to be firm and follow through the consequences that she has set. For example, Foster Carer stopped Child A going ice skating as a sanction and she responded to this.

Foster Carer found Child B easier to look after and she felt more confident and relaxed if she did have to address anything with Child B's behaviour. She was kind, thoughtful and compassionate as she was aware that although he was not talking about his parents that he would be missing them. For example, he would struggle to settle at night, but Foster Carer reassured him that she was only downstairs watching TV, and would check on him when she came up to bed.

Child B's social worker evidenced this through her comment that: *'Foster Carer implemented a positive routine which meant that Child B was settled in Foster Carer's care. Child B did not sleep alone before coming to Foster Carer's. She implemented a positive sleep routine which Child B adjusted to quickly.'*

Analysis

Foster Carer has shown that she is more than able to meet the health needs of the children she looks after. She has a practical and neutering approach, which is adaptable and creative. It is a positive that Foster Carer can meet children's physical and emotional needs in a confident way. She has shown that she can learn ways to manage behaviours and routines and has developed an understanding of where behaviours stem from. She is empathic to a child's feeling of insecurity but at the same time promotes their self-care skills and independence. For example, helping Child B to have a more independent sleep routine.

TSD 4 – COMMUNICATING EFFECTIVELY

(Communicating with children and Record Keeping)

Describe briefly and give examples to show how the foster carers communicate with children according to their age and stage of development. Describe the foster carer's record keeping, in relation to whether the records are accurate, relevant, clear and concise.

Foster Carer is very experienced at communicating with children in her role as a Teaching Assistant and can communicate in a child centred and appropriate way according to their age or stage of development. I have witnessed Foster Carer explaining things to both Child A and Child B with words that they will understand.

Foster Carer has gained more confidence writing relevant and concise foster carer weekly recording sheets. She gives an account of any significant events, appointments, achievements, special occasions and concerns. Foster Carer also brings alive the experience of the child through recording 'fun' things, for example 'running and jumping in the puddles' and 'chasing after the dogs.'

Foster Carer is aware that her recording could be asked for as evidence in Court. With her most recent child it has been important to record all information relevant to their health because the reason he was in foster care was because of suspected fabricated illness.

TSD 5 – UNDERSTANDING DEVELOPMENT

(Education, Play and leisure, Disability and unplanned endings)

Describe briefly and give examples to show how the foster carers support children and young people in relation to education, training and employment, leisure time activities including advocating that their educational needs are met. Where the foster carer has looked after a disabled child or child with special educational needs, describe and give examples to show how they have applied a social model of disability, and adapted activities and experiences, and supported the child to achieve their full potential.

If there were any unplanned placement endings in the review period, please provide details of the circumstances and how the ending was managed.

As Foster Carer has the experience of working as a Teaching Assistant, she uses her knowledge to help encourage the children she fosters to enjoy learning and try different sports and activities. She attends PEP meetings, parents' evenings and events at school.

Foster Carer finds it important to forge a positive and professional relationship with the child's school so that they can exchange information about the child's emotional well-being, peer relationships and behaviour as well as their academic achievements. She also has to make use of breakfast and after school clubs because of her own working hours. She has found both of the children's schools have been very understanding and accommodating.

She has needed to be especially creative in the last year with periods of school closure and time at home self-isolating because of the coronavirus pandemic. She has needed to employ some of her teaching skills at home during March/ April 2020 when Child A was at home. Later in May, Child A preferred to go to school and Foster Carer was working at her school teaching the keyworkers children.

Child B's social worker provides further evidence in her feedback on Foster Carer's

ability to promote his educational needs : *'Foster Carer ensured Child B went to school every day. She also promoted home learning positively when he needed to self-isolate.'*

Foster Carer makes sure time is given at home to support homework and reading. She encourages pretend play for younger children and arts and crafts, for example, cutting and gluing, drawing, sewing and knitting. Foster Carer also encourages practical skills such as gardening, baking and a bit of painting and decorating.

