|  |  |  |
| --- | --- | --- |
| **Local authority  suitability statement** |  | In the family court sitting at |
|  | In the matter of the Children Act 1989 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names of subject child(ren)** | **Gender** | **Date of Birth** | **Child’s current placement status** | **Child’s current  legal status** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names of adult(s) being assessed** | **Gender** | **Date of Birth** | **Address** | **Telephone Number** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Local Authority and Social Worker details** | |
| Case number |  |
| Filed by [local authority] | Herefordshire |
| This author/witness’s name, qualifications, experience, and office address |  |
| This author/witness’s HCPC registration number |  |
| Date of Discussion & on phone or in person |  |

1. The nominated person(s) was/were aware that they had been identified as prospective carers for the above children? YES/NO (Delete as necessary)
2. The nominated person(s) would like to progress with the pre-viability □

In this instance, if the subsequent sections indicate them as a potential candidate, Team Manager to be informed and form forwarded to Fostering Assessment team.

or

1. The nominated person(s) does/do not wish to progress □

In this instance I have notified the Legal Team and uploaded the form to child’s Mosaic file)

In conclusion

**□** I have undertaken initial enquiries into the suitability of the above to care for ………..……... The results of my enquiries are set out below. I regret to say I cannot recommend that their application progresses to a further assessment.

□ I have told the individuals of the outcome of my assessment and advised them that if they wish to challenge my conclusions they should write to the Local Authority by not later than ……………………………………….

□ I have undertaken initial enquiries into the suitability of the above to care for …………………. and consider that they progress to a Viability Assessment.

|  |  |
| --- | --- |
| **Area of assessment** | **Details** |
| 1. **Information from Police**   **(ensure consent is given by applicant)** |  |
| 1. **Information from children services**   **(ensure consent is given by applicant)** |  |
| 1. **Does the carer understand in broad terms the needs of the child subject to proceedings** |  |
| 1. **Does the carer expresses an authentic willingness to be part of the team around the child until matters are fully resolved** |  |
| 1. **Does the carer understands the level and type of care the child will need throughout their childhood as a consequence of their experiences** |  |
| 1. **Reasons for Recommendation**   **Response of carer when told the recommendation was that no assessment was necessary** |  |

**Name of Social Worker:**

(completing pre-viability)

**Signed:**

**Dated:**

**Name of Manager:**

**Signed:**

**Dated:**