**GUIDANCE FOR REFERING TO FFAST FOR CONNECTED PERSONS VIABILITY ASSESSMENT AND SGO REPORTS**

**1. Introduction**

A viability assessment considers the likelihood of carers being able to meet the physical and emotional needs of the child/children now and throughout their childhoods, whether they will be provided with stability and boundaries, and whether they will be safe.

Fostering will undertake SGO viabilities and then full assessments (if suitable) when the child is in pre-proceedings, care proceedings or child is LAC and placed in foster care and those carers are being considered. Equally FFAST will complete the Fostering Assessments when children have, or might be, placed within Kinship Arrangements either planned or under regulation 24. However, the Child’s social worker would still be required to undertaken the Regulation 24 Viability assessment before placing in an immediate situation. However, FFAST will be happy to attend a joint visit and give guidance to the carer on the fostering task and also offer a opinion regarding the suitable of the potential placement meeting fostering standards.

Responsibility needs to be with parents and their advocates about family members put forward – realistic options will be accepted as long as there are referred using the Stage 1+ 2 viability referral form fully completed with~~:~~

* full contact details of requesting social worker
* details of child and parents
* full details of applicants with relevant contact details including telephone numbers
* Police, LA and immigration status checks and details of outcomes and,
* The potential carers understand the implication of agreeing to put themselves forward.

Parents should be encouraged to select their ‘top 2’ options in the first instance.

If children are in pre-proceedings or care proceedings the child’s social worker should consult with FFAST Team Manager or Deputy Team Manager before any agreements are made about timescales for any assessments.

There are two stages to the SGO viability assessment:

**Stage one: Initial screening.** The initial screening is to be used for all assessments and the prospective carer must agree to police and Social Care checks, including any placements made under regulation 24. This stage is completed by the CC social worker.

This stage aims to rule out any potential carer that has no **realistic** chance of being assessed positively as a carer for the child/children. Social Care and police checks are to be undertaken by the child’s social worker team at this stage.

After an initial inspection of records and other checks, any carer not considered to have a realistic chance of being approved are ruled out, and the viability assessment concludes at this stage. If there is no clear evidence to rule the carer out at this stage, an assessment visit will be required.

The screening stage should set out the reasons for the decision as to whether to proceed or not based on the initial information. If the conclusion is that the assessment should stop following the initial screening, then there is no need to complete the rest of the form and the initial screening **is** the viability assessment. In such cases, the Children’s SW Team Manager must comment on reasons for the decision and this should be filed to the courts where required.

If there are any other adults (over 18) in the household, including non-family adults, they must also agree to checks. All parts of the initial screen must be completed, with results of checks, before any request is made for an assessment visit by FFAST.

Unless there are exceptional circumstances, it is expected that FFAST will have a **minimum** of 2 weeks to complete any viabilities, and a minimum of 8 weeks for full assessments. Therefore early communications and referrals are recommended. Any timeframes must be agreed by FFAST before agreement for timeframe is given in court.

The Stage 1 screening viability, (along with the SWET or most recent Single assessment) should be sent to the friends & family duty inbox ([friends&family@gloucestershire.gov.uk](mailto:friends&family@gloucestershire.gov.uk))

when referring for FFAST to undertake viabilities.

**Emergency Placements.**

**If the child is placed in an emergency or needs to be placed imminently, please see guidance regarding Regulation 24 placements – Viabilities for Regulation 24 placements are completed by the Child’s Social Worker and agreed by their manager and service lead. The Agency Decision maker must agree temporary approval of prospective carers under regulation 24, and the ADM will forward this to FFAST who will then undertake the full Fostering Assessment (within 16 weeks). Please note that Regulation 24 should only be used in exceptional situations. All placements, including Kinship should be planned, and carers approved before a child is placed wherever this is possible.**

**Stage two: SGO Viability Assessment Visit.**

The expectation is that the SGO viability assessment will be completed within 10 working days from the point of the request being received, where practicably possible. Time must also be allowed however for sharing documentation; therefore 14 working days are expected and realistic for completion of viabilities. Such timescales must be considered before deadlines are agreed in court arenas. **This viability assessment is completed by the Social Worker from the FFAST**

**Viability Assessment Visit:**

The expectation of this stage is not to provide a full analysis of each of the areas listed below. The level of detail required is that which can be gained from one or two session or visits at this stage. The child social worker and FFAST social worker should attend the first visit together. This enables a united front, ability to discuss concerns and reason behind seeking alternative accommodation for the child, and to ensure knowledge about all parties is share between teams.

The FFAST social worker will produce all written reports, and where needed complete any further visits without the need for the CCSW to attend.

