



Safeshouses North  
*professional fostering service*

## EVALUATION OF SERVICE FORM FOR LOCAL AUTHORITIES

**Name of Local Authority:** \_\_\_\_\_

**Family name of child or young person placed:** \_\_\_\_\_

**Family name of foster carer(s) the  
child or young person was placed:** \_\_\_\_\_

**Duration of placement: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Name of agency support worker(s):** \_\_\_\_\_

**Please tick one box only**

**1. What do you think about the level of support given to you:**

**1.1 by the Agency?:**

Excellent  Good  Adequate  Poor

**1.2 by the foster carer?**

Excellent  Good  Adequate  Poor

**1.3 by other employees in the Agency?:**

Excellent  Good  Adequate  Poor

**2. What do you think about the level of information provided to you by the Agency?:**

Excellent  Good  Adequate  Poor

**2.1 What do you think about the service provided by the Foster Carer(s)?:**

Excellent  Good  Adequate  Poor

**3. What do you think about the arrangements for meetings?:**

Excellent  Good  Adequate  Poor

**4. Did you need and receive particular additional services to support this placement?  
Yes / No**

4.1 ***If you answered Yes to the above, what do you think of the additional services?***

Excellent  Good  Adequate  Poor

5. ***Have you used the 'Out of Hours' service offered by the Agency? Yes / No***

***If you answered Yes to the above, how do you rate the usefulness of this service?***

Excellent  Good  Adequate  Poor

6. ***Have you any suggestions as to how the Agency can improve its support to Local Authorities?:***

7. ***If you wish to enlarge on any of your comments, please do so below.***

8. ***Please state whether any of the information given above is to be treated in confidence  
Yes / No***

***Completed by:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

***Job title:*** \_\_\_\_\_