**Appendix 2- Standards of Care Report**

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| **Details of persons involved** | |
| **Details of person reporting concern (Protocol ID number if known, full contact details if unknown to FPS)** |  |
| **Date FPS informed of concern** |  |
| **Current carer(s)** |  |
| **Child(rens) social worker** |  |
| **Date CSW informed** |  |
| **Date of incident that caused concern or** Behaviour /actions that are of concern  *(Please include views of the carer(s) and other professionals were relevant)* |  |
| **Inquiries made and analysis of concerns** |  |
| **Carer(s) views and comments on inquiries and analysis of SSW** |  |
| **Conclusion & Recommendations**  *(To include areas of development and standards not met. Please refer to IOM Fostering Minimum Standards and cite whether or not an earlier review is necessary.)*  *(Please cite plan of support and area for ongoing learning, review dates)*  *(Consider the impact of any other child/young person in placement and what steps, if any need to be undertaken)* |  |
| **Signatures;** |  |
| Supervising Social Workers signature; |  |
| Date; |  |
|  |  |
| Team Managers comments; |  |
| Team Managers signature; |  |
| Date; |  |
|  |  |
| Disclaimer – foster carer(s) signatures are required as evidence that this report has been shared with them, not necessarily agreed to; |  |
| Foster carer signature |  |
| Date; |  |
| Foster carer signature; |  |
| Date; |  |