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| **INITIAL VIABILITY ASSESSMENT****Placement of Child with a Connected Person** |
| **Care Planning, Placement and Case Review Regulations 2014 Reg. 24**  |

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| **The purpose of this form is to*** Provide the basis on which a decision can be made to give the connected person 16 weeks temporary approval as a local authority foster carer.
* Provide the basis on which a decision can be made to complete
* Enable the LA to determine whether this care arrangement will safeguard and promote the child welfare and meet their needs as set out in their care plan.

A connected person means a relative, friend of, or other person connected with the looked after child.NB A child should only be placed with a prospective Connected Carer, after Temporary Approval has been granted by the Fostering & Adoption Service Manager  |

|  |  |
| --- | --- |
| Date of IVA Visit |  |

|  |  |
| --- | --- |
| Name of Social Worker | Child’s Social Work Team |
|  |  |

|  |  |
| --- | --- |
| Name of Social Worker | Sandwell IFA Team |
|  |  |

|  |  |
| --- | --- |
| Name(s) of those present at interview (if there are two prospective carers, both should be present |  |

1. Details of child (ren) requiring placement
(Section 1 - 18 To be completed by the Child’s Social Worker)

|  | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| --- | --- | --- | --- |
|  **LCS ID** |  |  |  |
| **Forename(s)** |  |  |  |
| **Surname** |  |  |  |
| **Other names used** |  |  |  |
| **Current address:** |  |  |  |
| **Local Authority Area** |  |  |  |
| **Date of birth** |  |  |  |
| **Place of birth** |  |  |  |
| **Gender** |  |  |  |
| **Ethnicity** |  |  |  |
| **Religion** |  |  |  |
| **Language(s)** |  |  |  |
| **Nationality** |  |  |  |
| **Immigration status** *If appropriate.* |  |  |  |
| **Name of Mother** |  |  |  |
| **Name of Father** |  |  |  |
| **Does father hold parental responsibility?** |  |  |  |
| **Name of any other person with PR (and relationship reason for PR)** |  |  |  |

2. Legal Status

**Please include below details of any order applied for or made by a court**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| **Type of Order** |  |  |  |
| **Legal status (to include PLO)** |  |  |  |
| **Name of Court** |  |  |  |
| **Date Order made***If not yet made please note scheduled date of application hearing.* |  |  |  |

1. Placement Details

|  |
| --- |
| Date considering placement with Connected Person:*If placed out of hours in an emergency please provide date and name of senior manager on call who made decision.* |
|  |
| Date and outcome of PNC Checks completed: |
|  |
| Date and outcome of statutory Checks completed: |
|  |

1. Reasons for proposed placement

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| **Why is the child unable to live with a birth parent currently? What are the identified risks? What is required from the carer to keep the child safe from these risks?** *Describe the carers capacity to protect the child/ren from harm and danger Including any person who presents a risk to them* |
|  |

1. Birth mother

|  |  |
| --- | --- |
| **Surname** |  |
| **First names** |  |
|  **LCS ID**  |  |
| **Are these the names used at the time of the child’s birth? If no, what were they?** |  |
| **Other names (including familiar names)** |  |
| **Date of birth** |  |
| **Place of birth** |  |
| **Current address** |  |
| **Date address confirmed** |  |
| **Local authority area** |  |
| **Nationality *(include immigration status if appropriate)*** |  |
| **Ethnicity** |  |
| **Religion** |  |
| **Languages spoken** |  |
| **Name of current partner** |  |

1. Birth father

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| **Surname** |  |  |  |
| **First names** |  |  |  |
|  **LCS ID**  |  |  |  |
| **Are these the names used at the time of the child’s birth? If not, what were they?** | Yes/No | Yes/No | Yes/No |
| **Other names (including familiar names)** |  |  |  |
| **Date of birth** |  |  |  |
| **Place of birth** |  |  |  |
| **Current address** |  |  |  |
| **Local authority area** |  |  |  |
| **Nationality (include immigration status if appropriate)** |  |  |  |
| **Ethnicity** |  |  |  |
| **Religion** |  |  |  |
| **Languages spoken** |  |  |  |
| **Name of current partner** |  |  |  |
| **If the identity or whereabouts of the father is not known, provide information about him that has been ascertained and from whom, and the steps that have been taken to establish paternity.** |  |

