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

**FOSTERING ASSESSMENT /**

**PROPOSED CARER ASSESSMENT REPORT**

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

|  |  |
| --- | --- |
| **SUBJECT CHILDREN** | **FULL NAME(S)** |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **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** |  |
| **QUALIFICATIONS AND EXPERIENCE** |  |
| **PARTS OF REPORT COMPLETED** | Child and Parent Sections (Sections A and B) |
| **AUTHOR 2** | **NAME** |  |
| **POSITION** |  |
| **QUALIFICATIONS AND EXPERIENCE** |  |
| **PARTS OF REPORT COMPLETED** | Proposed Carer(s) Sections (Sections C and D) |

**SECTION A: THE CHILD**

**CHILD’S DETAILS**

***CHILD 1***

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **AGE AT TIME OF ASSESSMENT** |  |
| **PLACE OF BIRTH** |  |
| **GENDER** |  |
| **ETHNICITY** |  |
| **NATIONALITY** |  |
| **MOTHER’S NAME** |  |
| **FATHER’S NAME** |  |

***CHILD 2***

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **AGE AT TIME OF ASSESSMENT** |  |
| **PLACE OF BIRTH** |  |
| **GENDER** |  |
| **ETHNICITY** |  |
| **NATIONALITY** |  |
| **MOTHER’S NAME** |  |
| **FATHER’S NAME** |  |

**CHILD’S CARE HISTORY**

|  |  |
| --- | --- |
| **Who cares for the child currently?** |  |
| **Is the child Looked After by the Local Authority?**  |  |
| **Where the child is Looked After, please identify:** | **Date Child became Looked After** |  |
| **Legal Framework (including type of Order, if present, and date)** |  |
| **Date of child moving to the care of current carer.** |  |

|  |
| --- |
| **If the child is Looked After, please identify the harm which is alleged to have occurred whilst in their parent/s.** |
|  |

|  |
| --- |
| **If the child is Looked After, please explain why it is not considered that they are currently able to live with their parent/s and identify the risks which it is alleged their parent/s pose to their wellbeing and safety.** |
|  |

|  |
| --- |
| **What care is required to keep the child safe now and in the future?** |
|  |

|  |
| --- |
| **Has a Family Group Conference or Family Meeting been held? If yes, please provide details, including the outcome. If not, please explain why.** |
|  |

**DESCRIPTION OF THE CHILD AND THEIR CURRENT/LIKELY FUTURE NEEDS**

***CHILD 1***

**DESCRIPTION AND PERSONALITY**

|  |
| --- |
| **Please describe the child’s personality, interests, like and dislikes.** |
|  |

**IDENTITY**

|  |
| --- |
| **What is the child’s ethnic origin?** |
|  |

|  |
| --- |
| **Please outline the child’s cultural and linguistic background.** |
|  |

|  |
| --- |
| **Please provide detail of the child’s religious persuasion, identifying whether the child has been baptized, confirmed or celebrated a similar ceremony, including the date of that ceremony.** |
|  |

|  |
| --- |
| **What is the child’s nationality and immigration status? Where the child does not have full entitlement to remain in the United Kingdom, please provide details of any legal processes to which the child is subject.**  |
|  |

**HEALTH**

|  |
| --- |
| **Please outline the child’s health history and current health needs, including any treatment which the child is receiving.**  |
|  |

|  |
| --- |
| **Please identify any future health needs which the child is likely to have.**  |
|  |

**EDUCATION**

***Nursery and School Placements***

|  |  |
| --- | --- |
| **Name and Address of Educational placement** | **Dates attended** |
|   |  |
|  |  |
|  |  |

|  |
| --- |
| **Please provide an outline of the child’s educational attainments.**  |
|  |

|  |
| --- |
| **Does the child have an Education, Health and Care Plan under the Education Act 1996 (as amended)?**  |
|  |

|  |
| --- |
| **Please detail the child’s progress and educational needs at school.**  |
|  |

|  |
| --- |
| **What is required to meet the child’s educational needs, now and in the future?**  |
|  |

