**Wiltshire Council**

**Supported Lodgings Scheme**

Schedule 3 Regulation 26(2) Qualifying Carer’s Assessment

**PRIVATE & CONFIDENTIAL**

**This report is the property of Wiltshire Council and is written in connection with an application for approval of Lodgings Providers or other carers.**

**Schedule 3** Regulation 26 (2) **Qualifying Carer’s Assessment** should only be used by social workers or the accommodation officer who have read, understood, and are familiar with the accompanying guidance notes.

FRONT SHEET

| Name of applicant(s) |
| --- |
|  |

| Social worker’s/Accommodation officer’s recommendation  |
| --- |
|  |

| **Name of Supported Lodgings service** | Wiltshire Council Family Placement: Supported Lodgings Team |
| --- | --- |
| **Address** | County HallTrowbridgeBA14 8JN |
| **Name of social worker or accommodation officer** |  |
| **Email** |  |
| **Telephone** | 01225 716510 |
| **Name of team manager** |  |
| **Email** |  |
| **Telephone** | 01225 716510 |

| Date application accepted |  |
| --- | --- |
| **Date assessment completed** |  |
| **Date assessment updated**  |  |

|  |
| --- |
| **Pen picture of the applicant(s)**  |
|  |

SECTION A (PART 1)

APPLICANT 1

| Family name |  |
| --- | --- |
| Previous name |  |
| Forenames |  |
| Other “known by” names |  |
| Date of birth  |  | **Age** |  |
| Place of birth |  |

APPLICANT 2

| Family name |  |
| --- | --- |
| Previous name |  |
| Forenames |  |
| Other “known by” names |  |
| Date of birth  |  | **Age** |  |
| Place of birth |  |

HOME ADDRESS

| Address  |  |
| --- | --- |
| Length of time at this address |  |

**IDENTITY**

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| Sex  |  |  |
| Nationality |  |  |
| Ethnicity |  |  |
| Primary language spoken in the home |  |  |
| Other language/s spoken in the home |  |  |
| **Religion or faith group** |  |  |
| **Practising or non-practising** |  |  |
| **Is the applicant registered as disabled?** |  |  |

PARTNERSHIP STATUS

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| If the applicant is married or has registered a civil partnership, give date and place of marriage/registration |  |  |
| **If the applicant is living with a partner, date on which they set up a household together** |  |  |

CHILDREN UNDER 18 LIVING IN THE HOUSEHOLD

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name** | **Forename/s** | **Sex**  | **Date of birth** | **Age** | **Relationship to applicant(s)**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**ADULTS LIVING IN THE HOUSEHOLD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name** | **Forename/s** | **Sex**  | **Date of birth** | **Age** | **Relationship to applicant(s)**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**CHILDREN (UNDER 18) FROM A CURRENT OR PREVIOUS PARTNERSHIP LIVING ELSEWHERE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name** | **Forename/s** | **Sex**  | **Date of birth** | **Age** | **Relationship to applicant(s)**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**ADULT CHILDREN LIVING ELSEWHERE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name** | **Forename/s** | **Sex**  | **Date of birth** | **Age** | **Relationship to applicant(s)**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**PREVIOUS PARTNERS**

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| If the applicant is separated or divorced or has dissolved a civil partnership, give date and name of partner |  |  |
| **If the applicant had set up a household with a previous partner, give date when this ended and name of partner** |  |  |

APPLICATIONS TO FOSTER, ADOPT OR CHILD-MIND

| Has the applicant previously applied to become a foster carer, adopter or child-minder? | YES/NO |
| --- | --- |
| If yes, give details of the date, name and address of the agency/service, type of application and outcome |
|  |

| Has any member of the household previously applied to become a foster carer, adopter or child-minder? | YES/NO |
| --- | --- |
| If yes, give details of the date, name and address of the agency/service, type of application and outcome |
|  |

| Has the applicant been an approved foster carer in the preceding 12 months?  | YES/NO |
| --- | --- |
| If yes, give the name and address of the fostering service, the date a reference was requested, the date any reference was received, and any further relevant details |
|  |

ENHANCED DBS CHECKS (APPLICANTS AND ADULT HOUSEHOLD MEMBERS)

| Name  | Date check completed |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
| Give details of any contra-indications arising from Enhanced DBS checks and how these have been considered/ addressed. Alternatively, note briefly and cross-reference to the relevant section in the assessment report. |
|  |

