SECTION A - FRONT SHEET

|  |
| --- |
| Purpose of this assessment report - to provide information and analysis regarding the applicant(s): |
| Viability as potential carer of child - to inform if further assessment suitable  Suitability for temporary approval as foster carer (CPPCRR 2010 Reg 24)  Suitability as family and friends foster carer (FSR 2011 Reg 26)  Suitability to be Special Guardian (SGR 2005 Reg 21 Schedule)  Suitability as person with whom child resides under a Child Arrangements Order |
| **Contents** |
| Please tick the relevant sections that are needed for the type of assessment being completed.  (Mandatory sections are already ticked – remember to delete those sections that are not needed from the body of the form).  **Section A** – Front sheet (for all reports)  **Section B** – Applicants, family members and household (for all reports)  **Section C** – Checks, references and interviews (for all reports)  **Section D** – Information about the child (for all reports)  **Section E** – Information about birth family (for SGO/CAO/fostering only)  **Section F** – Additional information for special guardianship orders (for SGO only)  **Section G** – The Skills to Foster assessment: Family and friends foster carers (fostering only)  **Section H** – Summary and recommendations (for all reports) |

|  |  |  |
| --- | --- | --- |
|  | Applicant | Joint applicant |
| **Full name** |  |  |
| **Known as** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/ren to be cared for** | | | |
| **Full name** | **Known as** | **Date of birth** | **Current legal status** |
|  |  |  |  |

|  |
| --- |
| **How do the applicant(s) and child/ren know each other?** |
|  |

|  |
| --- |
| **Reasons for Proposed Placement** |
|  |

|  |  |
| --- | --- |
| **Summary of assessment process** | |
| **Date assessment requested** |  |
| **Date assessment started** |  |
| **Date assessment report completed** |  |
| **Date copy of assessment given to applicants** |  |
| **Reasons for any delay and details of any problems encountered** |  |

|  |  |
| --- | --- |
| **Name of local authority or fostering service** |  |
| **Address** |  |
| **Assessing social worker** |  |
| **Telephone** |  |
| **Email** |  |
| **Social work manager** |  |
| **Telephone** |  |
| **Email** |  |

Tick this box to confirm that all checks have been received SECTION B - APPLICANTS, FAMILY MEMBERS AND HOUSEHOLD

|  |
| --- |
| **DETAILS OF APPLICANTS, FAMILY MEMBERS AND HOUSEHOLD** |
| * For viability and Reg 24, complete as much of Section B Parts 1 & 2 as possible within the timescale of the assessment * For full fostering assessments, Part 1 contains information relating to Stage 1 – use prompt questions about suitability to consider whether to refer to decision maker based on information gathered at Stage 1 * For full fostering and SGO assessments, complete Parts 1 & 2, with Part 2 containing full analysis of relevant information and evidence gathered |

PART 1 - CURRENT DETAILS OF APPLICANTS

|  |  |  |
| --- | --- | --- |
|  | **Applicant one** | **Applicant two (if applicable)** |
| **Name** |  |  |
| **Date of birth** |  |  |
| **Place of birth** |  |  |
| **Address** |  |  |
| **Gender** |  |  |
| **Relationship status** |  |  |
| **Length of partnership  (if applicable)** |  |  |
| **Nationality** |  |  |
| **Immigration status  (if applicable)** |  |  |
| **Ethnic origin** |  |  |
| **Language/s spoken at home** |  |  |
| **Other languages spoken** |  |  |
| **Religion** |  |  |
| Practising/nominal |  |  |
| **Do you consider yourself to have a disability?** | Yes No | Yes No |
| If yes, please give details |  |  |
| **Driving licence?** | Yes No | Yes No |
| Please give details: type of licence, date obtained, any driving offences or penalty points |  |  |
| **Access to a car** | Yes No | Yes No |
| Who owns the vehicle (the applicant or someone else), how many passengers can the car safely take, is it insured for foster care use |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Children under 18 living in household** | | | |
| **Full name** | **Gender** | **Date of birth** | **Relationship to applicant(s)** |
|  |  |  |  |
| **History and life style of under 18s in household** | | | |
|  | | | |

|  |  |
| --- | --- |
| **Any additional comments about children under 18 living in the household or concerns that the applicants may not be suitable? If yes, please give details below.** | Yes  No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Others aged 18+ living in household** | | | |
| **Full name** | **Gender** | **Date of birth** | **Relationship to applicant(s)** |
|  |  |  |  |
| **History and life style of over 18s in household** | | | |
|  | | | |

