

CAERPHILLY COUNTY ASSOCIATE OF THE CAERFFILL

FOSTER CARER (S) REPORT FOR FOSTER CARER REVIEW

(This is to be used if a placement ends with a carer or if the child/young person is in the placement at the time of the review)

			of Report
'The Fostering Regulations (Wales) 2003' require Foster Cal child/young person		y. It is essential to complete this for nediately for the Review on:	m in relation to the placement of the
		•	
1. BASIC INFORMATION	DOB	Data of Discoment	End of Dissement
Full Name of Child/Young Persons	D.O.B	Date of Placement	End of Placement (only if ended)
2. IF PLACEMENT ENDED PLEASE GI	VE REASON (on	ly if placement ended)	
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☐ Carer/s request ☐ Planned Move	e 🗌 Following	g Concerns	requested
a. If the placement broke down what were the	circumstances?		
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3. THE CHILD/REN YOU LOOKED AFT	FR or LOOKING	ΔFTFR (See Annendix 1 fo	r Guidance)
a. Specific work with the Child/Young person's	s birth family. How d	o you promote contact betw	
Family? Were there or are there any particular	difficulties in maintai	ning contact?	
b. Have you or are you able to meet the needs	of the child/young po	erson? Tell us what sort of	behaviour you have
had or are having difficulty in dealing with? Ho	w was/is this being a	ddressed?	·
c. What has been the impact on yourself and y			reloped any particular
skills during this placement or do you feel that	this has highlighted	any training needs?	
d. Please comment on the specific needs of th Diet	e child/young persor	n in relation to Hobbies, reli	gion, Clothing, identity,



4. WORKING AS PART OF A TEAM
a. What information & support was or is being received to assist you in looking after this child/young person?
b. Have you been visited regularly by your supervising Family Placement social worker and were you or are you
provided with appropriate support?
c. Have you been / were you visited regularly by the child/young persons social worker and were you or are you
provided with appropriate support? If no, please detail
Production of the control of the con
d. Do you believe you have had good relationships with other agencies (e.g schools, police, voluntary agencies,
Health or Education). Or have you encountered problems in certain areas, if so please explain.
realth of Education). Of have you encountered problems in certain areas, it so please explain.
e. Have you had the need to use the Out of Hours Service throughout this child/young persons placement? If yes,
e. have you had the need to use the Out of hours service throughout this child/young persons placement? If yes,
please give details



a. Any other comments on this placement?
SIGNATURES
Foster Carer/Date:
Foster Carer/Date:
Family Placement Worker/Date:/
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Family Placement Team Manager:/Date:/Date:
Tanniy Flacement Team Manager
a. When the Form has been signed by those identified above it must be returned to the Family Placement Team administrator who will record the date.
Family Pl. Team Admin :

Appendix 1 — To consider when completing this form

LOOKING AFTER THE CHILD/REN

3a - CONTACT

- 1. Provide details of any 'specific' work with the Child/Young person 's birth family/parent?
- 2. What contact arrangements were made?
- 3. How did you facilitate this contact,? This should include how often, venue and particular travelling arrangements etc.
- 4. Was there any other work with birth family/parents?
- 5. What were the difficulties for you & your family or other children looked after within the family home?

3b, C & d - MEETING THE SPECIFIC NEEDS

- 1. Provide achievements or challenges that you have/had with this placement with behaviour
- 2. What support / strategies enabled you to meet this child's needs
- 3. Was support easy to access?
- 4. What hobbies / activities did the child/young person get involved with, and how did you support this?
- 5. Describe the support you have given in respect of Religion, if so what?
- 6. Please specify if there were any particular difficulties in supporting the child's specific needs.
- 7. Was the child adequately clothed; this could be on arrival at placement and throughout.

4. WORKING AS PART OF A TEAM

- 1. Were requests for support from the department responded to.
- 2. Were you able to discuss issues/relevant information/concerns with your social worker or the child's social worker
- 3. Describe any particular difficulties with addressing your views?
- 4. What information was provided to enable you to look after the child / young person
- 5. Making contact with Social Workers if this has been easy or difficult.
- 6. Discuss what other professionals you have had to deal with and whether there has been any difficulties or positives.
- 7. Comment on your use of the Out of Hours service eg. if you have had a new placement or difficult placement were you provided with support through this.

5. CARERS VIEWS

- 1. How would you describe the relationship between yourself and the child
- 2. Describe the relationship with other members of you family or children in the household.
- 3. How you are or were able to work with the departments plan for the child
- 4. Any particular positives or difficulties that impact on your relationship.
- 5. Have you or your family any suggestions or comments that you think would improve the fostering service