**Placement Viability Assessment/Temporary Approval or immediate placement of a child under regulation 24 (Family and Friends Care)**

**Part 1 – Viability assessment of potential carers (family and friend’s)**

**Section 1**

**Details of Carers, Child(ren) and Parents** **Carer to be assessed details**

|  |  |  |
| --- | --- | --- |
|  | Carer 1 | Carer 2 |
| Forename |  |  |
| Surname |  |  |
| DOB |  |  |
| Address  Telephone number |  |  |
| Gender |  |  |
| PARIS ID |  |  |
| Ethnic Origin |  |  |
| Nationality |  |  |
| Religion |  |  |
| Language spoken at home |  |  |
| Any disability/registered disabled (state if self reported/observed/independent information) |  |  |
| Any medical needs of the carer that we need to be aware of (state if self reported/observed/independent information) |  |  |
| Details of any criminal convictions or cautions or contact with the police (state if self reported/outcome of local police check/independent information) |  |  |
| Details of any previous involvement with CSD |  |  |
| Relationship to the child(ren) to be placed |  |  |

* 1. **Information about the child(ren) to be cared for:**

|  |  |  |
| --- | --- | --- |
|  | Child 1 | Child 2 |
| Name |  |  |
| DOB |  |  |
| PARIS ID |  |  |
| Child’s current legal status |  |  |
| Child’s usual address |  |  |
| Child’s school/preschool/FTE  Does the child have an EHCP? |  |  |
| Any disability |  |  |
| Ethnic Origin |  |  |
| Nationality |  |  |
| Religion (indicate if practising) |  |  |
| First Language |  |  |
|  |  |  |

* 1. **The child(ren’s) parents**

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship to child(ren) (specify if different per sibling) |  |  |  |
| Forename |  |  |  |
| Surname |  |  |  |
| Other names used |  |  |  |
| DOB |  |  |  |
| Gender |  |  |  |
| Current address |  |  |  |
| Telephone numbers |  |  |  |
| Ethnic origin |  |  |  |
| Any known disability |  |  |  |
| Nationality |  |  |  |
| Religion (indicate if practising) |  |  |  |
| Language spoken at home |  |  |  |
| Indicate who has PR for each child |  |  |  |

**Section 2**

**Current situation and planning for the child(ren)**

**TO BE COMPLETED BY THE CHILD’S SOCIAL WORKER**

**2.1 Reason why the child(ren) need to live away from parental home**

*Write a brief description of the Children’s Services concerns about the child(ren) (include why, if Reg 24, the child needs to be CLA? Is the child subject to a safeguarding plan? Give reasons. Any particular risks the carers will need to be able to protect the child(ren) from?*

**2.2 Details of child(ren’s) current Legal Status and any Legal Proceedings**

*What is the child(ren’s) current legal status? Give details of any current or planned legal proceedings, including dates.*

**2.3 Details of Care Plan**

*What is the proposed plan for the child(ren)? Where a Reg 24 is being considered, has consideration also been made to Child Arrangement Order or Special Guardianship Order, please state reasons for this. If the child is a CLA, has the current Care Plan been amended to consider this option?*

**2.4 The child(ren)’s needs**

*Indicate any additional needs that the carer will need to be aware of in caring for the child(ren) to be placed. Include emotional and behavioural needs, their identity needs, family and social relationships and any recent/past events which could effect the child(ren).*

**2.5 The child(ren)’s wishes and feelings**

*Indicate the child(ren)’s views and wishes about this placement. Their views in relation to contact with parents, siblings and other important people.*

**2.6 The parents’ views on proposed placement**

*Include all people with parental responsibility and their views on this placement, include proposed contact arrangements. Do they have any concerns about the placement.*

**Section 3**

**Information about the proposed placement and care arrangements for the child**

**To be completed by the Reg 24 Assessment Social Worker & Child’s Social Worker following a joint visit to the carer’s home with the child’s social worker** (this is in accordance with Schedule 4 in the Care Planning, Placement and Case Review (England) Regulations 2010)

**3.1 Suitability of the accommodation**

*Comment on size of the home, including number of bedrooms and sleeping arrangements for the child(ren). Is the accommodation suitable for the age and developmental stages of the child(ren)? Have you visited the property and viewed the bedrooms? Are there any animals in the home, do they pose any risk to children? Is there any outside space that the child can use? Are there any immediate changes that need to made to improve the accommodation and who will carry these out?*

