|  |
| --- |
| **NORTH SOMERSET COUNCIL** |

**PROPOSED CARER**

**VIABILITY ASSESSMENT FORM**

***All references within this Report to “child” include reference to “children”.***

|  |  |  |  |
| --- | --- | --- | --- |
| **SUBJECT CHILDREN** | **FULL NAME(S)** | **DATE OF BIRTH** | **CURRENT PLACEMENT** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **PROPOSED CARER(S)** | **FULL NAME(S)** | **DATE OF BIRTH** |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **LOCAL AUTHORITY ADDRESS AND POST CODE** |  |

|  |  |  |
| --- | --- | --- |
| **COURT DETAILS** | **CASE REFERENCE NUMBER** |  |
| **COURT** |  |
| **TYPE OF PROCEEDINGS** |  |

|  |  |  |
| --- | --- | --- |
| **AUTHORS’ DETAILS** | | |
| **AUTHOR 1** | **NAME** |  |
| **POSITION** | Child’s Social Worker |
| **QUALIFICATIONS AND EXPERIENCE** |  |
| **PARTS OF REPORT COMPLETED** | Children’s Sections |
| **AUTHOR 2** | **NAME** |  |
| **POSITION** |  |
| **QUALIFICATIONS AND EXPERIENCE** |  |
| **PARTS OF REPORT COMPLETED** | Proposed Carer(s) Sections |

**This Assessment form should be read in conjunction with the Screening Assessment form**

**SECTION A: THE CHILD**

**CHILD’S DETAILS (if more than one child is being considered, please reference all children in each section of this assessment form)**

|  |
| --- |
| **Please provide a summary of each child’s individual needs.** |
|  |

**CHILD’S WISHES AND FEELINGS**

|  |
| --- |
| **What are the child’s wishes and feelings about the potential for them to be cared for by the proposed carer/s?** |
|  |

**SECTION B: PROPOSED CARER/S**

**PERSONAL AND HOUSEHOLD DETAILS**

***PROPOSED CARER 1***

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **MOBILE TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **RELATIONSHIP WITH CHILD** |  |

***PROPOSED CARER 2***

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **MOBILE TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **RELATIONSHIP WITH CHILD** |  |

**HOUSEHOLD MEMBERS (including any children under the age of 18)**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURNAME** | **FORENAMES** | **DATE OF BIRTH** | **RELATIONSHIP TO PROPOSED CARER/S** |
|  |  |  |  |
|  |  |  |  |

**PROPOSED CARER 1: FURTHER INFORMATION**

**NATIONALITY AND IMMIGRATION STATUS**

|  |
| --- |
| **What nationality is the proposed carer?** |
|  |

|  |  |
| --- | --- |
| **Has formal evidence of nationality been seen?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **What evidence of nationality has been seen? If no evidence has been seen, please give reasons.** |
|  |

|  |
| --- |
| **Date upon which evidence of nationality was seen.** |
|  |

|  |
| --- |
| **Where the proposed carer is not a U.K. national, please confirm their immigration status and the date upon which this was confirmed.** |
|  |

|  |  |
| --- | --- |
| **Has formal evidence of immigration status been seen?** | |
| **YES** |  |
| **NO** |  |

**RELIGION**

|  |
| --- |
| **What are the proposed carer’s religious beliefs, if any?** |
|  |

|  |  |
| --- | --- |
| **Does the proposed carer practice a religion?** | |
| **YES** |  |
| **NO** |  |

**CRIMINAL CONVICTIONS**

|  |  |
| --- | --- |
| **Does the proposed carer have any criminal convictions, Police cautions or warnings?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If yes, please identify the nature and date of any conviction, caution or warning and the date upon which it was received?** |
|  |

**HEALTH**

|  |  |
| --- | --- |
| **Does the proposed carer have, or have they had, any relevant physical or mental health issues? If yes, please provide details.** | |
| **ALCOHOL DEPENDENCY** |  |
| **DRUG DEPENDENCY** |  |
| **ARTHRITIS** |  |
| **ASTHMA** |  |
| **DIABETES** |  |
| **DEPRESSION** |  |
| **ANXIETY** |  |
| **SELF HARM/SUICIDAL IDEATION** |  |
| **OTHER** |  |

|  |  |
| --- | --- |
| **Does the proposed carer consider themselves to be disabled?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If yes, please explain why?** |
|  |