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| --- | --- |
| **Any additional comments about others aged 18 or over living in the household or concerns that the applicants may not be suitable? If yes, please give details below.** | Yes  No |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant’s children not living in the home, including adult children. If under 18, who are they living with?** | | | | | |
| **Full name** | **Gender** | **Date of birth** | **Address (and name of carer if under 18)** | **Relationship to applicant(s)** | **Regularity of visits** |
|  |  |  |  |  |  |
| **Nature of relationships** | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| **Any additional comments about the applicant’s children not living in the home, including adult children or concerns that the applicants may not be suitable? If yes, please give details below.** | Yes  No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give details of any deceased children** | | | |
| **Full name** | **Gender** | **Date of birth** | **Date of death** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Any additional comments about deceased children or concerns that the applicants may not be suitable? If yes, please give details below.** | Yes  No |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pets in the household** | | | | |
| **Species and type (please be specific)** | **Number** | **Age** | **Summarise any issues (see pet questionnaire/assessment for more detail )** | **Specialist assessment required?** |
|  |  |  |  | Yes  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Regular visitors to the home** | | | | | |
| **Full name** | **Gender** | **Date of birth** | **Relationship to applicant(s)** | **Offering support?** | **DBS required?** |
|  |  |  |  | Yes  No | Yes  No |

|  |
| --- |
| **Accommodation** |
|  |
| **Location and environment** |
|  |

|  |  |
| --- | --- |
| **Any additional comments about the accommodation or location or environment or concerns that the applicants may not be suitable? If yes, please give details below.** | Yes  No |
|  | |

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| --- | --- |
| **Detail of applicant’s relationship(s)** | |
| **Applicant(s) in a current relationship?** | Yes No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship status** | **Date of marriage /civil partnership or start of similar relationship** | **Place of marriage/civil partnership registration if appropriate** | **Certificate seen** | **Details of relationship if not a marriage/civil partnership - include name if single applicant’s partner living elsewhere** |
| Marriage  Civil partnership  Significant relationship |  |  | Yes  No  N/A |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant one: Details of previous relationships** | | | |
| **Name of partner** | **Relationship date from** | **Date of marriage/civil partnership** | **Certificate seen** |
|  |  |  | Yes  No |
| **Relationship status** | **Relationship date to** | **Place of marriage/civil partnership** | **Date certificate seen** |
| Marriage  Civil partnership  Significant relationship |  |  |  |
| **Details of relationship if not in marriage/civil partnership** | | | |
|  | | | |

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| --- | --- |
| **Any additional comments about applicant one’s previous relationships or concerns that the applicants may not be suitable? If yes, please give details below.** | Yes  No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant two: Details of previous relationships** | | | |
| **Name of partner** | **Relationship date from** | **Date of marriage/civil partnership** | **Certificate seen** |
|  |  |  | Yes  No |
| **Relationship status** | **Relationship date to** | **Place of marriage/civil partnership** | **Date certificate seen** |
| Marriage  Civil partnership  Significant relationship |  |  |  |
| **Details of relationship if not in marriage/civil partnership** | | | |
|  | | | |

|  |  |
| --- | --- |
| **Any additional comments about applicant one’s previous relationships or concerns that the applicants may not be suitable? If yes, please give details below.** | Yes  No |
|  | |

PART 2 - FURTHER INFORMATION REGARDING APPLICANTS, THEIR FAMILY MEMBERS AND HOUSEHOLD

|  |
| --- |
| **Family history** |
|  |
| **Relationship history** |
|  |
| **Experience of caring for children** |
|  |
| **Personality, interests and current lifestyle** |
|  |
| **Values, attitudes and aptitudes** |
|  |
| **Motivation** |
|  |
| **Relationship with child** |
|  |
| **Health – including impact on ability to meet the child’s needs** |
|  |
| **Parenting capacity and ability to meet the child’s needs** |
|  |
| **Relationship with the child’s parents** |
|  |
| **Capacity to safeguard the child** |
|  |
| **Attitudes and capacity to promote contact** |
|  |
| **Impact on applicant’s family life** |
|  |
| **How will the child/ren experience this family?** |
|  |
| **Views of household and wider family** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment and finance** | | | | |
| **In current employment?** | **Applicant  one** | Yes No | **Applicant  two** | Yes No |
| If yes, give details:   * Employed/self employed/ unemployed; * Permanent/temporary * Full time/part time; other * Employer’s name * Job title * Hours of work |  | |  | |