**EMOTIONAL AND BEHAVIOURAL DEVELOPMENT**

|  |
| --- |
| **Please describe the child’s development in the following areas:**  |
| **Social development and presentation, including self care skills** |  |
| **Emotional development** |  |
| **Behavioural development**  |  |

|  |
| --- |
| **What is required to meet the child’s emotional and behavioural needs, now and in the future?**  |
|  |

***CHILD 2 (Please delete if only one child)***

**DESCRIPTION AND PERSONALITY**

|  |
| --- |
| **Please describe the child’s personality, interests, like and dislikes.** |
|  |

**IDENTITY**

|  |
| --- |
| **What is the child’s ethnic origin?** |
|  |

|  |
| --- |
| **Please outline the child’s cultural and linguistic background.** |
|  |

|  |
| --- |
| **Please provide detail of the child’s religious persuasion, identifying whether the child has been baptized, confirmed or celebrated a similar ceremony, including the date of that ceremony.** |
|  |

|  |
| --- |
| **What is the child’s nationality and immigration status? Where the child does not have full entitlement to remain in the United Kingdom, please provide details of any legal processes to which the child is subject.**  |
|  |

**HEALTH**

|  |
| --- |
| **Please outline the child’s health history and current health needs, including any treatment which the child is receiving.**  |
|  |

|  |
| --- |
| **Please identify any future health needs which the child is likely to have.**  |
|  |

**EDUCATION**

***Nursery and School Placements***

|  |  |
| --- | --- |
| **Name and Address of Educational placement** | **Dates attended** |
|   |  |
|  |  |
|  |  |

|  |
| --- |
| **Please provide an outline of the child’s educational attainments.**  |
|  |

|  |
| --- |
| **Does the child have an Education, Health and Care Plan under the Education Act 1996 (as amended)?** |
|  |

|  |
| --- |
| **Please detail the child’s progress and educational needs at school.**  |
|  |

|  |
| --- |
| **What is required to meet the child’s educational needs, now and in the future?**  |
|  |

**EMOTIONAL AND BEHAVIOURAL DEVELOPMENT**

|  |
| --- |
| **Please describe the child’s development in the following areas:**  |
| **Social development and presentation, including self care skills** |  |
| **Emotional development** |  |
| **Behavioural development**  |  |

|  |
| --- |
| **What is required to meet the child’s emotional and behavioural needs, now and in the future?**  |
|  |

**CONTACT ARRANGEMENTS**

|  |
| --- |
| **What are the current contact arrangements between the child and each of the following persons:** |
| **Mother** |  |
| **Father** |  |
| **Sibling 1** |  |
| **Sibling 2** |  |
| **Proposed Carer/s** |  |
| **Maternal Grandmother** |  |
| **Maternal Grandfather** |  |
| **Paternal Grandmother**  |  |
| **Paternal Grandfather** |  |
| **Other significant persons** |  |

**CHILD’S WISHES AND FEELINGS**

***Child 1***

|  |
| --- |
| **What are the child’s wishes and feelings in relation to the following:** |
| **Contact with his/her parents and family members** |  |
| **Any proposed plans for his/her future care** |  |
| **His/her religious upbringing** |  |
| **His/her cultural upbringing** |  |
| **The proposed carer/s** |  |

|  |
| --- |
| **On what date were the child’s wishes/feelings last explored, and by whom?**  |
|  |

***Child 2 (Please delete where only one child)***

|  |
| --- |
| **What are the child’s wishes and feelings in relation to the following:** |
| **Contact with his/her parents and family members** |  |
| **Any proposed plans for his/her future care** |  |
| **His/her religious upbringing** |  |
| **His/her cultural upbringing** |  |
| **The proposed carer/s** |  |

|  |
| --- |
| **On what date were the child’s wishes/feelings last explored, and by whom?**  |
|  |

**SECTION B: THE CHILD’S PARENTS**

**THE CHILD’S MOTHER**

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **AGE AT TIME OF ASSESSMENT** |  |
| **PLACE OF BIRTH** |  |
| **GENDER** |  |
| **ETHNICITY** |  |
| **CURRENT ADDRESS** |  |
| **LOCAL AUTHORITY AREA** |  |

