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| **Foster Carers Names:** | **Date of Birth** |
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|  |  |
| **Other Household Members:***(Also record details of children in placement at time of concern)*  | **Relationship** | **Date of Birth** |
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| **Foster Carers Address:** |  |
| **Fostering Team:** |  |
| **Fostering IRO Name:** |  |
| **Date of Foster Carers Registration:**  |  |
| **Terms of Foster Carers Registration** *(including how many children and their ages)* |  |
| **Date concerns raised:** |  |
| **Concerns raised by:***(If this is anonymous, please state this)* |  |
| **Fostering Social Worker:** |  |
| **Fostering Team Manager:** |  |
| **Childrens Social Worker:** |  |
| **Children’s Team Manager:** |  |
| **Investigating Social Worker/Team Manager:** |  |

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| **REASON FOR THE REPORT** *(Summary of standards of care concern, relevant dates, and decision-making process undertaken to bring the case to Standards of Care Concerns Meeting* |
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| **OVERVIEW OF FOSTERING CAREER** *(Foster Carers and family members. Any changes in registration / family circumstances, summary of children placed, children in placement at time of allegation/complaint/standards of care concern. Summary of attendance at support groups and commitment to training)* |
|  |
| **CHRONOLOGY OF PREVIOUS RELEVANT CONCERNS** *(Details of related concerns/complaints/allegations including action and outcome)* |
| **Date:** | **Event:** |
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| **INVESTIGATION:** (*Details of investigation: significant people, summary and dates of any strategy discussions, interviews, action taken, social media searches and findings.* |
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| **CONSULTATION WITH FOSTER CARERS AND OTHERS:** *Views and responses of foster carers, views of relevant others including wishes and feelings of children (if appropriate)* |
|  |
| **CURRENT SITUATION AND IMPACT UPON CHILDREN/YOUNG PEOPLE IN PLACEMENT** *(Placement update, support provided, learning and practice development in response to the concerns raised, what are the children and foster carers behaviour indicating?)* |
|  |
| **ANALYSIS OF THE FOSTER CARERS SUITABILITY AND COMPETENCY TO FOSTER CHILDREN AND YOUNG PEOPLE** *(What are the findings of the investigation? Are there standards that have not/are not being met by the foster carers and how is this evidenced?)* |
| **What’s worked / working well?** |  |
| **What are we the worried about?** |  |
| **What needs to happen next?** |  |
| **Please outline any appendices accompanying this report.***(Please include CSW report, safer caring policy, and any other relevant documentation to inform the Standards of Care Concern Meeting)* |
|  |
| **Date report sent to Foster Carer and their advocate if appropriate:** |  |
| **How was this report shared with the Foster Carer?***(secure e-mail, recorded delivery, face to face)* |  |
| **Has Foster Carer confirmed receipt** | **Yes** | **No** |
| **Fostering Social Worker Signature & Date** |  |  |
| **Fostering Team Manager Signature & Date** |  |  |