|  |  |
| --- | --- |
| **Any additional comments on the impact of employment on the availability of the applicants to care for the child?** | Yes  No |
|  | |
| **NOTE:** There should be no assumptions made that the applicant will give up work. However, the impact of any employment on how the care needs of the child/ren would be met should be explored. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant one: Past employment (please list in date order starting with most recent)** | | | | |
| **Date from** | **Date to** | **Name and address of employer** | **Occupation** | **Work with children or vulnerable adults?** |
|  |  |  |  | Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant two: Past employment (please list in date order starting with most recent)** | | | | |
| **Date from** | **Date to** | **Name and address of employer** | **Occupation** | **Work with children or vulnerable adults?** |
|  |  |  |  | Yes  No |

|  |
| --- |
| **Analysis of financial situation** |
|  |
| NOTE: Has the assessor informed the applicant of the financial implication of approval as a foster carer or special guardian? See guide for further information about self-employed status of foster carers and requesting assessment for special guardianship support. |

SECTION C - CHECKS, REFERENCES AND INTERVIEWS

|  |
| --- |
| This section records the checks, references and interviews completed as part of the assessment. It is divided into five parts. Please tick the boxes for the sections completed. Comment on the information received and any implications in the boxes provided, as appropriate. |
| **Verification of identity** – For all assessments to verify the identity of the applicants, as far as is possible |
| **Interviews** – For all assessments to record the interviews undertaken with applicants, family and household members and the applicant’s support network (references are recorded in Part 1). The record of the interview can be included or stored separately. |
| **Immediate checks** – For viability and Reg 24 assessments only, where statutory checks have not been undertaken. Local policy will determine which, if any, immediate checks are completed. |
| **Part 1 checks** - Checks completed for SGO assessments and required for Stage 1 of fostering assessment (use prompt questions about suitability to consider whether to refer to the decision maker based on information gathered at Stage 1). |
| **Part 2 checks** – Checks completed for SGO assessments and for Stage 2 of a fostering assessment. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Verification of identity** | | | | | | |
|  | **Applicant one** | | | **Applicant two** | | |
| **Full name** |  | | |  | | |
| **List any other names used (check against marriage/civil partnership certificates where changes of name involved)** | | | | | | |
| **Previous name** | |  | | |  | |
| **Dates previous name used** | | From | To | | From | To |
|  |  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth certificate** | Date seen |  | Date seen |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Change of name by Deed Poll (if applicable)** | Name | | Name | |
|  | |  | |
| Date seen |  | Date seen |  |

|  |  |  |
| --- | --- | --- |
| **Passport  (where available)** | Confirm name and nationality on passport is recorded as given – passport number, expiry date and date seen | Confirm name and nationality on passport is recorded as given – passport number, expiry date and date seen |
| **Residency/ immigration status where appropriate.** | Give length of residency and details - date documents seen | Give length of residency and details - date documents seen |
|  |  |
|  |  |  |
| **National Insurance Number** |  |  |
| **Other** | Give details | Give details |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Interviews with applicants** | | | | |
| **Number of times seen alone** | **Applicant one** |  | **Applicant two** |  |
| **Number of times seen together (joint applicants only)** | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Interviews with applicants family and household members** | | | |
| **Interviewee type** | **Name** | **Age** | **Relationship with applicant** |
| Child living at home Child living elsewhere Household member Other family member |  |  |  |
| **Interview date** |  | **Report** | Separate report Report below |
| **Interview details if not attached as separate report** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Interviews with support network** | | | |
| **Interviewee type** | **Name** | **Age** | **Relationship with applicant** |
| Child living at home Child living elsewhere Household member Other family member |  |  |  |
| **Interview date** |  | **Report** | Separate report Report below |
| **Interview details if not attached as separate report** | | | |
|  | | | |

|  |  |
| --- | --- |
| **For viability and reg 24 assessments only** | |
| **Immediate checks** | |
| **Type of inquiry** | **Outcome of inquiry** |
| |  | | --- | | Adult health GP | | Current employer | | Education - for birth child/ren | | Education - if child/ren already cared for | | Health visitor/school nurse for birth child/ren | | Health visitor/school nurse if child/ren cared for | | Home local authority | | Local child protection unit | | PNC | | Previous local authority (if applicable) | | Previous partner | | Voluntary work with children | | Voluntary work with vulnerable adults | | Other - please specify | |  |

