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|  | Date: | 16 December 2022 |
| Your Reference: | [Surname] Fostering Assessment |
| Our Reference:  | [Mosaic ID Number] |
| Enquiries to: | [Assessing Social Worker] |
| Section: | Fostering Service  |
| Tel: | [Social Worker’s Tel] |
| Email: | [Social Worker’s Email] |

Recipient address line 1

Recipient address line 2

Recipient address line 3

Recipient address line 4

Dear [INSERT NAME],

**Single Applicant:**

**Re:** [NAME OF APPLICANT]

The above person has made an application to become a foster carer for South Gloucestershire Council and has given me written permission to contact you in regard to this. A record of their consent is attached.

**Joint Application:**

**Re:** [NAME OF APPLICANTS]

The above persons have made an application to become foster carers for South Gloucestershire Council and have given me written permission to contact you in regard to this. A record of their consent is attached.

Before people are approved as foster carers, we are required to undertake a number of checks and references, including with two unrelated people who know the applicant well, and one extended family member. This reflects the legal requirements and recognised good practice. In addition to seeking a written reference from you, I am required to meet you in person, and after receiving your written reply will make contact to arrange an interview at a time and place that are convenient for you.

The information you provide will be used to help us decide whether the applicant is suitable to be a foster carer. Please be aware that any personal information you provide about yourself (including your name, contact details, and anything else you choose to share) will be seen by social workers and other staff, including members of our fostering panel. Your written reference and the record of our subsequent interview (that will be shared with you) will be kept on the applicant’s case record, which is held securely on an electronic data base.

If the applicant is approved as a foster carer, this case record will be held for a period of at least 10 years from when they cease to foster, in line with the legal requirements, and the information cannot be removed during that period. If the applicant is not approved, then the case record will be held for at least three years from when that decision is made. The reference you provide may also be shared with social workers and others who are exploring whether to place a child or young person with this foster carer.

**EMAIL OPTION**

I would therefore be very grateful if you could complete the enclosed form and email it back to me using the email address below. You may not be able to answer all of the questions and if that is the case, please enter “N/A” or “unable to comment” in that box.

If you do not wish to complete a reference, I would be very grateful if you inform me of that decision by emailing: fosteringbusinesssupport@southglos.gov.uk

**POSTAL OPTION**

I would therefore be very grateful if you could complete the enclosed form and return it in the enclosed pre-paid envelope. You may not be able to answer all of the questions and if that is the case, please enter “N/A” or “unable to comment” in that box.

If you do not wish to complete a reference, I would be very grateful if you inform me of that decision by emailing: fosteringbusinesssupport@southglos.gov.uk

Please also give your agreement or otherwise for us to share your reference with the applicant. If you ask for your reference or parts of your reference to remain confidential, we will respect this.

If you would like to discuss any aspect of the applicant’s suitability to become a foster carer, or have any questions about this letter, please do not hesitate to contact me. Thank you in anticipation of your help with this matter, and I look forward to meeting you in due course.

Yours sincerely,

p.p. [Business Support Worker]

**[Name of Assessing Social Worker]**

Fostering Service

South Gloucestershire Council

**Personal Reference Form**

| **NAME OF APPLICANT/S** |
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| **PERSON COMPLETING THE REFERENCE** |
| **Name** |  |
| **Address** |  |
| **Email** |  |
| **Telephone** |  |

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| **How long have you known the applicant/s and in what capacity?** **How frequently do you have contact with them now, and did you in the past?** |
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| **What understanding or experience do you have in relation to fostering?** |
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| **Please describe the personal qualities that you feel the applicant/s has that are relevant to fostering.** |
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| **If applicable, please comment on the quality and stability of the adult relationships within the applicant’s household.** |
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| **If the applicant/s has children living at home, how would you describe them? How do think they might respond to living with a fostered or adopted child?** |
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| **What have you observed of the applicant’s relationships with their own children if they have them, and/or with other children?**  |
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| **Some fostered and adopted children will exhibit challenging behaviour. How well do you think the applicant/s would manage this?** |
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| **What can you say about the ability of the applicant/s to manage stress?** |
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| **Do you know anything that makes you think the applicant/s might not be suitable to foster or adopt?** | □ Yes□ No |
| --- | --- |

| **Would you have any concerns about the safety or well-being of a child placed in their care?** | □ Yes□ No |
| --- | --- |

| **Have you ever been aware that the applicant/s has used smacking, physical chastisement, or any inappropriate discipline to manage children’s behaviour?** | □ Yes□ No |
| --- | --- |

*If you have answered ‘yes’ to any of these questions, please provide full details in the section on any other information.*

| **Please comment on the applicant’s ability to work effectively with others as part of a team.**  |
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| **Please comment on the applicant’s honesty, trustworthiness and ability to keep sensitive information confidential.** |
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| **What do you think will be the biggest challenge for the applicant/s in fostering or adopting a child? Are there any areas where you think the applicant/s might need support?** |
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| **Please provide any other information that you think is relevant (using an additional sheet if necessary).** |
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| **Please tick one of the following boxes to indicate your consent to sharing the information you have provided:** |
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| * I am happy for my reference to be shared with the applicant/s
* I wish for my reference to remain confidential
* There are parts of my reference that I want to remain confidential and would like to discuss this with you
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| --- | --- |
| **Signature** |  |
| **Date** |  |

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| **PLEASE RETURN THIS REFERENCE TO:** |
| **Name** | ICS CAH Business Support BMR |
| **Fostering Service** | South Gloucestershire Council  |
| **Email**  | Email: fosteringbusinesssupport@southglos.gov.uk |
| **Postal Address** | Department for PeopleBusiness Support Central PO Box 1955 Bristol BS37 0DE |