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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?* |
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| **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?* |
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| **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?* |
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| **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?* |
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| **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?* |
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| **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:** |  |