**RELATIONSHIP STATUS**

|  |  |
| --- | --- |
| **What is the proposed carer’s current relationship status?** | |
| **MARRIED** |  |
| **CIVIL PARTNERSHIP** |  |
| **COHABITING** |  |
| **SINGLE** |  |
| **DIVORCED** |  |
| **SEPARATED** |  |

|  |
| --- |
| **Where the proposed carer is cohabiting, please state for how long they have done so.** |
|  |

|  |  |
| --- | --- |
| **Where the proposed carer is single, please provide the following information:** | |
| **How long have they been in the relationship** |  |
| **How often do they see their partner** |  |
| **How often would their partner spend time with the child** |  |

|  |
| --- |
| **Where the proposed carer is separated or divorced, please provide the date of separation or finalisation of the divorce process.** |
|  |

|  |
| --- |
| **Does the proposed carer intend to cohabit in the future? If yes, please provide timescales.** |
|  |

**RELATIONSHIP HISTORY**

|  |
| --- |
| **Please provide details regarding the proposed carer’s significant previous relationships, including the names of any previous partners, and dates of relationships.** |
|  |

|  |  |
| --- | --- |
| **Is it possible that the proposed carer’s previous partner/s would pose any risk to the child?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If yes, please provide detail of the nature, and the likely significance of the risk.** |
|  |

|  |  |
| --- | --- |
| **Is it possible that the proposed carer’s previous partner/s would offer any support to the proposed carer and the child?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If yes, please provide detail of the nature, and the likely extent of such support.** |
|  |

**OCCUPATION**

|  |  |
| --- | --- |
| **Does the proposed carer work?** | |
| **YES** |  |
| **NO** |  |

|  |  |
| --- | --- |
| **What is the proposed carer’s working pattern currently?** | |
| **FULL TIME** |  |
| **PART TIME** |  |
| **CONTRACTUAL** |  |
| **CASUAL** |  |

|  |
| --- |
| **How many hours does the proposed carer work each week, and what are their usual working hours?** |
|  |

|  |  |
| --- | --- |
| **Does the proposed carer intend to work in the future if caring for the child?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If the child in question is/are below the age of 12 years, how does the proposed carer intend to manage childcare arrangements?** |
|  |

|  |  |
| --- | --- |
| **Will the proposed carer require childcare support?** | |
| **YES** |  |
| **NO** |  |

|  |  |
| --- | --- |
| **Are there other family members available to support the proposed carer with childcare?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **What type of support would be envisaged by the proposed carer?** |
|  |

**PROPOSED CARER 2: FURTHER INFORMATION**

**NATIONALITY AND IMMIGRATION STATUS**

|  |
| --- |
| **What nationality is the proposed carer?** |
|  |

|  |  |
| --- | --- |
| **Has formal evidence of nationality been seen?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **What evidence of nationality has been seen? If no evidence has been seen, please give reasons.** |
|  |

|  |
| --- |
| **Date upon which evidence of nationality was seen.** |
|  |

|  |
| --- |
| **Where the proposed carer is not a U.K. national, please confirm their immigration status and the date upon which this was confirmed.** |
|  |

|  |  |
| --- | --- |
| **Has formal evidence of immigration status been seen?** | |
| **YES** |  |
| **NO** |  |

**RELIGION**

|  |
| --- |
| **What are the proposed carer’s religious beliefs, if any?** |
|  |

|  |  |
| --- | --- |
| **Does the proposed carer practice a religion?** | |
| **YES** |  |
| **NO** |  |

**CRIMINAL CONVICTIONS**

|  |  |
| --- | --- |
| **Does the proposed carer have any criminal convictions, Police cautions or warnings?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If yes, please identify the nature and date of any conviction, caution or warning and the date upon which it was received?** |
|  |

**HEALTH**

|  |  |
| --- | --- |
| **Does the proposed carer have, or have they had, any relevant physical or mental health issues? If yes, please provide details.** | |
| **ALCOHOL DEPENDENCY** |  |
| **DRUG DEPENDENCY** |  |
| **ARTHRITIS** |  |
| **ASTHMA** |  |
| **DIABETES** |  |
| **DEPRESSION** |  |
| **ANXIETY** |  |
| **SELF HARM/SUICIDAL IDEATION** |  |
| **OTHER** |  |

|  |  |
| --- | --- |
| **Does the proposed carer consider themselves to be disabled?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If yes, please explain why?** |
|  |

**RELATIONSHIP STATUS**

|  |  |
| --- | --- |
| **What is the proposed carer’s current relationship status?** | |
| **MARRIED** |  |
| **COHABITING** |  |
| **SINGLE** |  |
| **DIVORCED** |  |
| **SEPARATED** |  |

|  |
| --- |
| **Where the proposed carer is cohabiting, please state for how long they have done so.** |
|  |

|  |  |
| --- | --- |
| **Where the proposed carer is single, please provide the following information:** | |
| **How long have they been in the relationship** |  |
| **How often do they see their partner** |  |
| **How often would their partner spend time with the child** |  |

|  |
| --- |
| **Where the proposed carer is separated or divorced, please provide the date of separation or finalisation of the divorce process.** |
|  |

|  |
| --- |
| **Does the proposed carer intend to cohabit in the future? If yes, please provide timescales.** |
|  |

