

**Annual Foster Carer Review Professional Feedback Form**

We value feedback from Foster Carers and Supervising Social Workers involved in the Annual Foster Carer Review process.

We would be grateful if you could spend some time completing this form.

Your feedback can help us to learn and improve the way in which we conduct and Chair Annual Foster Carer Review meetings.

**Date and Time of AFCR meeting**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

**Foster Carer Reviewing Officer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

**(FCRO)**

**Before the review meeting where you:**

**Yes No Partially**

Contacted by the FCRO to agree the date and time of

the meeting?

Contacted by the FCRO to discuss the agenda or any

issues arising from the Supervising Social Worker Report

and/or feedback?

**During the review did you feel?**

**Yes No Partially**

The FCRO explored your experience of being a foster

carer in the preceding 12 months?

The FCRO explored the impact of fostering for birth

children in the family if applicable?

The FCRO explored support provided to you by

respective social work teams including Family

Placement?

The FCRO discussed feedback given by children placed,

parents and other professionals?

You had the opportunity to give your views and feel

heard in the review meeting?

The FCRO identify whether recommendations from

the previous review had been acted upon

**When the recommendations were made did you feel that?**

There were clear with specified timescales?

Your training needs for the coming 12 months discussed?

Is there anything else you would like to share about your experience of the AFCR?

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Thank you for taking the time to complete this feedback form.