The bullet on appendix B provides prompts for viability assessments. The question list is not exhaustive; social workers must use their assessing skills to elicit appropriate information to make a recommendation. Areas to be covered include:

* Background information about the prospective carers:
* Motivation & commitment to provide care (including attitude to training and development and assessment process - identify any potential issues):
* Prospective carer’s understanding of the caring task and the concerns of the LA:
* Past/present involvement with agencies
* Experience with children – personal/professional/voluntary:
* Physical/mental health issues:
* Relationship(s)/marriage(s):
* Lifestyle issues which could impact on care (including positive impact):
* Lifestyle issues which could impact on care (including positive impact):
* Support and Assistance:
* Accommodation/Health & Safety:
* Employment/working arrangements and finance

All of which must be analysed before recommendations are made. The completed viability assessment will be quality assured and commented on by the FFAST management team.

The assessment will be shared with the potential carers. This will provide them with an opportunity to correct factual inaccuracies and to give a view on the outcome. The carers may wish to seek legal advice if they do not agree with the assessment. If this is advised it should be recorded. Their views and representations should then be considered and whether this impacts on the outcome of the assessment. Note: timescales for completion of viabilities can be short and gaining the views of the carers should be considered when implementing timescales for the viability.

Where the assessment is negative, the fostering social worker will send out a letter to the family informing of the outcome and detailing how they are able to challenge this decision. In the event of a challenge, the relevant service lead will review the assessment where necessary.

**Further assessment following the completion of the viability assessment**

It is the responsibility of the CC social worker to determine the plan for the child or to decide which prospective carer undergoes full assessment. Therefore all viabilities, both positive and negative will be returned to the requesting social worker and their manager. The point of the viability assessment is to determine who is chosen to have a full assessment and this decision should be made in partnership with the children and their families.

The CC social worker’s manager must inform the FFAST Team Manager of the carer(s) who requires full assessment. **No more than two full assessments** should be undertaken per child/ sibling group. Full assessments should not be undertaken as ‘back up’ plans unless in exceptional circumstances.

Timescales for the assessment will be agreed between the Children’s SW team and FFAST at the outset: timescales will vary dependent on proceedings and whether there are prescribed court timescales, and again no timescales under 12 weeks should be agreed in court without discussion with FFAST.

To note: if a prospective carer is not assessed as being able to meet fostering standards, this does not necessarily preclude them from being suitable to care for the child under other orders and should not therefore prevent the progression of a fuller assessment, therefore the recommendations should be clear and any disputes between the two service areas should be resolved in the first instance with a meeting between workers and their managers collectively.

The Special Guardianship assessment should be completed by the FFAST social worker with support from the child’s social worker. The assessment will be completed on the SGO Template. Medical assessment and references will be required of the carer(s). DBS checks will be required of all members of the household aged 18 or over.

The CC social worker will be expected to complete the sections relating to the child and the birth parents (parts 1-3), and send this alongside the full assessment request form. This will act as the referral for FFAST to undertake a full assessment.

Timescales for this assessment should be agreed at the outset. These timescales may have been set within the court timetable if the child/children concerned are subject to care proceedings however consultation should occur with FFAST before agreements about timescales are reached in court. FFAST need a minimum timescale of eight weeks to complete a SGO full assessment.

Assessment completed by FFAST will be quality assured and approved by the FFAST management team. If the report is for the purposes of a SGO then the CC social worker team manager must also agree and sign this assessment, particularly in reference to parts 1-3, before it is sent to Legal who will also check and then filed with the court. Note that this does impact on timescales and all parties must recognise the timeframes in which they are working.

All completed assessments will be returned to the CC social worker and a copy to legal. It is the responsibility of the CC social worker to ensure that papers are filed appropriately. If the fostering social worker is required to attend court, they should be informed of details as soon as possible.

**Appendix B**

**Viability assessment prompts**

**The bullet on appendix B provides prompts for viability assessments. The question list is not exhaustive, social workers must use their assessing skills to elicit appropriate information to make a recommendation.**

Background information about the prospective carers:

* Anything relevant that you feel is useful here.

Motivation & commitment to provide care (including attitude to training and development and assessment process - identify any potential issues):

* What’s the background to the potential carer(s) coming forward to care for the child/ren?
* Relationship to children – how frequent has contact been previously & how good is the relationship with the children?
* Note: The full assessment is very detailed and will involve lots of personal questions about applicants background, DBS checks, medical examinations, referee visits, announced and unannounced visits, training, meetings and court. Are they happy to take part?
* How long is carer prepared to care for? What is their understanding of the commitment that they are talking on? Do they understand that we are assessing for permanency for the child including legal permanency. Are they willing to make such a commitment?
* Have they considered the impact on their lives and on the lives of any children living in the household.
* What is the carer’s level of literacy and numeracy? Are they able to read and write? Are their skills at a level that enables them to contribute to meetings, advocate for child?