**MOTHER’S CURRENT PARTNER (If not the child’s Father)**

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |

**DESCRIPTION OF MOTHER AND PERSONALITY**

|  |
| --- |
| **Please describe the Mother’s personality, interests, like and dislikes.** |
|  |

**MOTHER’S IDENTITY**

|  |
| --- |
| **What is the Mother’s ethnic origin?** |
|  |

|  |
| --- |
| **Please outline the Mother’s cultural and linguistic background.** |
|  |

|  |
| --- |
| **Please provide detail of the Mother’s religious persuasion.** |
|  |

|  |
| --- |
| **What is the Mother’s nationality and immigration status? Where the Mother does not have full entitlement to remain in the United Kingdom, please provide details of any legal processes to which the Mother is subject.**  |
|  |

**HEALTH**

|  |
| --- |
| **Please outline the Mother’s health history.**  |
|  |

|  |
| --- |
| **Does the Mother have any serious physical or mental illness, hereditary disease, disorder or disability? If yes, please provide details.**  |
|  |

**EDUCATION**

|  |
| --- |
| **Please outline the Mother’s educational history and attainment, in so far as is known, including any qualifications obtained.**  |
|  |

|  |
| --- |
| **Please detail the Mother’s previous and current employment.** |
|  |

**FURTHER INFORMATION: MOTHER’S CURRENT PARTNER (where applicable)**

|  |
| --- |
| **Is Mother in a relationship currently?** |
|  |

|  |
| --- |
| **If Mother is in a relationship with someone other than the child’s Father, please identify when the relationship began and its legal status.** |
|  |

|  |
| --- |
| **Is Mother cohabiting with her current partner? If no, please outline how frequently they see one another.**  |
|  |

**RELATIONSHIP BETWEEN MOTHER AND CHILD**

|  |
| --- |
| **Please describe the Mother’s relationship with the child historically, including the extent of the care which Mother has provided to the child and observation of the Mother/child bond** |
|  |

|  |
| --- |
| **Please describe the Mother’s current relationship with the child, including detail of the Mother/child bond.** |
|  |

**MOTHER’S WISHES AND FEELINGS**

|  |
| --- |
| **What are the Mother’s wishes and feelings in relation to the following:** |
| **Contact with the child** |  |
| **Any proposed plans for the child’s future care** |  |
| **The child’s religious upbringing** |  |
| **The child’s /s cultural upbringing** |  |

|  |
| --- |
| **On what date were the Mother’s wishes/feelings last explored, and by whom?**  |
|  |

|  |
| --- |
| **What is the proposed contact plan between the child and Mother?**  |
|  |

**THE CHILD’S FATHER**

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **AGE AT TIME OF ASSESSMENT** |  |
| **PLACE OF BIRTH** |  |
| **GENDER** |  |
| **ETHNICITY** |  |
| **CURRENT ADDRESS** |  |
| **LOCAL AUTHORITY AREA** |  |

**FATHER’S CURRENT PARTNER (If not the child’s Mother)**

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |

**PARENTAL RESPONSIBILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does Father share parental responsibility for the child?**  |  | **YES** | **NO** |
| **CHILD 1** |  |  |
| **CHILD 2** |  |  |

|  |
| --- |
| **For each child please state how Father acquired parental responsibility.** |
|  |

|  |
| --- |
| **If parental responsibility was obtained through either an Agreement or Court Order, please identify the nature of the legal document, and the date.**  |
|  |

**DESCRIPTION OF FATHER AND PERSONALITY**

|  |
| --- |
| **Please describe the Father’s personality, interests, like and dislikes.** |
|  |

**FATHER’S IDENTITY**

|  |
| --- |
| **What is the Father’s ethnic origin?** |
|  |

|  |
| --- |
| **Please outline the Father’s cultural and linguistic background.** |
|  |

|  |
| --- |
| **Please provide detail of the Father’s religious persuasion.** |
|  |

|  |
| --- |
| **What is the Father’s nationality and immigration status? Where the Father does not have full entitlement to remain in the United Kingdom, please provide details of any legal processes to which the Father is subject.**  |
|  |

