**Connected Persons/SGO Viability Assessment**

**PLEASE REFER TO GUIDANCE AND FLOWCHARTS AND SEEK ADVICE IF UNSURE**

**Stage 1: Viability – Initial Screening**

**1. GENERAL**

**Author – child’s social worker**

|  |  |
| --- | --- |
| Social Worker Name: |  |
| Team: |  |
| Qualifications obtained and year: |  |
|  |
| Local Authority preparing this report: |  |
| Office address: |  |

**Children in respect of whom assessment is being completed**

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Relationship to Applicant |
|  |  |  |

**Parents of the children**

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Relationship to Applicant |
|  |  |  |
|  |  |  |

**Applicants**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant 1 Name: |  | Applicant 2 Name: |  |
| Relationship to child: |  | Relationship to child: |  |
| Address: |  | Address: |  |
| LA Area: |  | LA Area: |  |
| Date of Birth: |  | Date of Birth: |  |
| Gender: |  | Gender: |  |
| Nationality: |  | Nationality: |  |
| Phone no: |  | Phone no: |  |

**Applicants’ household composition**

Household composition (include all members of household; all household members aged 18 and above need to be Police checked. All household members should also be spoken to as part of any viability assessment visit).

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Relationship to Applicant | PNC needed? |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |

**2. LOOKED AFTER CHILD’S VIEWS**

**Children’s views about the proposed placement (must be completed)**

|  |  |
| --- | --- |
| Child 1 |  |
| Child 2 |  |
| Child 3 |  |
| Child 4 |  |

**3. INITIAL CHECKS**

**Agency checks – for ALL applicants & those 18+. This MUST be completed.**

|  |  |
| --- | --- |
| Date of local Children Services check (Wiltshire and other LA, if applicants live outside Wiltshire) and record of results: |  |
| Has applicant had viability assessment previously? If yes, when? What was the outcome? (Please attach previous viability) |  |
| Date of police check(s) and record of results: |  |
| **Background information about the case/plan for the child** |
| * *Why is child ‘looked after’ or why could the child become ‘looked after’? What is their legal status? Does child really need to be LAC? Plans for other orders?*
* *What are the safeguarding concerns? Case background?*
* *Information about parents and who has PR*
* *What are the specific needs of the child/ren? What is the plan for the child?*
* *Has case been to Panel? What was decision from Panel?*
* *What court orders or directions in place?*
 |

**Timescales/deadlines (must be completed):**

|  |  |
| --- | --- |
| Is case in pre-proceedings? What are the timescales? |  |
| Is case in care proceedings? If yes, please give timescales, dates of hearings and any order dates.  |  |
| Is this a request for Reg 24 approval? If yes, what is intended date of placement?Give reason why immediate placement is necessary. |  |
| Does the viability also need to consider SGO? |  |
| Is this a request to consider Special Guardianship specifically (i.e. long-term plan and no intention to place child as LAC)? Any timescales/court dates? |  |

**Initial screening decision and reasons (this MUST be completed):**

|  |
| --- |
| *Note: Why should the potential carers be considered for viability visit?**Confirm that the potential carers know the purpose of the initial screen and viability visit and when this conversation took place.*  |
| **Childcare Team Manager comments**  |  |
| **Fostering Manager comments (optional):** |  |
| **Assessment visit required:** | Y/N |
| **Please give selection of dates and times the family and SW are available.** ***Note:* *Ideally, visits should take place in the morning to allow write up time in the afternoon.***  |  |

**Stage 2: Viability - Assessment Visit**

**1. GENERAL**

|  |  |
| --- | --- |
| Date of visit(s): |  |
| Lead Social Worker’s name: |  |
| Qualifications obtained and year: |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Office address: |  |
| Name of social worker attending visit with Lead worker *[state qualifications if different to social worker undertaking initial screen]* |  |

**2. DATE OF INTENDED PLACEMENT (For Regulation 24 assessment)**

|  |  |
| --- | --- |
| Intended date |  |

**3. ASSESSMENT OF PROSPECTIVE CARER(S)**

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| --- |
| **Background information:** |
|  |
| **Motivation and commitment to provide care**  |
|  |

|  |
| --- |
| **Prospective carer(s)’ understanding of the caring task and of the concerns of the Local Authority**  |
|  |

|  |
| --- |
| **Parenting experience/experience with children – personal/professional/voluntary** |
|  |

|  |
| --- |
| **Past/present involvement with agencies**  |
|  |

|  |
| --- |
| **Physical/mental health issues of prospective carer(s)** |
|  |

|  |
| --- |
| **Relationship(s)/marriage(s)** |
|  |

|  |
| --- |
| **Family and support networks**  |
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| --- |
| **Accommodation/Health & Safety** |
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| --- |
| **Employment/working arrangements** |
|  |

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| --- |
| **Financial issues** |
|  |

|  |
| --- |
| **Lifestyle issues that could impact on caring task** |
|  |

**Any other issues that impact on the applicant(s)’ capacity to care for the child/children** |
|  |

**4. ANALYSIS OF STRENGTHS AND CONCERNS**

|  |  |
| --- | --- |
| *Strengths* | *Concerns/issues* |
|  |  |
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| --- |
| **5. RECOMMENDATION/CONCLUSION OF SOCIAL WORKER****Fostering social worker:****Recommendation/set out whether further assessment and which assessment is required.** |
|  |

|  |
| --- |
| **6. VIEWS OF APPLICANT(S) ON THIS ASSESSMENT****Prospective Carers:**I/we declare that, to the best of my/our knowledge, the information provided to Children Services for this viability assessment is correct. I/We have read this report and been given opportunity to amend where necessary any information in this report which I/we believe to be incorrect. I/we *[agree with the report]* / *[do not agree with the report for the reasons set out below*.]Signed Dated Name: Signed Dated Name: **Views of applicant after viewing the draft assessment:**  |
|  |

|  |
| --- |
| **Any amendments made to this assessment following the applicant(s)’ comments:** |
|  |

**7. SIGNATURES & APPROVAL**

**Fostering social worker:**

I have written this report from my reading of available Children Services’ records and from my own personal knowledge. I believe that the facts stated in this report are true.

Signed Dated

Name:

**Fostering Manager’s Recommendation/Comments**

Signed Dated

Name:

**Head of Service Decision (only for Regulation 24 Assessment)**

|  |  |
| --- | --- |
|  | Agreement to placement, which gives status of carers as temporary foster carers. A full assessment of the carers is required within 16 weeks. |
|  | Placement is not suitable and alternative arrangements are needed. |
| Comments: |
|  | HOS (Care, Placements & EDS)  |  | Date |