**RELATIONSHIP HISTORY**

|  |
| --- |
| **Please provide details regarding the proposed carer’s significant previous relationships, including the names of any previous partners, and dates of relationships.** |
|  |

|  |  |
| --- | --- |
| **Is it possible that the proposed carer’s previous partner/s would pose any risk to the child?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If yes, please provide detail of the nature, and the likely significance of the risk.** |
|  |

|  |  |
| --- | --- |
| **Is it possible that the proposed carer’s previous partner/s would offer any support to the proposed carer and the child?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If yes, please provide detail of the nature, and the likely extent of such support.** |
|  |

**OCCUPATION**

|  |  |
| --- | --- |
| **Does the proposed carer work?** | |
| **YES** |  |
| **NO** |  |

|  |  |
| --- | --- |
| **What is the proposed carer’s working pattern currently?** | |
| **FULL TIME** |  |
| **PART TIME** |  |
| **CONTRACTUAL** |  |
| **CASUAL** |  |

|  |
| --- |
| **How many hours does the proposed carer work each week, and what are their usual working hours?** |
|  |

|  |  |
| --- | --- |
| **Does the proposed carer intend to work in the future if caring for the child?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If the child in question is/are below the age of 12 years, how does the proposed carer intend to manage childcare arrangements?** |
|  |

|  |  |
| --- | --- |
| **Will the proposed carer require childcare support?** | |
| **YES** |  |
| **NO** |  |

|  |  |
| --- | --- |
| **Are there other family members available to support the proposed carer with childcare?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **What type of support would be envisaged by the proposed carer?** |
|  |

**PROPOSED CARER/S HOUSEHOLD**

**CRIMINAL CONVICTIONS**

|  |  |
| --- | --- |
| **Does any member of the household have any criminal convictions, Police cautions or warnings?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If yes, please identify the nature and date of any conviction, caution or warning and the date upon which it was received?** |
|  |

**ACCOMMODATION**

|  |  |
| --- | --- |
| **What accommodation does the proposed carer/s currently reside in?** | |
| **OWNED/MORTGAGED** |  |
| **RENTED** |  |
| **OTHER** |  |

|  |  |
| --- | --- |
| **What is the nature of the property?** | |
| **FLAT** |  |
| **HOUSE** |  |
| **MAISONETTE** |  |
| **STUDIO** |  |

|  |
| --- |
| **How many bedrooms does the property have?** |
|  |

|  |  |
| --- | --- |
| **Would the child have their own bedroom/s?** | |
| **YES** |  |
| **NO** |  |

|  |  |
| --- | --- |
| **If the child would not have their own bedroom/s, what sleeping arrangements would be proposed:** | |
| **SHORT TERM** |  |
| **MEDIUM TERM** |  |
| **LONG TERM** |  |

|  |
| --- |
| **Is housing and space a concern?** |
|  |

|  |
| --- |
| **Where applicable, which Local Authority or Housing Association is responsible for the proposed carer/s housing?** |
|  |

|  |  |
| --- | --- |
| **Does the proposed carer/s have a secure tenancy?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If the proposed carer/s does not have a secure tenancy, what can be done to secure their accommodation?** |
|  |

|  |
| --- |
| **What support is available to the proposed carer/s in relation to their living arrangements and who would be responsible for arranging this?** |
|  |

**HEALTH AND SAFETY WITHIN THE HOME**

|  |  |
| --- | --- |
| **In the anticipation of a full Health and Safety Check of the property, does the home appear to be safe and suitable for a child to be placed?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **Please identify any obvious health and safety concerns which would need to be resolved prior to a placement commencing.** |
|  |

|  |
| --- |
| **If there are pets in the home, please describe and explain any considerations required in light of a potential placement?** |
|  |

|  |  |
| --- | --- |
| **Does anyone in the household smoke?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If yes, how will this be managed to minimise the impact on the child?** |
|  |