**HEALTH**

|  |
| --- |
| **Please outline the Father’s health history.**  |
|  |

|  |
| --- |
| **Does the Father have any serious physical or mental illness, hereditary disease, disorder or disability. If yes, please provide details.**  |
|  |

**EDUCATION**

|  |
| --- |
| **Please outline the Father’s educational history and attainment, in so far as is known, including any qualifications obtained.**  |
|  |

|  |
| --- |
| **Please detail the Father’s previous and current employment.** |
|  |

**FATHER’S CURRENT PARTNER (where applicable)**

|  |
| --- |
| **Is Father in a relationship currently?** |
|  |

|  |
| --- |
| **If Father is in a relationship with someone other than the child’s Mother, please identify when the relationship began and its legal status.** |
|  |

|  |
| --- |
| **Is Father cohabiting with his current partner? If no, please outline how frequently they see one another.**  |
|  |

**RELATIONSHIP BETWEEN FATHER AND CHILD**

|  |
| --- |
| **Please describe the Father’s relationship with the child historically, including the extent of the care which Father has provided to the child and observation of the Father/child bond.** |
|  |

|  |
| --- |
| **Please describe the Father’s current relationship with the child, including detail of the Father/child bond.** |
|  |

**FATHER’S WISHES AND FEELINGS**

|  |
| --- |
| **What are the Father’s wishes and feelings in relation to the following:** |
| **Contact with the child** |  |
| **Any proposed plans for the child’s future care** |  |
| **The child’s religious upbringing** |  |
| **The child’s cultural upbringing** |  |

|  |
| --- |
| **On what date were the Father’s wishes/feelings last explored, and by whom?**  |
|  |

|  |
| --- |
| **What is the proposed contact plan between the child and Father?**  |
|  |

**THE RELATIONSHIP BETWEEN THE CHILD’S PARENTS**

|  |
| --- |
| **When did the parents commence a relationship and how did they meet?**  |
|  |

|  |
| --- |
| **Please confirm the legal status of the parents’ relationship currently and historically.**  |
|  |

|  |
| --- |
| **Were the parents married at the time of the child’s birth?**  |
|  |

|  |
| --- |
| **If the parents are no longer in a relationship with one another, please confirm the date upon which their relationship ended.**  |
|  |

|  |
| --- |
| **Please provide detail of the parents’ relationship historically, including any information concerning the nature of the relationship such as, for example, domestic abuse, or a carer relationship.**  |
|  |

|  |
| --- |
| **Please provide detail of the parents’ current relationship with one another.** |
|  |

**THE CHILD’S SIBLINGS (where not part of this assessment)**

***SIBLING 1***

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **AGE AT TIME OF ASSESSMENT** |  |
| **PLACE OF BIRTH** |  |
| **GENDER** |  |
| **ETHNICITY** |  |
| **NATIONALITY** |  |
| **MOTHER’S NAME** |  |
| **FATHER’S NAME** |  |

|  |
| --- |
| **Where does the child’s sibling live, and with whom?**  |
|  |

|  |
| --- |
| **What is the legal status of the child’s sibling?**  |
|  |

|  |
| --- |
| **Is the child’s sibling subject to a legal order? If yes, please provide details of the type and date of any Court order.**  |
|  |

|  |
| --- |
| **What are the wishes and feelings of the child’s sibling regarding the child’s future care and contact?**  |
|  |

|  |
| --- |
| **When were the sibling’s wishes and feelings obtained, and by whom?**  |
|  |

***SIBLING 2***

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **AGE AT TIME OF ASSESSMENT** |  |
| **PLACE OF BIRTH** |  |
| **GENDER** |  |
| **ETHNICITY** |  |
| **NATIONALITY** |  |
| **MOTHER’S NAME** |  |
| **FATHER’S NAME** |  |

|  |
| --- |
| **Where does the child’s sibling live, and with whom?**  |
|  |

|  |
| --- |
| **What is the legal status of the child’s sibling?**  |
|  |

|  |
| --- |
| **Is the child’s sibling subject to a legal order? If yes, please provide details of the type and date of any Court order.**  |
|  |

|  |
| --- |
| **What are the wishes and feelings of the child’s sibling regarding the child’s future care and contact?**  |
|  |

|  |
| --- |
| **When were the sibling’s wishes and feelings obtained, and by whom?**  |
|  |