**HOME LOCAL AUTHORITY CHECK**

| Name of home local authority  |  |
| --- | --- |
| Date of residence in this local authority |  |
| Name of referee and status |  |
| Date check completed |  |
| Give details of any contra-indications arising from the local authority checks and how these have been considered/ addressed. Alternatively, note briefly and cross-reference to the relevant section in the assessment report. |
|  |

HEALTH

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| Name of General Practitioner  |  |  |
| **Name of GP practice** |  |  |
| **Name of fostering service medical adviser** |  |  |
| **Date(s) of medical adviser report**  |  |  |
| **Medical adviser comments** |  |  |
| Give details of any contra-indications arising from the applicant’s health and how these have been considered/ addressed. Alternatively, note briefly and cross-reference to the relevant section in the assessment report. |
|  |

HOUSEHOLD ACCOMMODATION

| Describe the home including the bedroom(s) and facilities provided e.g. broadband, tv, dvd player, washing machine, hairdryer |
| --- |
|  |
| Briefly describe the neighbourhood, community and access to key services  |
|  |
| Date of health and safety assessment using a health and safety checklist (this may be included in Section C)  |  |
| Provide details of any outstanding health and safety issues |
|  |

PERSONAL REFERENCES (REQUIRED)

|  | Referee 1 | Referee 2 |
| --- | --- | --- |
| Name |  |  |
| Address |  |  |
| Relationship to applicants/s |  |  |
| Number of years known |  |  |
| Date interviewed |  |  |
| Written reports of these interviews should be included in Section C |

**SECTION A (PART 2)**

**EMPLOYMENT OR OCCUPATION**

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| **Current employment or occupation (if any)** |  |  |
| **Name of current employer/organisation** |  |  |
| **Current hours of work** |  |  |
| **Any planned changes to hours of work** |  |  |
| **Date reference was completed** |  |  |
| **Employer references should be included in Section C. Give details of any contra-indications arising from the current employer referee and how these have been considered/ addressed.** Alternatively, note briefly and cross-reference to the relevant section in the assessment report. |
|  |

PREVIOUS EMPLOYMENT OR OCCUPATION INVOLVING CHILDREN OR VULNERABLE ADULTS

**APPLICANT 1**

| Name of employer or organisation | Dates employed | Date of any completed reference |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Previous employer references may be included in Section C. Give details if any checks were not sought or not received. Give details of any contra-indications arising from the previous employers’ references and how these have been considered/ addressed**. Alternatively, note briefly and cross-reference to the relevant section in the assessment report. |
|  |

**APPLICANT 2**

| Name of employer or organisation | Dates employed | Date of any completed reference |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Previous employer references may be included in Section C. Give details if any checks were not sought or not received. Give details of any contra-indications arising from the previous employers’ references and how these have been considered/ addressed**. Alternatively, note briefly and cross-reference to the relevant section in the assessment report. |
|  |

HOUSEHOLD FINANCE

|  |  |
| --- | --- |
| Has a financial assessment form been completed? (If yes, this may be included in Section C)  | YES/NO |
| Provide details of the applicant(s) income and expenditure. Describe how this has been verified and note any implications for fostering. |
|  |

PETS AND ANIMALS

|  |  |
| --- | --- |
| Has a pet questionnaire or checklist been completed? (If yes, this may be included in Section C.) | YES/NO |
| Provide brief details of any pets or animals in the household including species, number and age. Describe the relevance of the pets or animals in relation to fostering. |
|  |

**SECTION A (PART 3)**

**TYPE OF RESOURCE**

|  |  |
| --- | --- |
| **Full Time Supported Lodgings Placement** The Supported Lodgings Scheme provides accommodation. Lodgings Providers offer support in developing independence skills to the young person for between 9 and 24 months in their home. | **YES/NO** |
| **Emergency Supported Lodgings Placement 🞏**The Supported Lodgings Emergency Placement Service will provide temporary accommodation to young people for up to 4 weeks until alternative accommodation is arranged. | **YES/NO** |

**MATCHING CONSIDERATION**

|  |
| --- |
| **Age 16/17** |
| **Care Leaver** | **YES/NO** | **Child in Need** | **YES/NO** | **Independent Young Person** | **YES/NO** |

|  |
| --- |
| **Age 18** |
| **Care Leaver** | **YES/NO** | **Child in Need** | **YES/NO** | **Independent Young Person** | **YES/NO** |

