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| **Initial Viability / Temporary Approval as a Foster Carer: Connected Person (Regulation 24 & 25)****Care Planning, Placement and Case Review Regulations (England) 2010**  |

**This must be completed by the Assessing Social Worker prior to a child being placed with a prospective connected persons foster carer, either planned or in exceptional and unforeseen circumstances**. Information in this report can be used by the child’s social worker for inclusion in their SGO report.

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| **1. Author of Report:** |
| Assessing Social Worker |  |
| Team Manager |  |
| Visit Date(s) |  |
| Office Base | Mulberry Place5 Clove CrescentLondonE14 2BG |
| (Telephone Number |  | Email Address |  |

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| **2. Name(s) of child(ren) to be placed:** |
| **Child’s Full Name** | **Mosaic** | **Date of Birth** | **Gender** | **Ethnicity** | **Legal Status** |
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| **3. Reason placement is required:** |
| **Why do(es) the child(ren) need to be placed (including dates of the Family Group Conference if applicable, any court direction and previous involvement)?**  |
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| **4. What are the risks; are there any potential risks in the proposed placement?** |
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| **5. How will the child/ren be protected?** |
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| **6. Child(ren’s) placement history/chronology of care:** |
| **Date from** | **Date to** | **Placement details** |
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| **7. Child(ren’s) connected person’s placement dates:** |
| **Proposed date for planned placement to start** |  |
| **Start date for temporary placement** |  |
| **Date temporary approval expires (16 weeks from agreed start date)** |  |

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| **8. Prospective Connected Person’s Household:**Full name of Carers and all Household Members (Please include every person in the house and add any previous names) |
| **Full Names of Prospective Carers** | **Date of Birth** | **Relationship to child(ren)** |
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| **Other Household Members** |  |  |
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| **Address of Carers**  |  |
| **Telephone** ( |  | **Email** |  |
| **9. Further Details:** |
|  | **Prospective Carer 1** | **Prospective Carer 2** |
| **Gender** |  |  |
| **Nationality** |  |  |
| **Immigration status where appropriate** |  |  |
| **Primary language spoken in the home** |  |  |
| **Other language/s spoken in the home** |  |  |
| **Religion** |  |  |
| **Practising or non-practising** |  |  |
| **Are any of the applicants Registered as Disabled?** |  |  |

| **10. Employment Details:** |
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|  | **Prospective Carer 1** | **Prospective Carer 2** |
| **Current Occupation (if any)** |  |  |
| **Current Employer (if any)** |  |  |
| **Address of Employer** |  |  |
| **Name of Line Manager** |  |  |
| **Date started** |  |  |
| **Current hours of work** |  |  |
| **Income from occupation or profession** |  |  |
| **Proposed hours of work following placement of child/ren** |  |  |
| **Applicant’s financial circumstances. Is there sufficient income to meet child’s needs, financial impact of child joining the family? Any concerns, debts / loans?** |  |

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| **11. Are there children (under 18) from a current or previous partnership living elsewhere?** |
| **Family Name** | **Forename/s** | **Gender** | **DOB** | **Relationship** | **Address** |
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| **12. Are there any sons and daughters over the age of 18 living elsewhere?** |
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| **Family Name** | **Forename/s** | **Gender** | **DOB** | **Relationship** | **Address** |
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| **13. Please give details of anyone who is a regular visitor to your home.**  **Please state their relationship to you e.g. grandchildren, friends or neighbours who babysit:** |
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| **Name** | **Forename/s** | **Gender** | **DOB** | **Relationship** | **Brief Reasons** |
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| **14. Accommodation:** |
| **Is there a suitable bedroom available for the child(ren)?** | . |
| **Brief description of accommodation (including outside space):** |