**SECTION C: PROPOSED CARER/S**

**PERSONAL AND FAMILY DETAILS**

***PROPOSED CARER 1***

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **AGE AT TIME OF ASSESSMENT** |  |
| **PLACE OF BIRTH** |  |
| **GENDER** |  |
| **ETHNICITY** |  |
| **NATIONALITY** |  |
| **RELATIONSHIP WITH CHILD** |  |

***PROPOSED CARER 2***

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **AGE AT TIME OF ASSESSMENT** |  |
| **PLACE OF BIRTH** |  |
| **GENDER** |  |
| **ETHNICITY** |  |
| **NATIONALITY** |  |
| **RELATIONSHIP WITH CHILD** |  |

|  |  |
| --- | --- |
| **ADDRESS OF PROPOSED CARER/S** |  |
| **LOCAL AUTHORITY AREA** |  |
| **LENGTH OF TIME AT ADDRESS** |  |

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

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

**CHILDREN OF PROPOSED CARER/S NOT LIVING IN THE HOME (adult and those under the age of 18)**

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

**PROPOSED CARER 1: DETAILED INFORMATION**

**DESCRIPTION AND PERSONALITY**

|  |
| --- |
| **Please describe the proposed carer’s personality?**  |
|  |

|  |
| --- |
| **Please provide detail of the proposed carer’s interests and leisure activities.** |
|  |

**IDENTITY**

|  |
| --- |
| **What is the proposed carer’s ethnic origin?** |
|  |

|  |
| --- |
| **What is the proposed carer’s linguistic background?** |
|  |

|  |
| --- |
| **What is the proposed carer’s cultural background?** |
|  |

|  |
| --- |
| **Please provide detail of the proposed carer’s religious persuasion, including whether he/she practices a religion and how frequently.** |
|  |

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

|  |
| --- |
| **What is the proposed carer’s immigration status? If the proposed carer does not have indefinite leave to remain in the United Kingdom, please advise as to whether he/she is subject to any legal processes, including the status of that process.** |
|  |

|  |
| --- |
| **Is the proposed carer willing to follow the wishes of the child and his/her parent/s regarding the child’s religious and cultural upbringing?**  |
|  |

|  |
| --- |
| **How does the proposed carer intend to meet the child’s identity needs?**  |
|  |

|  |
| --- |
| **What is the proposed carer’s understanding of the child’s identity needs?**  |
|  |

**FAMILY HISTORY OF PROPOSED CARER**

|  |
| --- |
| **Please provide detail of the proposed carer’s parents and siblings, including their ages, or age at death.**  |
| **SURNAME** | **FORENAMES** | **DATE OF BIRTH** | **RELATIONSHIP TO PROPOSED CARER/S** | **CURRENT AGE OR AGE AT DEATH (please mark as “Deceased” where appropriate)** |
|   |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Please provide an outline of the proposed carer’s own history, including their childhood history and experience of being parented.** |
|  |

|  |
| --- |
| **Please provide detail of the nature of the proposed carer’s relationship with their own parent/s both now and historically, including the frequency of contact.** |
|  |

|  |
| --- |
| **Please provide detail of the nature of the proposed carer’s relationship with any siblings both now and historically, including the frequency of contact.** |
|  |

***Chronology of significant life events***

|  |  |
| --- | --- |
| **DATE** | **EVENT** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **What is the proposed carer’s cultural background?** |
|  |

**EDUCATION AND EMPLOYMENT HISTORY OF PROPOSED CARER**

|  |
| --- |
| **Please provide an outline of the proposed carer’s educational history and attainment, including detail of any qualifications obtained.**  |
|  |

|  |
| --- |
| **Please provide detail of the proposed carer’s employment history.** |
|  |

|  |
| --- |
| **If the proposed carer is currently working, please identify their current occupation and working hours.** |
|  |

|  |
| --- |
| **Does the proposed carer intend to alter their working arrangements or hours in the event that they assume the care of the child? If yes, please explain how they intend to do so.** |
|  |