|  |  |
| --- | --- |
| **Any additional comments about the checks performed? If yes, please give details below.** | Yes  No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 1** | | | |
| **For full fostering and SGO assessments (includes Stage 1 checks for fostering)** | | | |
| **Applicant’s criminal convictions and cautions. Please tick the boxes for the checks completed:** | | | |
| **Type of check** | | **Applicant one** | **Applicant two** |
| Enhanced DBS (required for fostering and SGO)  Overseas criminal check (if applicant lived abroad)  Army personnel (if person served in army) | **Date sent** |  |  |
| **Date returned** |  |  |
| **Any information obtained?** | Yes  No | Yes  No |

|  |  |
| --- | --- |
| **Any additional comments about the checks performed? If yes, please give details below.** | Yes  No |
|  | |
| **Any additional comments from Senior Manager** | |
|  | |

|  |  |  |
| --- | --- | --- |
| **Enhanced DBS checks: Adult household members** | | |
| **Name of household member** | **Details of enhanced DBS check** | |
|  | **Date sent** |  |
|  | **Date returned** |  |
|  | **Any information obtained?** | Yes  No |

|  |  |
| --- | --- |
| **Any additional comments about the DBS check? If yes, please give details below.** | Yes  No |
|  | |

|  |
| --- |
| **Applicants health** |
|  |

|  |  |
| --- | --- |
| **Any additional comments about the applicants health or concerns about their suitability to foster? If yes, please give details below.** | Yes  No |
|  | |

|  |  |  |
| --- | --- | --- |
| **Local authority check – current address** | | |
|  | **Applicant one** | **Applicant two** |
| **Date sent** |  |  |
| **Date returned** |  |  |
| **Any information obtained?** | Yes  No | Yes  No |

|  |  |
| --- | --- |
| **Any additional comments on the local authority check? If yes, please give details below.** | Yes  No |
|  | |

|  |  |
| --- | --- |
| **Previous applications (foster carer, adopter, special guardian or provider of early or later years**  **care ) made by applicants** | |
| Has either applicant previously applied to become a foster carer, adopter, special guardian or provider of early years or later years care? | Yes  No |

|  |  |  |
| --- | --- | --- |
| **Approved foster carer within last 12 months** | | |
|  | **Applicant one** | **Applicant two** |
| Has the applicant been an approved foster carer for another fostering provider within the last 12 months? | Yes  No | Yes  No |
| Name and address of fostering service |  |  |
| Date request for reference sent |  |  |
| Reference received | Yes  No | Yes  No |
| Date reference received |  |  |

|  |  |
| --- | --- |
| **Any additional comments on the applicants’ previous approval status as a foster carer? If yes, please detail below.** | Yes  No |
|  | |

|  |  |  |
| --- | --- | --- |
| **Previous applications (foster carer, adopter, special guardian or provider of early years or later**  **years care) made by members of the applicant’s household** | | |
| Has any other member of the household previously applied to become a foster carer, adopter, special guardian or provider of early years or later years care? | | Yes  No |
| Name of household member |  | |
| Type of application | Foster carer  Adopter Special Guardian Early/later years care provider | |
| Outcome of application | Approved Approval refused Application withdrawn | |
| Give particulars of the above  (Provide name and address of agency, date of application, preparation for, duration of and details of role undertaken, and reasons for ending of approval/refusal of approval.) |  | |

|  |  |
| --- | --- |
| **Any additional comments on the applicants’ previous application to foster? If yes, please detail below.** | Yes  No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal references** | | | |
| Personal reference for | Name of personal referee | Length of time known | Relationship with applicant |
| Applicant one only  Applicant two only  Both applicants |  |  |  |
| Date requested |  | Date interviewed |  |
| Date written reference received |  | Report of inteview |  |
| Interview details if not attached as separate report | | | |
|  | | | |