**3.2 Local neighbourhood and community**

*Describe the local neighbourhood where the home is situated and the resources available in the community to support the child(ren) and the carers, include the carer’s own support network. Will the child be able to continue to attend the same school/preschool/college? If not how will this be enabled?*

**3.3 Care of the child(ren)**

**3.3.1 Carer’s previous experience and capacity to care for children**

*Describe their previous experience for caring for children. If a couple, describe how they work together to provide child care and support each other. Do they have any previous experience in caring for children with extra needs?*

**3.3.2 Carer’s ability to meet the needs of the child(ren)**

*Comment on the carer’s ability to meet the child(ren)’s physical needs, developmental and emotional needs. Can they offer a stable environment for the children and protect the child(ren) against any risks? Are they able to promote positive contact with parents and other family members? Are they able to promote the child(ren)’s learning and development?*

**3.3.3 Carer’s ability to provide long term care**

*Comment on the carer’s availability to provide care for the child(ren) long term, or until the child(ren) reach 18 years of age.*

**3.3.4 What is the carers understanding of the LA concerns**

*Comment on the understanding in relation to the risks to child, their ability to protect and also their ability to maintain relationships with the parents in relation to contact and in working with children’s services*

*Comment on the views of the carers about the concerns and their ability to accept the concerns*

**3.4 Working as part of the Fostering Service**

*Comment on the carer’s understanding of being approved as a foster carer. Are they willing to work as part of the fostering service and be available for regular supervision? Are they able to make themselves available to attend meetings for the child(ren)? Are they happy to have a full assessment to be carried out by the Fostering Service?*

*If carer’s are in agreement with working as part of the fostering service and it progresses to a Reg 24 placement, a Foster Carer’s Agreement needs to be completed at point of placement.*

**Section 4**

**Summary**

**To be completed by the Reg 24 Assessment Social worker and the Child’s social worker**

|  |
| --- |
| **Fostering Social Worker Analysis**  *Social worker’s analysis on the viability of the proposed placement. Please include strength’s and difficulties of the carer’s ability to meet the child(ren)’s needs and if anything would change this. Include a recommendation as to whether this placement is suitable pending further assessments.* |
| **Signed:** |
| **Date:** |

|  |
| --- |
| **Child(ren)’s Social Worker Analysis**  *Social worker’s analysis on the viability of the proposed placement. Please include strength’s and difficulties of the carer’s ability to meet the child(ren)’s needs and if anything would change this. Include a recommendation as to whether this placement is suitable pending further assessments.* |
| **Signed:** |
| **Date:** |

**Section 5**

**Recommendation to Management**

**To be completed by the child(ren)’s social worker**

**Is it recommended that this placement is a viable option for the child(ren) to be placed? Yes No**

**Explain your answer:**

|  |
| --- |
|  |
| **Signed:** |
| **Date:** |

**Approved by Team Manager (Children’s)**

|  |
| --- |
| **Signed:** |
| **Date:** |

**The rest of this form will need to be completed should it be progressing to a temporary approval of a Connected Person for a child under Reg 24 (Family and Friends Care). This should be completed by the child’s social worker.**

**Part 2 – Reg 24 assessment and recommendation**

**Section 6**

**Other people living in the home**

**6.1 Other children in the home**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | DOB | M/F | Relationship to carer and other members on household | Date if seen |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| What is each child’s relationship with the child(ren)to be placed? Are they related to either of the parents of the child(ren) to be placed? Are there any known problematic relationships within the family? | | | | |
|  | | | | |
| What is the child’s view of the proposed placement? | | | | |
|  | | | | |
| Are there any concerns regarding the history and current lifestyle of other children in the household in relation to the needs of any child who is to be placed? | | | | |
|  | | | | |

**6.2 Other adults (age 18+) in the household**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | DOB | M/F | Relationship to carer and other members of the household | Occupation | Date seen | Date and outcome of local police check |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| What is each persons relationship with the child(ren) to be placed? Are they related to either of the parents of the child(ren) to be placed? Are there any known problematic relationships with members of the household and the family? | | | | | | |
|  | | | | | | |
| What is each person’s view of the proposed arrangement for the connected person to care for the child(ren)? | | | | | | |
|  | | | | | | |

**6.3 Other adults who will have regular contact with the child(ren) to be placed, but are not part of the household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | DOB | M/F | Relationship to carer and other members of the household | Date seen |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**6.4 Carer’s own relationship/partnership**

|  |
| --- |
| Please comment on the length and stability of the current relationship. |
|  |
| Details any known current or previous domestic violence between members of the household including the carers. |
|  |