**RELATIONSHIP HISTORY OF PROPOSED CARER**

|  |
| --- |
| **Please provide detail of the proposed carer’s previous relationships, identifying:**1. **The names of all previous partners;**
2. **The legal status of previous relationships, including the dates of any marriages or civil partners, and (where applicable) the dates of dissolution of such relationships;**
3. **The dates upon which previous relationships ended.**
 |
|  |

**PROPOSED CARER 2: DETAILED INFORMATION**

**DESCRIPTION AND PERSONALITY**

|  |
| --- |
| **Please describe the proposed carer’s personality?**  |
|  |

|  |
| --- |
| **Please provide detail of the proposed carer’s interests and leisure activities.** |
|  |

**IDENTITY**

|  |
| --- |
| **What is the proposed carer’s ethnic origin?** |
|  |

|  |
| --- |
| **What is the proposed carer’s linguistic background?** |
|  |

|  |
| --- |
| **What is the proposed carer’s cultural background?** |
|  |

|  |
| --- |
| **Please provide detail of the proposed carer’s religious persuasion, including whether he/she practices a religion and how frequently.** |
|  |

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

|  |
| --- |
| **What is the proposed carer’s immigration status? If the proposed carer does not have indefinite leave to remain in the United Kingdom, please advise as to whether he/she is subject to any legal processes, including the status of that process.** |
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| --- |
| **Is the proposed carer willing to follow the wishes of the child and his/her parent/s regarding the child’s religious and cultural upbringing?**  |
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|  |
| --- |
| **How does the proposed carer intend to meet the child’s identity needs?**  |
|  |

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| --- |
| **What is the proposed carer/s understanding of the child’s identity needs?**  |
|  |

**FAMILY HISTORY OF PROPOSED CARER**

|  |
| --- |
| **Please provide detail of the proposed carer’s parents and siblings, including their ages, or age at death.**  |
| **SURNAME** | **FORENAMES** | **DATE OF BIRTH** | **RELATIONSHIP TO PROPOSED CARER/S** | **CURRENT AGE OR AGE AT DEATH (please mark as “Deceased”** |
|   |  |  |  |  |
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| --- |
| **Please provide an outline of the proposed carer’s own history, including their childhood history and experience of being parented.** |
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| **Please provide detail of the nature of the proposed carer’s relationship with their own parent/s both now and historically, including the frequency of contact.** |
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| --- |
| **Please provide detail of the nature of the proposed carer’s relationship with any siblings both now and historically, including the frequency of contact.** |
|  |

***Chronology of significant life events***

|  |  |
| --- | --- |
| **DATE** | **EVENT** |
|  |  |
|  |  |
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| --- |
| **What is the proposed carer’s cultural background?** |
|  |

**EDUCATION AND EMPLOYMENT HISTORY OF PROPOSED CARER**

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| --- |
| **Please provide an outline of the proposed carer’s educational history and attainment, including detail of any qualifications obtained.**  |
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| --- |
| **Please provide detail of the proposed carer’s employment history.** |
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| --- |
| **If the proposed carer is currently working, please identify their current occupation and working hours.** |
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| **Does the proposed carer intend to alter their working arrangements or hours in the event that they assume the care of the child? If yes, please explain how they intend to do so.** |
|  |

**RELATIONSHIP HISTORY OF PROPOSED CARER**

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| --- |
| **Please provide detail of the proposed carer’s previous relationships, identifying:**1. **The names of all previous partners;**
2. **The legal status of previous relationships, including the dates of any marriages or civil partners, and (where applicable) the dates of dissolution of such relationships;**
3. **The dates upon which previous relationships ended.**
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|  |