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| **15. Enquiries Checklist:** **This is the basic safety checklist to ensure that there are no significant issues within the prospective connected persons foster carers family that could place the child(ren) at risk.**  |
| **Checks** | **Prospective Carer 1** | **Prospective Carer 2** |
| **Has the carer had any involvement with the police?** |  |  |
| **PNC check (Must be completed for all emergency placements where temporary approval is sought prior to referral to the Fostering Assessment Team. For planned placements and within the full assessment Fostering will undertake the full DBS)** |  |  |
| **Do (es) the applicant(s) have any health issues?** |  |  |
| **Do (es) the applicant (s) smoke?** **Are the applicant(s) committed to stopping smoking and seeking support via their GP?** |   |  |
| **Mosaic (significant involvement with professional agencies?)** |  |  |
| **16. Animals and Pets** |
| **Comment on all pets:****Name, breed, age, health. Any identified risks / action to mitigate risks:** |
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| 1. **Prospective carers**
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| 1. **Brief description of prospective carers family history (including significant life events)**
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| 1. **Brief description of the prospective carers current relationship (including any concerns or difficulties, i.e. domestic abuse)**
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| 1. **Brief description of the household members and their relationship with the child(ren) and their wishes and feelings.**
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| 1. **Brief description of previous experience of caring for their own or any other children.**
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| 1. **Parenting Capacity – to meet the needs of the specific child/ren**
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| 1. **What is the nature and quality of any existing relationship with the child(ren)? What is applicants motivation to care for the child(ren)?**
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| 1. **Describe the carers capacity to protect the child(ren) from harm and danger, Including any person who presents a risk to them.**
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| 1. **What is the prospective carers understanding of the safeguarding concerns?**
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| 1. **What is the carers ability to meet the child(ren)’s educational needs and promote learning and development.**
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| 1. **Describe the carers ability to provide a stimulating environment include appropriate leisure opportunities.**
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| 1. **Describe the carers ability to offer emotional warmth and provide appropriate boundaries.**
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| 1. **Describe the carers ability to meet the child(ren)’s physical, emotional and mental health needs.**
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| 1. **Family relationships, dynamics and contact**
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| 1. **Wishes and feelings of birth parents and significant others.**
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| 1. **What is the prospective carer’s relationship with birth parents (including family dynamics / conflicts)?**
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| 1. **What are the current contact arrangements and the prospective carer’s capacity to promote & manage these?**
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| 1. **Expectations and Agreement**

**Do(es) the prospective carer(s) understand the assessment and approval process required to become connected persons foster carers and the ongoing expectations of the Local Authority?** |
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| 1. **Social Worker Summary and Analysis:**
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| 1. **What are the strengths of the prospective carers and what do we think will work well?**
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| 1. **What are the vulnerabilities of the prospective carers and what are we worried about?**
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| **Scaling Question** |
| ***On a scale of 0-10, where 10 is by placing the child with this family/ friend foster carer, the child will be safeguarded and have their daily needs met, with potential to offer future permanency and where 0 is the child will continue to be at significant risk/not be safeguarded. Where would you and the prospective carers scale this placement and why?***0…………………………………………………………………………10 8 |
| 1. **What needs to happen next?**
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| 1. **Social Workers Recommendation**
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| **Prospective Carer 1**  | **Name**  |
| **Signature** |
| **Date:**  |
| **Prospective Carer 2**  | **Name** |
| **Signature** |
| **Date:** |
| **Social Worker** | **Name** |
| **Signature** |
| **Date:** |
| **Team Manager** | **Name** |
| **Signature** |
| **Date:** |
| **Service Manager** | **Name** |
| **Signature** |
| **Date:** |

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| **Initial Connected Persons Assessment****Authorisation for Temporary Approval – Assistant Director** |

**Connected Person: Regulation 25, Schedule 4, Care Planning, Placement & Care Review Regulations, 2010**

I approve/do not approve the above applicants as Foster Carers for a temporary period not exceeding 16 weeks in compliance with Regulation 24 of the Care Planning, Placement and Case Review Regulations (2010).

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| **Proposed Placement Start Date:** |  |
| **Actual Placement Start Date:** |  |
| **Placement End Date:****(max 16 weeks)** |  |
| **Comments:***Provide any comments, and if additional material is to be considered as part of this report, list the items here and attach the additional material.* |  |
| **Signed:** |  |
| **Print Name:** |   |
| **Position:** |  |
| **Date:** |  |