|  |
| --- |
| * For SGO assessment, three personal referees are required . * Fostering assessments require a minimum of two personal references (unless a reference is obtained from the fostering service where an applicant has fostered within the last 12 months –in this situation, personal references are not required but are optional ). * Additional personal references may also be obtained and be of value to the assessment, including those from family members. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 2** | | | |
| **For full fostering and SGO assessments (includes Stage 2 checks for fostering)** | | | |
| **Other agency checks, references and interviews** | | | |
| **Type of agency contacted** | | | **In relation to** |
| Local authorities (past addresses) Ofsted/childminding Child Commission (Scotland) Current employer Previous employer if worked with children/vulnerable adults Child’s school Applicant’s child’s school GP Child’s Health – Health visitor/School nurse Applicant’s child’s health – health visitor/school nurse Voluntary work with children Voluntary work with vulnerable adults | | | Applicant one only Applicant two only Both applicants |
| Date requested |  | Interviewed? | Yes  No |
| Date written reference received |  | Report of interview? | Separate report  Report below |
| Interview details if not attached as separate report | | | |
|  | | | |

|  |  |
| --- | --- |
| **Any additional comments on the above checks? If yes, please detail below.** | Yes  No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family member references** | | | |
| Family member reference for | Name of family member referee | Length of time known | Relationship with applicant |
| Applicant one only Applicant two only Both applicants |  |  |  |
| Date requested |  | Date interviewed |  |
| Date written reference received |  | Report of interview | Separate report  Report below |
| Interview details if not attached as separate report | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ex-partner references** | | | |
| Family member reference for | Name of ex-partner referee | Length of time known | Relationship with applicant |
| Applicant one only Applicant two only Both applicants |  |  |  |
| Date requested |  | Date interviewed |  |
| Date written reference received |  | Report of interview | Separate report  Report below |
| Interview details if not attached as separate report | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Internet checks** | | | |
|  | **Applicant one** | **Applicant two** | |
| Date completed |  |  | |
| Any information obtained? | Yes  No | Yes  No |

|  |  |
| --- | --- |
| **Any additional comments or concerns on the internet checks? If yes, please detail below.** | Yes  No |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Safety checklists/plans/assessments** | | | | |
| **Type** | | **Applicant one** | **Applicant two** | |
| Health and safety check  Fire safety/evacuation plan  Pet questionnaire  Pet specialist assessment  Weapons and relevant licences  Other – please specify | Date completed |  |  |

|  |  |
| --- | --- |
| **Any additional comments about the above or concern for the suitability of**  **the applicants? For weapons and relevant licences, give details of firearms**  **and guns owned with licence number(s). If yes, please give details.** | Yes  No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Driving and car ownership** | | | |
|  | | **Applicant one** | **Applicant two** |
| Driving licence  MOT  Car tax  Car insurance | Valid until |  |  |

|  |  |  |
| --- | --- | --- |
| For car insurance, does insurance include business use cover? | Yes  No  Not applicable | Yes  No  Not applicable |

|  |  |
| --- | --- |
| **Any additional comments on the above? If yes, please detail below.** | Yes  No |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other enhanced DBS checks** | | | | |
| **Name of DBS applicant** | **Reason for requesting enhanced DBS check** | **Details of enhanced DBS check** | |
|  |  | Date sent |  |
| Date returned |  |
| Any information provided? | Yes  No |

|  |  |
| --- | --- |
| **Any additional comments on the applicants’ enhanced DBS checks? If yes, please detail below.** | Yes  No |
|  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Testimonials from people known to applicants** | | | | | | |
| **Relates to** | | **Name** | | **Link to applicant** | |
| Applicant one  Applicant two  Both applicants | |  | |  | |
| Interviewed | Yes  No | Written testimonial received | Yes  No | Testimonial /interview report | Separate report  Report below |
| Testimonial /interview report | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| **Child’s details** | |
| Child’s full name |  |
| Gender |  |
| Date and place of birth |  |
| Current address |  |
| Local authority area |  |
| Who is the child currently living with? Give dates |  |
| Is the child looked after by the LA? Give dates |  |
| Is the child subject to any court orders? If so, name the court, the order granted and date |  |
| Nationality and immigration status, where appropriate |  |

**SECTION D – INFORMATION ABOUT THE CHILD**

To be completed by the child’s social worker for all assessments. Information is required about each child for whom the applicant’s ability to care is being assessed.