Before the lockdown period Foster Carer enabled Child A to attend extra curriculum activities, for example, cycle speedway and ice-skating lessons. She also encouraged her to attend some activities arranged by the Virtual school, for example, some sessions at Warwick University with a Science theme.

Foster Carer previously enjoyed attending activities arranged by the Foster Carers Association, for example the trip to Twin Lakes, the Halloween party and the Kids Club at the Belgrade Theatre. As well as the child enjoying the activities it gave Foster Carer an opportunity to meet other foster carers. She looks forward to participating in these types of activities again in the future.

Analysis

Foster Carer is a keen promoter of education from a Foster Carer and Teaching Assistant perspective. She views education holistically, for example she sees the importance of participating in sports, having hobbies and interests, travelling and socialising. She likes to take children out to experience activities in the community but also finds interesting things to do at home. This has been even more important during the periods of local restrictions and national lockdown that she has experienced with the children during the last year.

TSD 6 – KEEPING CHILDREN SAFE

(Keeping children safe)

Describe and give examples to show how the foster carer keeps children and young people safe, and feeling safe. Describe how the foster carer helps children and young people keep themselves safe, including communicating with them about risk and safety.

Foster Carer had a difficult experience of Child A's mother coming to her house and shouting through the letter box. This was highly inappropriate when a child's foster home should be their safe place. A lot of work had to be done on behalf of Foster Carer and Foster Carer's Daughter (Foster Carer's adult daughter) to explain to Child A what had happened, why it was not appropriate and build up her trust again.

Whilst Child A was staying with Foster Carer she needed to talk to her about stranger awareness as Child A tended to talk to anybody and Foster Carer had to gently guide and advise her about relationships that were not appropriate whilst not

to dampen her spirit, or her friendly demeanour.

Child A wanted a bit more independence and Foster Carer allowed her to take short walks out on her own and agreed that she could to walk from Foster Carer's school to her own in the mornings. This plan helped her towards the next step of attending Secondary School in September 2020.

When Child B was placed with Foster Carer it was important for him to feel safe, and well as being protected from potential harm. Foster Carer found herself in a difficult position because he did not understand why he was staying with Foster Carer and she was awaiting his Social Worker to advice on the explanation to be given. He thought that his parents were working hard to save up money for his Christmas presents, because this is what they told him. Foster Carer did her best to reassure him about when he would have family time with his parents next, and fortunately he accepted this and did not get distressed. He was placed with his grandparents before work was done with him on explaining why he was living apart from his parents.

Analysis

Being safe and feeling safe in the foster home, for both the child and the foster carer is paramount for Foster Carer. The situation that Foster Carer had to deal with when Child A's mother came to her house was quite extreme. Foster Carer recovered and reflected on what happened and consequently she has been more cautious about what she agrees to do now. She has since had more positive experiences of working with birth families. She felt supported when Child B's contact was managed at a neutral venue with a member of Social Care staff supervising it.

Foster Carer was able to help Child B feel safe, nurtured and cared for during an uncertain time.

TSD 7 – DEVELOP YOURSELF

(Impact of fostering and getting support, Foster carer's sons and daughters)

Describe and give examples to show how the foster carer manages the personal impact that fostering can have on individuals and families, and how they make use of support from their networks. Please include discussion of whether foster carers have made use of formal respite provision.

Describe how fostering impacts on foster carer's children, and other family members, and how their support and training needs are being met.

Foster Carer's adult children have got to know her foster children and have been supportive. Her daughter Foster Carer's Daughter lives with her and she has experience of working with teenagers with emotional and behavioural difficulties in an educational setting.

Some of the children Foster Carer's Daughter works with are Looked After Children

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and this has given her an understanding of the fostering role, as well as some of the challenges they can present. For these reasons, Foster Carer would rather not have a teenager placed with her as Foster Carer's Daughter would find this demanding, when she spends all day with teenagers.