Prospective carer’s understanding of the caring task and the concerns of the LA:

• Does the carer understand the concerns of the LA? Does the carer have access to the full facts and reasons why the LA is concerned? ***has permission been sought from the parents to share the reasons with them?***

* Assess whether the carer understands in broad terms the needs of the child and that the carer understands the level and type of care the child will need throughout their minority as a consequence of their experiences
* Is the carer willing to work with services to support the child?
* Could the carer manage contact and be able to work with birth parents; will they adhere to plans? Can they prioritise the children over parents?
* Can they work with Children Services and be part of a team around the child?
* If the child is already placed with the prospective carer(s), ensure that all agencies involved with the child have been asked to comment on the carers’ ability to care for the child, in particular, the Health Visitor if a child is receiving a service from them.

Past/present involvement with agencies

* discussions or concerns regarding involvement from police, probation or adults/children’s services, in Gloucestershire or other Local Authorities
* Please include information relating to the applicant’s childhood as well as the present time (e.g. was prospective carer in the care system? Have the prospective carer’s children been in the care system or cared for by family/friends? Problems with parenting their own children?)
* What is their immigration status? Do they have rights to remain etc.

Experience with children – personal/professional/voluntary:

* Physical punishment; sanctions; use of praise; age appropriate sanctions; etc
* Ability to work within Department Policy re physical punishment and discipline
* How did they raise their own children? What would they do if …?

Physical/mental health issues:

• Anxiety; depression; counselling - historical and current issues

• Alcohol - historical and current issues; what? How much? How often?

• Use of recreational drugs - historical and current; what? How much, how often?

• Does anyone in the household smoke? Who and how many cigarettes? Where?

Would they consider giving up?

• Physical problems or disability?

• Weight problems?

• Any past health conditions that require ongoing management/treatment?

• On major medication (e.g. morphine, anti-depressants)? What’s the physical/emotional impact of medication?

• How does any health condition impact on day to day functioning?

• Name and address of GP.

Relationship(s)/marriage(s):

* Length of current and previous relationship/marriage, date of marriage.
* Any issues within the relationship e.g. Domestic abuse (past and present)
* Significant previous relationships and children from these relationships – include any significant issues. Make it clear that if full assessment happens these significant ex partners will be contacted.

Lifestyle issues which could impact on care (including positive impact):

* Religion; leisure/hobby interests; diet; routines; grandchildren; voluntary work or other commitments

Support and Assistance:

* Explore support network and support available to applicant from Gloucestershire Council.
* Attitude of other family members including own children and extended family
* If single, is there a partner? Will they be involved? How much will they be involved?
* What support do they have in place? Where are they originally from – local or relatives far away?
* Are there children living elsewhere? Any issues?
* Relationship with family members, including child’s birth parents – close/difficult relationships? How often do they see each other? Do birth parents agree with carer being assessed?
* Has prospective carer considered impact of fostering on own children?
* What are the children saying?
* Attitude to DBS checks on those over 18 years in household or who have significant contact?
* Preparation courses and support, allowances and kinship care group.
* Access to community resources – Is there anything nearby? Able to access? Want to access?

Accommodation/Health & Safety:

* How long has prospective carer lived at address?
* Owner occupier/rented/other? Secure tenancy? At risk of repossession? Comment on stability of the accommodation.
* Comment on suitability of home (including garden) for caring – size, safety, hygiene, general condition
* What are proposed sleeping arrangements for the child? Assessing social workers to observe all rooms in the house, particularly the bedroom.
* Number of bedrooms/areas for play or study - would child have his/her own room? If sharing a bedroom, give details and comment on suitability of the proposed arrangement.
* What equipment (e.g. stair gates) would department need to provide?
* Is garden secure? Are there ponds, trampolines or other hazards?
* Are there firearms at the property? Ensure the shotgun/firearms licence is seen. Give details.
* Pets – details and issues arising (e.g. breed, risks, H&S issues)
* Any other Health and safety issues arising from inspection of property.

Employment/working arrangements:

* Full time/part time? What are their jobs? Any flexibility? Has applicant discussed their plan with their manager/boss? If yes, is manager supportive?How this will fit in with caring role?
* Transport to and from school
* School holidays – managing childcare
* Attending meetings
* Contact – able to manage frequency, transport?
* Attending training – commitment to attend

Financial issues:

* Financially stable or not? Any CCJs or bankruptcy? If yes, when? Have you checked the Insolvency register for current bankrupts? Will carer have to give up job to care and will this put huge financial strain on them? Can carer realistically support child?

Analysis of strengths and concerns

* Balancing exercise of the strengths and concerns.
* Taking account of all the information gathered in the interview and the information already held about the child/ren and prospective carer/s, consider suitability/eligibility with regard to the needs of the child/ren

Recommendation

Set out whether or not a full assessment is appropriate. In the event that a full assessment is not considered appropriate, clear reasons need to be set out as to why. This should address why support could not meet the issues identified.