|  |
| --- |
| **Reasons for proposed placement/order** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Harm suffered/likely to be suffered by the child** | | | | |
|  | | | | |
| **Chronology of child’s care** | | | |
| **Give name, location and relationship of people who have had day to day responsibility for the child’s care** | | | |
| **Date from** | **Date to** | **Care/placement details, including**  **reasons for moves** | **Name of responsible authority**  **(or voluntary organisation)**  **where applicable**  **Chronology of educational provision** |
|  |  |  |  |

|  |
| --- |
| **Physical description and personality** |
|  |

|  |
| --- |
| **Child’s development** |
|  |

|  |
| --- |
| **Identity** |
|  |

|  |
| --- |
| **Child’s likes and dislikes** |
|  |

|  |
| --- |
| **Health** |
|  |

|  |
| --- |
| **Education** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Chronology of educational provision (list most recent first)** | | | |
| **Date from** | **Date to** | **Type of provision** | **Name and address of education provider** |
|  |  | Early years  School  College |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Siblings** | | | |
| **Name** | **Date of birth** | **Gender** | **Relationship** |
|  |  |  | Full sibling  Half sibling  Step sibling  Adopted sibling |

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR SGO APPLICATIONS ONLY** | | | |
| **For all siblings under 18 years, provide the additional information below** | | | |
| Name |  | Name of carer, current address |  |
| Date and place of birth |  | Local authority area |  |
| Is the child looked after? | Yes  No | If yes, give details of any court order including court and date of order |  |

|  |
| --- |
| **Birth family relationships** |
|  |

|  |
| --- |
| **Friendships and other significant relationships** |
|  |

|  |
| --- |
| **Contact** |
|  |

|  |
| --- |
| **Wishes and feelings** |
|  |

|  |  |
| --- | --- |
| **Name of social worker providing information about the child** |  |
| **Name of Local Authority** |  |
| **Telephone** |  |
| **Email** |  |

**SECTION E - INFORMATION ABOUT BIRTH FAMILY**

* To be completed by the child’s social worker.
* For SGO assessments, information about the birth family is required for all of the children for whom the SGO is being considered.
* For fostering assessments, there is no such regulatory requirement. However, to support the assessment of the suitability of the applicants to meet the needs of the specific children to be placed, and to ensure appropriate matching for permanence, this section can be provided to the fostering panel for consideration.

|  |  |
| --- | --- |
| **First birth family details** | |
| **Birth family details for the following children** | |
| **Child’s name** |  |

|  |  |
| --- | --- |
| **Mother’s details** | |
| Mother’s full name |  |
| Date and place of birth |  |
| Address including Local Authority area (give date this was confirmed) |  |
| Nationality and immigration status, where appropriate |  |
| Racial origin and culture |  |
| Language(s) spoken at home |  |
| Other languages spoken |  |
| Current relationship status |  |
| Name of current partner and length of partnership (if applicable) |  |
| Dates of previous marriage(s), civil partnership(s) or significant relationship(s) |  |
| Religion |  |
| Practicing or nominal |  |
| Number and ages of children |  |
| Details of any criminal convictions, cautions or current contact with police or probation |  |

|  |
| --- |
| **Physical description and personality** |
|  |

|  |
| --- |
| **Health history** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Educational history (list in date order starting with most recent)** | | | |
| **Date from** | **Date to** | **School/college/university** | **Qualifications** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment history (list in date order starting with most recent)** | | | |
| **Date from** | **Date to** | **Employer’s name and address** | **Occupation** |
|  |  |  |  |

|  |
| --- |
| **Wishes and feelings of mother** |
|  |

|  |  |
| --- | --- |
| **Father’s details** | |
| Is the father known? | Yes  No |

|  |  |
| --- | --- |
| **If yes:** | |
| Father’s full name |  |
| Date and place of birth |  |
| Address including Local Authority area (give date this was confirmed) |  |
| Nationality and immigration status, where appropriate |  |
| Racial origin and culture |  |
| Language(s) spoken at home |  |
| Other languages spoken |  |
| Current relationship status |  |
| Name of current partner and length of partnership (if applicable) |  |
| Dates of previous marriage(s), civil partnership(s) or significant relationship(s) |  |
| Religion |  |
| Practicing or nominal |  |
| Number and ages of children |  |
| Details of any criminal convictions, cautions or current contact with police or probation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parental responsibility** | | | |
| **Does father have parental responsibility?** | Yes  No | **If yes, how was PR acquired?** |  |

|  |
| --- |
| **Physical description and personality** |
|  |

|  |
| --- |
| **Health history** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Educational history (list in date order starting with most recent)** | | | |
| **Date from** | **Date to** | **School/college/university** | **Qualifications** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment history (list in date order starting with most recent)** | | | |
| **Date from** | **Date to** | **Employer’s name and address** | **Occupation** |
|  |  |  |  |

|  |
| --- |
| **Wishes and feelings of father** |
|  |

|  |
| --- |
| **Details of parent’s relationship** |
| **Parent’s relationship** |
|  |
| **Parent’s responsibility** |
|  |

|  |
| --- |
| **Wishes of extended family and significant others** |
|  |

**SECTION F - ADDITIONAL INFORMATION FOR SPECIAL GUARDIANSHIP ORDERS**

This form is to be completed in addition to Sections A to E and Section H, for a Special Guardianship assessment under the Special Guardianship Regulations 2005.