When Child A was placed with Foster Carer, Foster Carer's Daughter started to spend more time at her boyfriend's house, and when she was at home, she spent a lot of time in her bedroom because she not like the atmosphere. She felt she needed to defend her mother and did not want to challenge Child A about her treatment of her mother.

Foster Carer's Daughter enjoyed having Child B and they developed a mutually affectionate relationship. Foster Carer joked about Child B preferring Foster Carer's Daughter's company to hers, but she was delighted that they had formed a bond, and Foster Carer's Daughter was more relaxed having him than she was with Child A. Child B told Foster Carer's Daughter, 'you're like my Mum'.

Foster Carer's Daughter spent a lot of time with Child B and took him to school and collected him on the days when he had family time. Child B's parents respected Foster Carer's Daughter's caring role and were positive about the attachment he formed with her. They knew that he was fond of her because he would talk about the things that they had done together.

Foster Carer's son and his partner [REDACTED] continue to be very supportive of Foster Carer's fostering role but have not provided so much care as last year because of the lockdown and coronavirus restrictions.

Foster Carer found Child A's placement difficult because her behaviour impacted on her spending time with her grandchildren ([REDACTED] aged 4, [REDACTED] aged 2 and [REDACTED] aged 11). The grandchildren were mimicking Child A's actions by telling family members to get lost and shut up.

There was also an occasion when Foster Carer's four year old granddaughter tried to talk to Child A, whilst Child A was doing something on her tablet and Child A smacked the granddaughter's arm to push her away. Foster Carer's son [REDACTED] would not allow the children to visit Foster Carer unless he was present to support Foster Carer with supervision of them and Child A together.

Foster Carer found the dynamics completely different when Child B was placed with her. He got on well with the girls and played well together, as they were close in age. They came to the house and they were able to meet up at the park on a number of occasions during his stay. It for this reason that Foster Carer would prefer to have younger children placed with her in the future, so her fostering role and being a grandparent can compliment one another. [REDACTED], [REDACTED] and [REDACTED] so like meeting and playing with other children.

Foster Carer has not had any formal respite during this review period.

Analysis

Foster Carer has made good use of her support network and recognises the impact that fostering can have on the family. Whilst they found Child A more challenging, they still supported Foster Carer looking after her. All the family were fond of Child B and made him feel welcome.

Foster Carer did not go into fostering with an expectation that Foster Carer's Daughter would always be there to support her, as she has her own life, but it has been a bonus that she has been there to support Foster Carer.

PERSONAL DEVELOPMENT PLAN

List of training undertaken since the last review

Paediatric first aid 0 to 8 years (renewal date due June 2020)

First aid at work (renewal date is due 24/04/2021)

Foster Carer has completed Intro. to Safer Caring & Health and Safety as a virtual course on 09/09/2020

Foster Carer has done Safeguarding children at school within the past 12 months.

Foster Carer has recently done the 'Prevent' course through work on 22/09/2020.

Summary of the foster carer's development since last review. Have all actions agreed in last PDP been completed? If not, why not? Identify any barriers. Do new timescales need to be agreed?

Foster Carer has completed her TSD folder.
Training opportunities have been limited in the last year (since March 2020) because of the coronavirus pandemic. Foster Carer works full time and some of the virtual have taken place when she has been at school.

Identify training and development needs for the next twelve months. What are the priorities? (If foster carers are jointly approved, you may wish to identify separate training needs for each individual) How can these be achieved? (e.g. training, reading, self-learning etc)

Foster Carer is attending a training course on 'Social Stories' on 12/02/2021

Foster Carer needs to do Equality & Diversity course to complete mandatory training.

Foster Carer would like to do more training about life story work, caring for teenagers and dealing with challenging behaviour over the next 12 months.

SUMMARY AND RECOMMENDATION

(Social Worker's Summary and Analysis including any proposed changes to approval terms)

Identify the strengths and limitations of the carer. Highlight any differences in views and list any outstanding or proposed future work.