**PROPOSED CARER/S RELATIONSHIPS AND SUPPORT NETWORK**

**PROPOSED CARER/S CURRENT RELATIONSHIP**

|  |
| --- |
| **Please Identify the proposed carer’s current relationship status, identifying his/her current partner and their date of birth.** |
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| --- |
| **Please provide detail of all significant events in relation to the proposed carer’s current relationship and identify:**1. **When the relationship commenced;**
2. **Whether the carer and his/her partner cohabit, and the date of that arrangement commencing;**
3. **The proposed carer’s intentions for the future of his/her relationship;**
4. **The date of any marriage or civil partnership;**
5. **The place of any marriage or civil partnership.**
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| **What is the nature of the proposed carer’s relationship with their current partner? Please provide detail of any issues of concern, for instance in respect of domestic abuse, substance misuse, or any child protection/Social Care interventions.**  |
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| --- |
| **What is the stability of the proposed carer’s relationship? Please provide reasons for any view expressed.**  |
|  |

**PROPOSED CARER/S HOUSEHOLD**

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| --- |
| **What is the child’s current and historic relationship with the proposed carer/s and members of the household?**  |
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| --- |
| **Please provide detail of the views of the others in the proposed carer/s household regarding the potential for the child to reside in the household.**  |
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| --- |
| **What is your assessment of the likely future relationship between the child and members of the household having regard to the views expressed.** |
|  |

**WIDER FAMILY AND SUPPORT NETWORK**

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| --- |
| **Please describe the child’s current relationship with their wider family, identifying those family members who are particularly significant for the child.** |
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| --- |
| **What are the views of the proposed carer/s in respect of the child’s wider family and what is their ability and willingness to support a relationship between the child and their wider family in the short, medium and long term?** |
|  |

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| --- |
| **Having regard to the child’s current relationship with their wider family and the views of the proposed carer/s, please provide your opinion as to the child’s likely future relationship with their wider family members.** |
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| --- |
| **What support would be available to the proposed carer/s from the wider family/support network in the event that they were to assume the care of the child? Please identify the type of support, who would offer this and how frequently it would be available.** |
|  |

**PROPOSED CARER/S PARENTING CAPACITY**

**CHILDCARE EXPERIENCE**

|  |
| --- |
| **Please provide detail of the proposed carer/s experience of caring for any children of their own, identifying the timeframes for this experience, and detailing any issues of concern.** |
|  |

|  |
| --- |
| **Please provide detail of the proposed carer/s experience of caring for children other than children of their own, identifying the timeframes for this experience, and detailing any issues of concern.** |
|  |

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| --- |
| **Has the proposed carer/s ever received support from Social Care services in respect of their care of a child? If yes, please outline when this support was provided, by which agency, and what the proposed carer/s believe/s has been learn from this support.** |
|  |

|  |
| --- |
| **How does the proposed carer/s relate to children? Please outline observations of their interaction, responses and understanding of a child’s needs.** |
|  |

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

|  |
| --- |
| **Please describe the nature and quality of the previous relationship between the proposed carer/s and the child, including information regarding the frequency of contact which has taken place.** |
|  |

|  |
| --- |
| **Please describe the nature and quality of the current relationship between the proposed carer/s and the child, including information regarding the frequency of contact which currently takes place.** |
|  |

|  |
| --- |
| **What relationship is it anticipated that the child will have with the proposed carer/s in the future:**1. **In the event that the child is in the proposed carer/s full time care;**
2. **In the event that the child does not move to the proposed carer/s full time care.**
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| --- |
| **Has/have the proposed carer/s cared for the child previously? If yes, please confirm when and the length of any periods of care.**  |
|  |

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| --- |
| **What is/are the proposed carer/s understanding of the child’s experiences and current situation?**  |
|  |

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| --- |
| **What is/are the proposed carer/s hopes and expectations for the child’s future?**  |
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| --- |
| **What is the motivation and willingness of the proposed carer/s to care for the child?**  |
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| --- |
| **Has/have the proposed carer/s discussed their wish to care for the child with the child? If yes, when did these discussions take place?**  |
|  |

|  |
| --- |
| **Has/have the proposed carer/s cared for the child previously? If yes, please confirm when and the length of any periods of care.**  |
|  |