1. Parental responsibility

|  |
| --- |
| **Provide details of whether the child’s parent were married to each other at the time of the child’s birth or have they subsequently married?**  |
|  |
| **Date of marriage** |  |
| **If the parents were not married, please indicate if birth father has parental responsibility and how this was acquired?** |
|  |
| **If the child’s parents have been previously or are currently married or civilly partnered to another person please give dates/details.** |
|  |
| **Is there any other person who holds parental responsibility for the child?** *(please include date acquired and details)* |
|  |

1. Birth parent’s relationship

|  |
| --- |
| **Please describe the past and present relationship between the birth parents** |
|  |

1. Sibling’s details (Not included in this assessment)

|  | **SIBLING 1** | **SIBLING 2** | **SIBLING 3** |
| --- | --- | --- | --- |
| **Forename(s)** |  |  |  |
| **Surname** |  |  |  |
|  **LCS ID** |  |  |  |
| **Other names used** |  |  |  |
| **Date of birth** |  |  |  |
| **Name of current carer** |  |  |  |
| **Current address:** |  |  |  |
| **Local Authority Area** |  |  |  |
| **Place of birth** |  |  |  |
| **Gender** |  |  |  |
| **Ethnicity** |  |  |  |
| **Religion** |  |  |  |
| **Name of Mother** |  |  |  |
| **Name of Father** |  |  |  |
| **Are they looked after by a local authority if so which? Are they adopted?** |  |  |  |

1. Child – *please duplicate above for each child part of this assessment i.e. 10a, 10b*

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| Please give a physical description and personality of the child  |
|  |

1. Health

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| --- |
| **Describe the child’s health history, current needs and what is required to meet these.** |
|  |

1. Education

|  |
| --- |
| Detail the child’s current school and educational needs |
|  |
| Does the child have an Education and Health Plan in place?  |
| Yes/No (if yes provide details) |

1. Emotional and Behavioural Development

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| --- |
| **Describe the child’s emotional and behavioural development, their needs arising from this and what is required to meet those needs.** |
|  |

1. Identity

|  |
| --- |
| **Describe the child’s identity and what is required to meet needs arising from this. Provide information about the child’s religious persuasion and including details of baptism, confirmation or equivalent ceremonies** |
|  |

1. Family and Social Relationships

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| --- |
| **Describe the child’s current and historical relationship with family members and others.**  |
|  |
| **What are the current arrangements for contact between the child and family members and others who the local authority consider relevant? Who is responsible for arranging and supporting these arrangements?** |
|  |
| Which members of the extended family are significant to the child and what is the nature of these relationships? *Provide details of any other adults who will have regular contact with the child**What support can they offer to the connected person and the child?**Describe the relationship between the child and any other adults and children in the household.* |
|  |

1. Wishes and feelings of the child

|  |
| --- |
| **What are the child’s wishes and feelings in relation to any proposed plans including plans for contact (as set out above) and in relation to their religious and cultural upbringing?Please include the date on which the child’s wishes and feelings were ascertained.** |
|  |

1. Views of the Birth Family

|  |
| --- |
| **Please give the wishes and feelings of each parent regarding the proposed plan, which might include:** 1. **special guardianship;**
2. **the child’s religious and cultural upbringing**
3. **contact with the child, and the date on which the wishes and feelings**

**of each parent were last ascertained.** |
|  |
| An assessment of the wishes and feelings of any of the child’s relatives, or any other person the local authority consider relevant regarding the child and the dates on which those wishes and feelings were last ascertained  |
| **Name** |  | **Relationship** |  |
|  |
| **Name** |  | **Relationship** |  |
|  |

1. Contact Arrangements

|  |
| --- |
| **Details of arrangements for birth parent(s)***Detail any risks. What support is needed*  |
|  |

