**Family Fostering Review Report**

A review is an opportunity to make recommendations which will be very important to the child/young person you are looking after. You need to make sure that those decisions and plans take account of your experience and your views and wishes. Please use this form to help you organise your thoughts. Please explain how you think the care plan is progressing and what, if any, changes you think are needed. Please remember that this report will be shared with the young person.

## Foster Carer’s Name and Address:

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## Name of child/young person:

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|  |

## Date of Review:

|  |
| --- |
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### Information and planning

1. Action from the last LAC Review

|  |  |  |
| --- | --- | --- |
| **Action** | **Who is Responsible** | **Completed Yes/No Details** |
|  |  |  |

1. Have you got a copy of:

a) The Care Plan **Yes/No**

b) Placement Plan **Yes/No**

c) The last review recommendations **Yes/No**

d) Delegated Authority  **Yes/No**

1. Is there any further information about the child/young person you require?

If yes, please list the information required.

1. Are there any specific issues you would like to be discussed at this review?

If yes, please list these.

**Examples:**

**Delegated Authority**

**Birth Certificate/passport/citizenship**

**Additional Support**

**Overnight Stays (Sleep overs)**

**Independent Visitors**

**Health or Educational Needs**

1. Life Story Work
2. Does the young person need Life Story Work? **Yes/No**
3. Has the young person had Life Story Work Previously? **Yes/No**
4. Has Life Story Work been agreed by the LA? **Yes/No**
5. Is the young person currently having Life Story Work? **Yes/No**

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| **Please detail any other information around Life Story Work:** |

### How things are going

1. Finance and Savings:

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| --- |
| **Pocket Money:****Clothing Money:****Amount in Savings (Young Person)****Amount in Savings (Agency)** |

1. Describe how the Young Person has or is settled within your home?
2. Describe how the Young Person gets along with other members if the household ?
3. Please detail what has gone well for the Young Person since the last review? Please include all achievements
4. Has the Young Person experienced any difficulties at home since the last review? If yes, please provide specific details. Has this been discussed with the Social Worker and your Supervising Social Worker? Describe what steps have already been taken.

#### Support

1. Please give dates of all Local Authority social worker visits since the last review and state if the young person was seen on their own.
2. What resource or additional support would make it easier to care for the Young Person?
3. Is the Young Person currently receiving any specialist support such as therapy, life story work, mentoring etc? If yes please outline what this is and what impact this is having.

### Education

1. How do you think the Young Person is doing at school ?

**Does the Young Person enjoy school?**

**What school activities are they involved in?**

**Do they have school friends?**

**Are there any concerns? (Please explain in detail)**

1. What was the date of the last parent’s evening? Please provide details.

**What was the feedback from the teachers?**

**What events or other meetings have you attended? Please detail**

**Are they reaching the National Targets in Maths and English?**

**Are they reaching their own personal educational targets?**

15. Is the Young Person able to complete their homework? If no, how are they supported to do so? Please provide details.

16. When did you receive a copy of the last school report? Date

### Health

17. Details of the last Health Assessment: Date

 Have you received a copy of the recommendations:

|  |  |
| --- | --- |
| **Recommendations** | **Action you have taken** |

18. Date of dental appointments since last review Date

 Details of any treatment:

19. Date of last opticians appointments since last review Date

 Details of any treatment:

20. Have there been any accidents, hospital admissions or need for medical treatment since the last review? Please provide details.

### Issues and arrangements for contact

21. Does the Young Person have contact with family members?

22. Is the contact agreement in place? **Yes/No**

23. Is Contact going well? **Yes/No** Do you have any concerns about contact? Please provide details.

24. What is the date of the last Contact? How did the Young Person feel about contact ?

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| --- |
|  |

25. Having considered the above areas, are there any other comments or suggestions you would like to make ?

**Thank you for completing this form.**

**Please return to Family Fostering at least 7 working days prior to the review.**

**Supervising Social Worker Comments**