**PROPOSED CARER/S MOTIVATIONS**

|  |
| --- |
| **What is the proposed carer/s motivation/s for caring for the specific child?** |
|  |

|  |
| --- |
| **What is the proposed carer/s previous childcare experience?** |
|  |

|  |
| --- |
| **What is the proposed carer/s aptitude to provide care?** |
|  |

|  |
| --- |
| **Please provide a brief outline of the proposed carer/s financial circumstances, including whether they can financially support the child.** |
|  |

|  |
| --- |
| **Would the proposed carer/s require financial assistance in order to care for the child?** |
|  |

|  |
| --- |
| **Are there any regular visitors to the home who would either compromise, or support, the proposed carer/s ability to care for the specific child?** |
|  |

|  |
| --- |
| **What is the proposed carer/s view of, and proposals for, managing or making use of any support?** |
|  |

|  |
| --- |
| **Does the proposed carer understand that they may be asked to care for the child permanently until they are 18 years old and are they willing to make this commitment?** |
|  |

|  |  |
| --- | --- |
| **Has the proposed carer been provided with the Local Authority’s kinship care handouts?** | |
| **YES** |  |
| **NO** |  |

**PROPOSED CARER/S RELATIONSHIP WITH THE CHILD**

|  |
| --- |
| **What is the relationship between the child and the proposed carer?** |
|  |

|  |  |
| --- | --- |
| **Does the proposed carer have an established relationship with the child?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **How often does the proposed carer/s se the child, and what is the quality of the time spent together?** |
|  |

|  |
| --- |
| **What does the proposed carer/s know about the specific needs of the child?** |
|  |

|  |
| --- |
| **Can the proposed carer/s describe the child’s personality, likes and dislikes?** |
|  |

|  |
| --- |
| **Is the proposed carer/s aware of any disability or specific learning needs of the child?** |
|  |

|  |
| --- |
| **What is the relationship like between the proposed carer/s and the child’s parents/extended family members?** |
|  |

|  |
| --- |
| **Is there currently any conflict between the proposed carer and the child’s parents?** |
|  |

|  |
| --- |
| **What does the proposed carer/s think the challenges will be if they become the child’s primary carer in relation to working with the child’s parents?** |
|  |

|  |
| --- |
| **How will the proposed carer/s manage contact between the child and their parent/s?** |
|  |

|  |
| --- |
| **Does the proposed carer/s envisage any issues or problems managing contact in the future?** |
|  |

|  |
| --- |
| **What support does the proposed carer/s feel that they may need in relation to contact?** |
|  |

|  |
| --- |
| **What are the views of the proposed carer/s and other members of the household, about the impact of caring for the child on their life?** |
|  |

|  |
| --- |
| **Can the proposed carer/s prioritise the child’s needs above the needs of the child’s parents?** |
|  |

**RISK ASSESSMENT**

|  |  |
| --- | --- |
| **Has the proposed carer/s been made aware of the concerns which led to the Local Authority’s involvement with the child?** | |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **What is the proposed carer/s understanding of, and what was their response to, the presenting concerns of the Local Authority?** |
|  |

|  |
| --- |
| **Was the proposed carer/s aware of the presenting concerns of the Local Authority prior to this Assessment being completed?** |
|  |

|  |
| --- |
| **What is the proposed carer/s ability to protect the child from future risk of harm?** |
|  |

|  |
| --- |
| **How does the proposed carer/s intend to safeguard and meet the child’s needs should they be placed in their care?** |
|  |

|  |
| --- |
| **What support/services are required from the Local Authority, community or extended family network to assist the proposed carer to safeguard and care for the child?** |
|  |

|  |
| --- |
| **Would the proposed carer/s be able to protect the child from any current or future risk of harm, now and until the child is 18 years of age?** |
|  |

**RECOMMENDATIONS (to be completed by the Assessing Social Worker)**

|  |
| --- |
| **What are the potential strengths of a placement with the proposed carer/s?** |
|  |

|  |
| --- |
| **What are the potential limitations of a placement with the proposed carer/s?** |
|  |

|  |
| --- |
| **Please identify any areas of disagreement between the assessing Social Worker and the proposed carer/s?** |
|  |

|  |  |
| --- | --- |
| **Does the proposed carer/s offer a realistic option for the future and long term care of the child in question and is further assessment recommended?** | |
| **YES** |  |
| **NO** |  |

**SECTION C: RECOMMENDATIONS**

|  |
| --- |
| **What is the recommendation of this assessment?** |
|  |

**KINSHIP/FOSTERING TEAM LEADER’S DECISION**

|  |
| --- |
| **Please comment upon the content and recommendations of this report.** |
|  |

**SIGNATURES**

I have written this report from my reading of the Children’s Social Care records and from my own personal knowledge. I believe that the facts stated in this report are true.

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position** | Child’s Social Worker |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position** | Child’s Team Leader |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position** | Kinship Assessing Social Worker |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position** | Kinship Team Leader |
| **Date** |  |