|  |
| --- |
| **Further details of applicants** |
| **Physical description of the applicant(s)** |
|  |

|  |  |  |
| --- | --- | --- |
| **Family members – Applicant one** | | |
| **Name** | **Parent/sibling** | **Age or age at death** |
|  | Parent  Sibling |  |

|  |  |  |
| --- | --- | --- |
| **Family members – Applicant two** | | |
| **Name** | **Parent/sibling** | **Age or age at death** |
|  | Parent  Sibling |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Chronology of education (list in date order starting with most recent)** | | | |
| **Applicant one** | | | |
| **Date from** | **Date to** | **School/college/university** | **Qualifications** |
|  |  |  |  |
| **Applicant two** | | | |
| **Date from** | **Date to** | **School/college/university** | **Qualifications** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Details of income and expenditure Please use numbers and decimal points only** | | |
| **Household finances per month** | **Applicant one** | **Applicant two** |
| Net earned income |  |  |
| State benefits including child benefit |  |  |
| Tax credits |  |  |
| Any other income |  |  |
| **Total income** |  |  |
| Mortgage/rent |  |  |
| Council tax |  |  |
| Household utility bills |  |  |
| Any significant debts/loans |  |  |
| Any other significant expenditure |  |  |
| **Total outgoings** |  |  |
| **Residual finances (total income – total outgoings)** |  |  |

|  |
| --- |
| **Reasons for applying SGO** |
|  |

|  |
| --- |
| **Reason for solo application (if applicable)** |
|  |

|  |  |
| --- | --- |
| **Is the applicant a local authority foster carer for the child** | Yes  No |

|  |  |
| --- | --- |
| **Has the local authority had any previous involvement with the prospective special guardian(s), including any past preparation for them to be a local authority foster parent/adoptive parent/special guardian?** | Yes  No |

|  |
| --- |
| **Previous Family Court involvement** |
|  |

|  |
| --- |
| **Applicants wishes and feelings regarding contact** |
|  |

|  |
| --- |
| **Religious and cultural upbringing** |
|  |

|  |
| --- |
| **Future expectations** |
|  |

|  |
| --- |
| **Support services** |
|  |

|  |
| --- |
| **Implications of making an SGO** |
|  |

|  |
| --- |
| **Consideration of SGO and other orders** |
|  |

|  |
| --- |
| **Recommendation regarding contact arrangements** |
|  |

**SECTION G - THE SKILLS TO FOSTER ASSESSMENT:  
FAMILY AND FRIENDS FOSTER CARERS**

This section is to be completed in addition to Sections A, B, C, D and H as part of a fostering assessment of a family member, friend or other connected person under the Fostering Services

(England) Regulations 2011.

|  |  |
| --- | --- |
| **Preparation training** | |
| **Name of session** | **Date/s attended** |
|  |  |

|  |
| --- |
| **Post placement support services** |
|  |

|  |
| --- |
| **Skills assessment** |
| In each of the skill categories, comment on the applicant’s skill, qualities, knowledge and abilities, using evidence wherever possible.  Guidance is provided to offer suggestions about what should be considered within each skill category. It is not a list of questions to be asked of the applicant. However, the more points you are able to cover, the more evidence you will be able to present to panel to back up your analysis of the applicant’s abilities and skills. As the assessing social worker, your role is to select key evidence from the information you have gathered during the assessment, and to use it to support your analysis of the carer’s skills in the area under consideration. This informs your overall judgement regarding the applicant’s suitability for the role of foster carer as outlined in the 'Summary and Recommendations'.  The numbers (eg 1.1a; 1.3b etc) listed in the column to the right of the text box for each skill area refer to the TSD Standards for family and friends foster carers. The information gathered and  presented within each skill area may also be used to evidence the relevant TSD Standard. |