If a change to the carer's terms of approval is being recommended, provide evidence to justify that change. . If it is proposed that the carer's terms are expanded, then information should be offered to show that the carer has the necessary knowledge and skills to undertake the proposed new role.

Foster Carer has shown a lot of resilience as a foster carer during the last year. At the time of Foster Carer's review last year (February 2020) it was reported that she had found her first year of fostering particularly challenging and both herself and her daughter Foster Carer's Daughter were finding Child A's behaviour difficult to cope with. From that period, it was agreed that Child A would move to an alternative foster placement in a planned way. However, Child A did not move until the end of August 2020, as Foster Carer supported Child A through the first lockdown period and with her mother being ill with coronavirus ; It therefore took a long time for a suitable placement to be identified.

Like many carers, Foster Carer feels that she has missed out on attending face-to-face training and foster carer events during the last year and is looking forward to the time that these things can resume.

Foster Carer has continued to build on her strengths of advocating for the child, communicating well with professionals, promoting education and engaging the child in activities.

Foster Carer particularly enjoyed having a younger child when Child B was placed with her as she found it rewarding to provide a nurturing and stable home and regular routine for him until plans were made for him. This arrangement worked well for her and her family to have a child who was closer to the age of her grandchildren.

Foster Carer has gained confidence as a foster carer over the last year, through providing excellent care and working positively with birth family and other professionals. She is now looking forward to having her next child.

Foster Carer has excellent feedback from Child B's social worker that :

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'It was a real pleasure working with Foster Carer. She is a skilled and caring foster carer who provided a wonderful home for Child B to live in.'

Recommendation

Make a clear recommendation regarding continued suitability to foster, including any recommendation regarding the appropriate terms of approval.

I recommend that Foster Carer continues to be approved as a foster carer for one child, aged 0-18 years, any gender on a short-term or respite basis.

Foster Carers Comments

**Please provide your observations/additional comments on the report.
Please advise if any factual corrections need to be made within the report.**

Foster Carer disputes what Doctor Doe says. Foster Carer states that she never been diagnosed as having dipolar disorder. In discussion with Doctor Doe she referred to her mother who is now deceased having suffered bi-polar disorder when she was alive. Foster Carer has experienced mild depression in the past particularly at the time of significant events, e.g separation and divorce. Her GP has advised continued prescription of a low dose of an anti-depressant medication as a preventative measure from further depression.

Apart from the above information Foster Carer is happy with all the other content of the review. She stated that it was nice to have complimentary feedback from Child B's social worker and his parents.

Team Managers Comments

Make a clear recommendation regarding continued suitability to foster, including any recommendation regarding the appropriate terms of approval. If this recommendation is different to the supervising social worker recommendations in FR-A, please explain.

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Foster Carer has demonstrated a lot of tenacity as well as a child focussed approach to fostering in the past year, and to her credit she has managed some difficult behaviours yet kept the child she is caring for central to her practice. It is evident that Foster Carer was able to support both Child A and Child B to have positive transitions from her care, and that her ability to work with others to achieve good outcomes was seen in the progress they made whilst placed. Through use of her support network Foster Carer was able to normalise experiences of an alternative family arrangement for Child B; She also supported him to form positive attachments and follow routines which gave him added stability and security for when he moved onto his grand-parents care. I would hope that in the year ahead Foster Carer will be able continue to develop her skills, competencies and confidence and that she can be supported to care for a child that is a good match for her, Foster Carer's Daughter and her extended family.

Signatures:

Foster Carer: ...Foster Carer Date 11/02/2021....

Foster Carer – this review was written during the period of Covid 19. Foster Carer has verbally stated that she is happy with the content of the review apart from the comments included in Foster carers comments.

Supervising Social Worker: [Redacted] Date: 11/02/2021...

Supervising Social Worker
[Handwritten signature]
[Redacted]

Team Manager: [Handwritten signature] Date: 18/02/2021...

[Redacted]

Registered Manager..... Date:

[Redacted]