1. Applicant(s) Details

(Section 19 – 36 To be completed by the Connected Person Social Worker)

|  |  |
| --- | --- |
| First Applicant LCS ID |  |
| Family Name of Prospective Foster Carer 1  |  |
| Previous Name |  |
| Fore Name(s) |  |
| Other “known by” Names |  |
| Date of birth |  |
| Place of birth/Nationality |  |
| Ethnicity |  |
| Immigration Status |  |
| Language(s) |  |
| Religion |  |
| Is the applicant registered as disabled? |  |
| National Insurance ID Number (if appropriate) |  |
| Full Postal Address |  |
| Length of time at address – if less than 3 years please list all previous addresses |  |
| Home Phone NumberMobile Phone Number |  |
| Email Address |  |
| Is this the applicant/s permanent place of residence? Give details |  |
| Local Authority area |  |

|  |  |
| --- | --- |
| Second Applicant LCS ID |  |
| Family Name of Prospective Foster Carer 2 |  |
| Previous Name |  |
| Forename(s) |  |
| Other “Known by” Names |  |
| Date of Birth |  |
| Place of birth/Nationality |  |
| Ethnicity |  |
| Immigration Status |  |
| Language(s) |  |
| Religion |  |
| National Insurance ID Number (if appropriate) |  |
| Is the applicant registered as disabled? |  |
| Postal address (if different from above) |  |
| Length of time at address – if less than 3 years please list all previous addresses |  |
| Email address |  |
| Home Phone NumberMobile Phone Number |  |
| Is this the applicant/s permanent place of residence? Give details |  |
| Local Authority Area |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Nature of relationship with child (e.g. grandparent, aunt, foster carer etc.)** |  |  |

1. Who else lives in the household?

*Please indicate where other household members are in an intimate/sexual relationship.*

Children under 18

| **Family name** | **Forename/s** | **Sex****M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
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 21. Adults (including grown-up children) living in the household

*\*indicates that they are subject to CRB disclosure*

| **Family name** | **Forename/s** | **Sex****M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |   |
|  |  |  |  |  |  |

 22. Adults (including grown-up children) living elsewhere/deceased

*\*indicates that they are subject to CRB disclosure*

| **Family name** | **Forename/s** | **Sex****M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

 23. Child (from a previous relationship) living elsewhere

*\*indicates that they are subject to CRB disclosure*

| **Family name** | **Forename/s** | **Sex****M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- | --- |
|  None  |  |  |  |  |  |

 24. Disclosure of Vetting & Barring Status and other Checks

|  |
| --- |
| **Please include particulars of any criminal offences of which any member of the household from aged 18 have been convicted or in respect of which they have been cautioned.** *(Please ensure you state clearly which member of the household any cautions/offences relate to. Clearly set out the source of this information including whether PNC or DBS checks have been completed in respect of each household member.)* |
|  |
| **Local Authority Checks***(Please include details of enquiries made to the Local Authority where the applicants live. Provide details of any past involvement including any past activity in relation to fostering, adoption or special guardianship.)*  |
| East Sussex |
|  |
| **Type of Order Granted**None | **Date Order Granted** |

 25. Health of Applicants

|  |
| --- |
| **Applicant 1** |
| **Has the prospective carer/s or any member of their household had any of the following health issues? If yes, please provide details.** |
| Alcohol/Drug dependency |  |
| Diabetes |  |
| Hypertension |  |
| Epilepsy |  |
| Anxiety |  |
| Depression |  |
| Arthritis |  |
| Self-Harm/Suicidal Ideation  |  |
| Mobility issues (include details of any Occupational therapist Assessment undertaken) |  |
| Smoke cigarettes/recreational drugs |  |
| Any other health/mental health concerns |  |
| Are the applicants taking any prescribe/over-counter medication? If yes - details of medication/reason. |  |
| If yes, please give details and include other illness not mentioned above. Please state if the applicant(s) are in receipt of Disability Living Allowance and what this is for |  |
| Are there any health issues which would impact with their ability to care safely for the child/ren |  |
| Applicant 1 Name/address of GP |  |