**NUMBER OF YOUNG PEOPLE THE APPLICANT CAN CONSIDER**

|  |  |
| --- | --- |
| **Single Placement** |  |
| **Two Placement** |  |

**GENDER OF YOUNG PEOPLE**

|  |  |
| --- | --- |
| **Male** | **YES/NO** |
| **Female** | **YES/NO** |
| **Either** | **YES/NO** |

**SPECIFIC MATCHING CONSIDERATION**

**The Applicants willing to work with young people who:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Limited** |
| have specific medical needs, eg. insulin dependence |  |  |  |
| have an unclear/unknown medical prognosis |  |  |  |
| have a visual impairment/blind |  |  |  |
| have a hearing impairment / are deaf |  |  |  |
| have mobility difficulties |  |  |  |
| have speech/language difficulties |  |  |  |
| have cerebral palsy |  |  |  |
| have Down's Syndrome |  |  |  |
| have Asperger’s Syndrome / Autism |  |  |  |
| have a high risk of developing a life‑threatening infection / condition  |  |  |  |
| have limited life expectancy |  |  |  |
| are very likely to need special education provision |  |  |  |
| have learning difficulties |  |  |  |
| have severe learning difficulties |  |  |  |
| likely developmental progress is uncertain |  |  |  |
| have facial disfigurement |  |  |  |
| may have been physically abused |  |  |  |
| may have been sexually abused |  |  |  |
| have been neglected |  |  |  |
| have been abandoned |  |  |  |
| have been emotionally abused |  |  |  |
| are unlikely to make relationships easily |  |  |  |
| are likely to have difficulty in bonding with carers over time |  |  |  |
| may display overt behavioural difficulties |  |  |  |
| may display sexualised behaviour to adults and to other young people |  |  |  |
| need to be in control and who may reject authority/ boundaries |  |  |  |
| ethnicity is different from that of the applicant(s)  |  |  |  |
| religion is different from that of the applicant(s) |  |  |  |
| are a refugee / asylum seeker |  |  |  |
| have involvement with the police |  |  |  |
| have anger management difficulties |  |  |  |
| are self-harming |  |  |  |
| have substance abuse / dependent on substances |  |  |  |
| have eating disorders |  |  |  |

|  |
| --- |
| Where you answered no or limited please give further details  |
|  |

SECTION B

About the applicant(s)

|  |
| --- |
| 1. Family background and childhood (including education)
 |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Adult life (including employment and previous relationships)
 |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Personality and current relationship
 |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Household members (including children) and lifestyle
 |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Other children (including adults) and social/ support network
 |
|  |
| Analysis: |
|  |

Capacity to become Lodgings Providers

|  |
| --- |
| 1. Caring for children/young people: providing warmth, empathy and encouragement
 |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Caring for children/young people: providing structure and boundaries
 |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Caring for children/young people: providing durability, resilience and commitment
 |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Caring for children/young people: teaching independent skills

e.g. budgeting, cooking, shopping, cleaning and health appointments |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Working effectively with others
 |
|  |
| Analysis: |
|  |

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| --- |
| 1. Understanding identity and diversity

e.g. gender, faith, ethnic origin, cultural and linguistic background, sexual orientation |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Understanding of young people’s issues

e.g. place in society, social restraints, demonization, positive and negative influences, drug and alcohol use, sexuality, HIV  |
|  |
| Analysis: |
|  |

Preparing to provide Supported Lodgings

|  |
| --- |
| 1. Motivation and timing of application
 |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Preparation, training, and expectations including financial consideration
 |
|  |
| Analysis: |
|  |

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| --- |
| 1. Anticipated impact of supported lodging
 |
|  |
| Analysis: |
|  |

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| --- |
| 1. Understanding of safer caring
 |
|  |
| Analysis: |
|  |

|  |
| --- |
| 1. Future training and development
 |
|  |
| Analysis: |
|  |

SECTION C

Summary and Recommendation

TIMESCALES

| Date of application  |  |
| --- | --- |
| **Date assessment completed** |  |
| **Any comments about duration of assessment** |  |

SUMMARY

| Summary of key factors leading to the recommendation (to include strengths, vulnerabilities and concerns) |
| --- |
|  |

RECOMMENDATION

|  |
| --- |
| This recommendation should include details of the terms of approval (type of fostering and the number and age range of children to be placed) |
|  |

|  |  |
| --- | --- |
| **Name of social worker or senior accommodation officer completing the report** |  |
| **Signature of social worker or senior accommodation officer completing the report** |  |
| **Date** |  |
| **Name of team manager responsible for the report** |  |
| **Signature of team manager responsible for the report** |  |
| **Date** |  |