**6.3 Description of carer’s family history**

*Comment on each carer’s experience of their own childhood and upbringing, including the strengths and difficulties. Comment on their relationship with their own parents and siblings, as well as their relationship with each other. Describe their educational achievements and any specific learning difficulties or disability.*

|  |  |
| --- | --- |
| Carer 1 |  |
| Carer 2 |  |

**Section 7**

**Children’s Social worker’s analysis and recommendation**

**7.1 Social worker’s analysis**

* Using the information gathered analyse whether the proposed arrangement will safeguard and promote the child(ren)’s welfare and meet the child(ren)’s needs as set out in the care plan.
* Identify the benefits and any risks to the child(ren) if placed with the carers. Identify any actions to be taken, including additional support services, to minimise and overcome the risks, comment on the commitment of the carers to fulfil these. Identify timescales and arrangements for review.

|  |  |
| --- | --- |
| Benefits | Further comments |
|  |  |
| Risks | Further comments |
|  |  |
| Actions to reduce risk | Outcomes required, including timescale |
|  |  |

**7.2 Recommendation**

**Do you assess the carers to be suitable to care for the child(ren) and be temporarily approved under Reg 24 for a period of 16 weeks for further assessments to be completed? Yes No**

**Rationale for your answer:**

|  |
| --- |
|  |

**If unsuitable are there any changes to be made that would change the recommendation? Will these be carried out, by when and by whom?**

|  |
| --- |
|  |

|  |
| --- |
| **Signed (child’s social worker):** |
| **Date:** |
| **Signed (Child’s Team Manager):** |
| **Date:** |

**Part 3 – Checklist and Head of Service approval**

To be completed by the child(ren)’s social worker and signed by the social worker and manager:

|  |  |
| --- | --- |
| Have TM and HoS agreed that this placement is an immediate placement under Reg. 24 having given full consideration to other options such as Child Arrangement Order  /Special Guardianship/Kinship Care arrangements? | Yes/No |
| Have TM and HoS agreed that this placement with a connected person is the most appropriate placement for the child, and that the immediate need for ta placement is such that it is not possible to assess and approve the connected person as a local authority foster carer in accordance with Fostering Services Regulations prior to the placement? | Yes/No |
| Has the proposed accommodation for the child been visited and carer(s) and all household members been seen? | Yes/No |
| Are the local authority and local police checks for all household members aged 18+ satisfactory? | Yes/No |
| Have, where possible, relevant professionals concerned with the child(ren) been consulted about the placement arrangements and their views on the suitability been reflected in the analysis? | Yes/No |
| Has the Fostering Team Manager been informed of the placement of a child under Reg. 24, have arrangements been made for the full foster carer assessment process to be commenced immediately to get the carers fully approved before the temporary approval expires? | Yes/No |
| Have carers signed the Foster Care Agreement and are the agreeing to undertake a full assessment as local authority foster carers? | Yes/No |
| Are there any obvious barriers at this stage to the carer’s full approval as a local authority foster carer? | Yes/No |
| Have CLA Placement Agreement Forms been completed? | Yes/No |
| Has the carer been given all Essential Information regarding the child(ren)? | Yes/No |
| Has a Medical Consent been signed and given to the carers? | Yes/No |
| Has Reviewing Service been notified? | Yes/No |
| Has the child(ren) been seen on his/her own and his/her wishes, views and feelings been recorded? | Yes/No |
| Has the views of birth parents and others with PR been recorded? | Yes/No |

|  |
| --- |
| **Signed (child’s social worker):** |
| **Date:** |
| **Signed (Child’s Team Manager):** |
| **Date:** |

**Agreement by the child’s Head of Service for temporary approval of the connected person as a local authority foster carer for up to 16 weeks, and for the placement of the children) with the connected person.**

I have read the attached Assessment for Temporary Approval and I agree to:

|  |
| --- |
| Carer 1 (insert name): |
| Carer 2 (insert name): |

Being approved as temporary Torbay Council foster carers for a period of 16 weeks and for:

|  |
| --- |
| Name of child: |
| Name of child: |
| Name of child: |
| Name of child: |
| Name of child: |

Being placed with the above temporary foster carers for up to 16 weeks.

|  |
| --- |
| **Signed (Child’s Head of Service):** |
| **Print Name:** |
| **Date:** |