|  |
| --- |
| **Applicant 2** |
| **Has the prospective carer/s or any member of their household had any of the following health issues? If yes, please provide details.** |
| Alcohol/Drug dependency |  |
| Diabetes |  |
| Hypertension |  |
| Epilepsy |  |
| Anxiety |  |
| Depression |  |
| Arthritis |  |
| Self-Harm/Suicidal Ideation  |  |
| Mobility issues (include details of any Occupational therapist Assessment undertaken) |  |
| Smoke cigarettes/recreational drugs |  |
| Any other health/mental health concerns |  |
| Are the applicants taking any prescribe/over-counter medication? If yes - details of medication/reason. |  |
| If yes, please give details and include other illness not mentioned above. Please state if the applicant(s) are in receipt of Disability Living Allowance and what this is for |  |
| Are there any health issues which would impact with their ability to care safely for the child/ren |  |
| Applicant 2 Name/address of GP |  |

 26. The Applicants Relationships

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| --- |
| Current adult relationships that are the basis of the household (by marriage, civil partnership, co-habitation). *If the applicants are not living together, state the significance of their relationship and whether they should be interviewed as part of the assessment and whether a PNC and DBS will be required. Is there any experience of domestic abuse?* |
|  |
| Past adult relationship(s) to include any children from these relationships, their whereabouts, whether they should be interviewed as part of the assessment, was there any domestic abuse? |
|  |

 27. Other Adults in the Household

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| Other adults in the household*Is there anything in the history or lifestyle of each member of the applicants’ household (including those less than 18 years) that might be adversely impacted as a result of this placement arrangement?* |
|  |

 28. Accommodation

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| --- |
| Accommodation (including an evaluation of its suitability for children) *The assessment should ensure and evidence that the accommodation and home environment is suitable with regard to the age and developmental stage of the child; health and safety report needs to be attached.**Detail of pets - name, breed, age, health. Any identified risks/action to mitigate risk. Has a Pet questionnaire been completed?*  |
|  |

 29. Parenting Capacity

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| --- |
| Experience of caring for children?What is the prospective carer’s previous childcare experience including caring for their own child/ren and/or experience via employment? Do they maintain positive relationships with their adult children? |
|  |

 30. Local Authority Involvement

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| --- |
| **Has there been any previous or current involvement with Children’s Services? What has been the applicant’s ability to work in partnership with professionals?** |
|  |

 31. Motivation

|  |
| --- |
| **What is the applicant’s motivation for putting himself or herself forward to care for the child?** *What is the carer’s relationship with the child? When did the applicant last see the child? Has the child ever stayed overnight with the applicant? How often does the applicant see the child? Are there any disadvantages to the child arising from the applicant’s motivation? Are there any discrepancies between the applicants stated motivation and any other information from any other source? In what way does the assessing social worker think that the applicant’s motivation will benefit the child?* |
|  |

 32. Understanding of Children’s Service Involvement

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| --- |
| Knowledge and understanding of why the child is known to children’s services Are they aware of past current/ difficulties with parents caring for the child/ren? What has been their involvement/support (emotional, practical, financial etc.)? What is their ability to safeguard/protect the child/ren? What is their ability to manage current and future risk that parents may pose? |
|  |

 33. Understanding of Child’s needs

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| **Knowledge and understanding of the child’s specific needs***What is the carer understanding of and ability to meet the child’s current and likely future needs, particularly, any needs the child may have arising from harm that the child has suffered? This should consider health, education, behaviour, emotional and identity. Have they considered the impact of challenging behaviour on other children in the household? Please explain how the carers would meet the child/ren’s needs long term.* |
|  |

 34. Contact

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| --- |
| **Attitude to and ability to manage contact with parents, both now and in the future***What is their understanding of contact****,*** *their relationship with birth parents(s), are they able to promote positive contact between child/ren and parents and if so how, are they willing to supervise contact (in or outside of their home environment)? What support have they identified would be required to ensure positive outcome for the children?* |
| **No issues and no pussying around**  |