|  |  |
| --- | --- |
| **1 UNDERSTAND THE ROLE OF A FAMILY AND FRIENDS FOSTER CARER** | |
| **1.1 Experience of caring for this child** | |
|  | 1.1a |
| **1.2 Support networks** | |
|  |  |
| **1.3 Confidentiality** | |
|  | 1.3b |
| **1.4 Working with the team** | |
|  | 1.1c  1.1d |
| **1.5 Record keeping** | |
|  | 3.2b  3.2c |
| **1.6 Promotion of equality and diversity** | |
|  | 1.2a  1.2b |
| **1.7 Communication skills** | |
|  | 3.1a  3.1b  3.1c |
| **Social worker’s analysis** | |
|  | |

|  |  |
| --- | --- |
| **2 UNDERSTAND HEALTH, SAFETY AND HEALTHY CARE** | |
| **2.1 Fire safety** | |
|  | 2.2b |
| **2.2 Healthy care and lifestyle** | |
|  | 2.3a  2.3b  2.3c  2.3d  4.5a  4.5b |
| **2.3 Safer caring** | |
|  | 5.2a  5.2b  5.2c  5.3a  5.3b  5.3c  5.3d |
| **Social worker’s analysis** | |
|  | |

|  |  |
| --- | --- |
| **3 UNDERSTAND THE DEVELOPMENT OF THE CHILD** | |
| **3.1 Understanding development** | |
|  | 4.1b  4.2b  4.2c |
| **3.2 Understanding and managing behaviour** | |
|  | 2.4a  2.4b  2.4c |
| **3.3 Understanding attachment and resilience** | |
|  | 4.1a  4.2a |
| **3.4 Play and activities** | |
|  | 4.3a  4.3b  4.3c |
| **3.5 Supporting education** | |
|  | 4.4a  4.4b  4.4c |
| **Social worker’s analysis** | |
|  | |

|  |  |
| --- | --- |
| **4 DEVELOP YOURSELF** | |
| **4.1 Understanding the impact of fostering** | |
|  |  |
| **4.2 Providing a positive role model** | |
|  |  |
| **4.3 Dealing with stress** | |
|  | 6.1b |
| **4.4 Professional development** | |
|  | 6.2a |
| **Social worker’s analysis** | |
|  | |

**SECTION H – SUMMARY ANALYSIS AND RECOMMENDATIONS**

In this section, you should (based on your earlier, more detailed analysis) give an overall summary of the applicant’s strengths, summarise any outstanding issues and vulnerabilities, and consider their development and support needs. This will give a clear basis for those reading the report to understand how you arrived at your recommendation.

|  |
| --- |
| **Summary of strengths and reasons for matching** |
|  |

|  |
| --- |
| **Summary of any outstanding issues and/or risks** |
|  |

|  |
| --- |
| **Summary of development and support needs** |
|  |

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| --- |
| **Assessing social worker’s recommendation** |
|  |

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| --- |
| **Applicant’s comments** |
|  |

|  |
| --- |
| **Manager’s comments** |
|  |

|  |  |
| --- | --- |
| **Signatures** | |
| **Applicant one** |  |
| Print name |  |
| Date |  |
| **Applicant two** |  |
| Print name |  |
| Date |  |
| **Assessing social worker** |  |
| Print name |  |
| Date |  |
| **Team manager** |  |
| Print name |  |
| Date |  |

|  |
| --- |
| Outcome (tick the relevant decision in relation this assessment |
| Decision regarding further assessment of connected person (viability)  Decision maker’s decision regarding temporary approval of a connected person (Reg 24)  Decision making process following presentation to fostering panel (fostering assessment)  Decision of the court (SGO and CAO) |

|  |  |
| --- | --- |
| **Outcome details** | |
|  | |
| **Outcome details entered by:** | |
| **Name** |  |
| **Role** |  |
| **Date** |  |

Add new Box **FOR TEMORARY APPROVALS ONLY** – maybe put on additional sheet? – perhaps in the pdf version, this could be added as a YES/NO which then Hides/shows the additional section below?

**Decision**

I approve <name of connected persons> as foster carers for <name of child(ren)> from <date> for a temporary period not exceeding 16 weeks in compliance with Regulation 24 of the Care Planning, Placement and Case Review Regulations (2010)

The period of temporary approval will end on <date>.

I agree that this is the most appropriate placement for the above named children and that it is necessary to place the children before the above named carer(s) can be assessed under the Fostering Regulations 2011.

|  |
| --- |
| Comments |
|  |

|  |  |
| --- | --- |
| Signed: |  |
| Print name: |  |
| Role: |  |
| Date: |  |