 35. Financial

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| --- |
| **Financial Assessment of the Household Income and Employment**  |
| *Details of working patterns – current and proposed availability to care for child/ren. What changes to employment or additional support needed to care for the child/ren and associated cost implications? Applicant’s financial circumstances.- Sufficient income to meet child’s needs, financial impact of child joining the family* |

|  |  |  |
| --- | --- | --- |
| Occupation | Applicant 1 | Applicant 2 |
| Does the carer work? |  |  |
| What are the working hours? |  |  |
| Do they intend to change their working pattern in the future? |  |  |
| Have they ever being de-registered from a professional body? |  |  |

 **36. Childcare Arrangements**

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| **How are the prospective carers proposing to manage childcare arrangements considering their working hours? If childcare is needed, who would provide this and how would this be funded?** |
| **Three grown up children**  |

**Recommendations and analysis of placement**

(To include and outcome of PNC/LA Checks, any risk assessment required, concerns as a result of PNC/LA checks, does this meet minimum fostering regulations/standards for temporary approval consideration by Head of Service)

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| **37. Child’s Social worker to outline current Care Plan** *Analyse how this placement will meet the needs appropriate for the age and abilities of this child/ren at this time* |
|  |

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| **38. Identify any potential areas of concern, which would impact on their ability to care for the children.** |
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| **39. Identify any issues requiring additional support, a risk assessment etc.** |
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| **40. Evidence of the suitability of this potential/placement.** |
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| **41. Recommendation – based on applicant’s ability to meet the needs of the child(ren)** |
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| **42. Connected Person Social Worker** Analyse how this placement will meet the needs appropriate for the age and abilities of this child/ren at this time |
|  |

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| --- |
| **43. Identify any potential areas of concern, which would impact on their ability to care for the children.** |
|  |

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| --- |
| **44. Identify any issues requiring additional support, a risk assessment, DBS, Checks outcome, etc.** |
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| **45. Recommendations for placement based on Fostering Regulations and NMS** |
|  |

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|  **46. Applicant(s) Signature, Comments and Declaration** |
| **Do you have any additional comments with regards to this assessment? Please continue on separate sheet if needed.****Declaration -** Please read the following information carefully before you give your consent.It has been explained to me that the assessment report(s) completed by the social workers may be provided to the court and seen by all parties relevant to the court proceedings (inc; the children/ren’s parents, as well as legal representatives and social work professionals)I hereby give consent for the report(s) to be placed before the court if the local authority is directed to do so.**Signatures****Applicant 1****Name: ……………………………………………………………………………………….****Signature: …………………………………………………………………………………..****Date: …………………………………………………………………………………………..****Applicant 2****Name: …………………………………………………………………………………………****Signature: ……………………………………………………………………………………****Date: ………………………………………………………………………………………** |

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| Was this a joint assessment? **Yes/No**  |
| Name of Connected Person Team Social Worker  |  | Tel No. |  |
| Signature of Connected Persons’ Social Worker |  | Date |  |
| Name of Child Care Team Social Worker  |  | Tel No. |  |
| Signature of Social Worker |  | Date |  |

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| --- |
| **Team Managers Comments (Children’s Team)**e.g. The Team Manager is satisfied that at this stage this is a thorough assessment and the proposed recommendation of the social worker will safeguard and promote the child’s welfare and meet all of their needsIf possible please confirm recommendation for Fostering, Child Arrangement or Special Guardianship Order.**Any other comments or observations** |
|  |
| **Name of Team Manager** |  | **Date:** |  |
| **Signature of Team Manager** |  |
| **Team & Location** |  | **Telephone No:** |  |

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| --- |
| **Authorisation for S20 is strictly through Children’s Senior Managers.**  |
| **Has S20 been agreed? Yes/No** |
| **Name of Head of Service** |  | **Date:** |  |
| **Signature of Head of Service** |  |
| **Location** |  | **Telephone No** |  |

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| --- |
| **Assessment Team Manager** If possible please confirm recommendation for Fostering, Child Arrangement or Special Guardianship Order**Any other comments or observations** |
|  |
| **Name of Connected Persons Team** |  | **Date:** |  |
| **Signature of Connected Persons Team** |  |  |
| **Location** |  | **Telephone No:** |  |

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| **Registered Manager or Nominated Officer Comments** e.g. The Registered Manager is satisfied that at this stage that the prospective carer meets the requirements of Fostering Regulations and Fostering National Minimum Standards. Please comment on whether a fostering Assessment should be undertaken, detailing reasons for the comments.If possible please confirm recommendation for Fostering, Child Arrangement or Special Guardianship Order**Any other comments or observations** |
|  |
| **Name of Connected Persons Team** |  | **Date:** |  |
| **Signature of Connected Persons Team** |  |  |
| **Location** |  | **Telephone No:** |  |

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| --- |
| **Director of Children Services** |
|  |
| **If approved agree**  | **Fostering** | [ ]  | **Child Arrangement Order**  | [ ]  | **or Special Guardianship**  | [ ]  |
| **Date placement commence/due to commence** |  |  |  |
| **Agree/disagree exceptional (16 weeks) temporary fostering approval (Emergency)** | YES | [ ]  | NO | [ ]  |
| **Nature of exceptional agreement**  |  |
| **Name of Nominated Officer** |  | **Date** |  |
| **Location** |   | **Telephone No.** |  |

**Appendix A**

**IMMEDIATE PLACEMENT AGREEMENT**

**This agreement is made under**

**Regulation 24, Schedule 4, Care Planning,**

**Placement and Case Review Regulations, 2010**

|  |  |
| --- | --- |
| **Child/ Young Person** | **Name**  |
| **Date of birth**  |

1. **I/We agree:-**
* To care for the child as if he/she were a member of my own family
* To permit any person authorised by the local authority to visit the child at any time, but at least weekly until a more formal approval has been gained for this placement.
* To allow the child to be removed by the local authority at any time if it appears that this placement is no longer the most suitable way of promoting the child’s welfare.
* To ensure that any confidential information, which is given to me about this child or their family, is kept confidential and is not disclosed without the permission of the local authority.
* To only allow the child to have contact with those people and at those times specified in the contact arrangement
* To protect the child from abuse and to promote their welfare
* Ensure Internet Safety where appropriate

**2**. **I/We understand** that this arrangement will be the subject of a more comprehensive assessment by the local authority and that the child’s continued placement will be determined by the outcome of that assessment.

**3. I/We undertake to give immediate notice to Children’s Services of:**

* Any intended change of address
* Any change in the composition of our household (to include any animal that may pose a danger or risk to children)
* Any change in our personal circumstances and any other event affecting either our capacity to care for any child placed or the suitability of our household.
* Notification of any additional adult moving into to property

 **4. We also undertake to:-**

* Maintain our home to a “fit” standard to ensure good health, safety and hygiene
* Ensure that the child has his/her own bed and personal storage space. Any room sharing to be determined in advance of the placement.
* Allow the bedroom to be inspected.
* Maintain bedroom furniture, bedding and child’s clothing to a satisfactory standard. This may include listing a child’s clothing and belongings at the time the child moves on.
* Promote a child’s positive image of their family.
* Ensure that each child in our care is registered with a General Practitioner and that each child receives appropriate health care, which may include contact with General Practitioners, dentists, opticians and mental health specialists.
* Notify Childrens Services of any incident where the child is missing from the foster home for any period longer than one hour unless the Child Care Plan indicates otherwise.
* Not to any physical chastisement, including slapping and rough handling to any child placed.
* Tell their Supervising Social Worker and the Childs Social Worker of any incident of abuse that is disclosed by the child. Such disclosures must never be kept secret.

## Sandwell Children’s Trust

* Provide social work support to foster carers in order to promote the welfare of children in their care and good fostering practice.
* Pay fostering allowances as soon as possible following regulating the placement
* Sandwell’s Out of Hours Service: 0121 569 2355

|  |  |
| --- | --- |
| **Applicant 1**  | **Name** |
| **Signature** |
| **Date:** |
| **Applicant 2**  | **Name** |
| **Signature** |
| **Date:** |