**PROPOSED CARER/S ABILITY TO MEET THE NEEDS OF THE CHILD**

***Ensuring Safety***

|  |
| --- |
| **What is the proposed carer/s understanding of the child’s general needs in respect of their safety?**  |
|  |

|  |
| --- |
| **What is the proposed carer/s understanding of the child’s specific needs in respect of their safety having regard to the child’s experiences?** |
|  |

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| --- |
| **What is the proposed carer/s ability to recognise and respond to any safety risks? Please address, in particular, the ability and skills of the proposed carer to ensure the child’s safety in the following areas until the child is/are 18 years of age?** |
| **Physical safety within the home** |  |
| **Physical safety within the community** |  |
| **Emotional safety** |  |
| **Any risks of a sexual nature** |  |
| **Risks posed by others** |  |
| **Any other risks which are identified** |  |

***Health and Basic Care***

|  |
| --- |
| **What is the proposed carer/s understanding of the child’s general health and care needs?**  |
|  |

|  |
| --- |
| **What is the proposed carer/s understanding of the child’s specific health and care needs?** |
|  |

|  |
| --- |
| **What is the proposed carer/s ability to recognise and respond to the children’s health and care needs? Please address, in particular, the ability and skills of the proposed carer to ensure the child’s health and care needs are met in the following areas until the child is/are 18 years of age?** |
| **Physical health needs** |  |
| **Emotional health needs** |  |
| **Basic care needs** |  |

***Education and Leisure***

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| --- |
| **What is the proposed carer/s understanding of the child’s general education needs?**  |
|  |

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| --- |
| **What is the proposed carer/s understanding of the child’s specific education needs?**  |
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|  |
| --- |
| **What is the proposed carer/s understanding of the child’s general needs for leisure activities and stimulation both within the home and within the community?**  |
|  |

|  |
| --- |
| **What is the proposed carer/s understanding of the child’s specific needs for leisure activities and stimulation both within the home and within the community?**  |
|  |

|  |
| --- |
| **What is the proposed carer/s ability to recognise and respond to the child’s needs in the following areas until the child is/are 18 years of age?** |
| **Education needs** |  |
| **Leisure needs** |  |

***Emotional and Behavioural Development***

|  |
| --- |
| **What is the proposed carer/s understanding of the child’s general emotional and behavioural needs?**  |
|  |

|  |
| --- |
| **What is the proposed carer/s understanding of the child’s specific emotional and behavioural needs?**  |
|  |

|  |
| --- |
| **What is the proposed carer/s ability to recognise and respond to the child’s emotional and behavioural needs until the child is/are 18 years of age?** |
|  |

***Contact and Family Relationships***

|  |
| --- |
| **What is/are the proposed carer/s wishes, feelings and attitude in relation to contact between the child and the following persons:**  |
| **The child’s Mother** |  |
| **The child’s Father** |  |
| **The child’s siblings** |  |
| **The child’s maternal family** |  |
| **The child’s paternal family** |  |

|  |
| --- |
| **When were these views obtained and by whom?**  |
|  |

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| --- |
| **Do the proposed carer/s wishes/feelings reflect the assessment of the child’s needs in relation to contact with his/her/their parents and wider family? If no, please explain the differences in positions.** |
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| --- |
| **What is the proposed carer/s understanding of and insight into the risks which are assessed to be posed by each of the child’s parents and any wider family members?**  |
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| **How would the proposed carer/s intend to protect the children from any current or future risk of harm, having regard to the risks which have been identified?**  |
|  |

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| --- |
| **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?**  |
|  |

**CHECKS AND REFERENCES**

***DBS Checks***

|  |
| --- |
| **Have DBS checks been completed?**  |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **Please identify the members of the household for whom DBS checks have been completed, including dates.**  |
|  |

|  |
| --- |
| **Do the DBS checks raise any issues of concern? If yes, please identify the individual and the concern.**  |
|  |

***Local Authority Checks***

|  |
| --- |
| **Have checks been completed within North Somerset Council?**  |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **Please identify the members of the household for whom Local Authority checks have been completed, including dates.**  |
|  |

|  |
| --- |
| **Have checks been completed with other Local Authority areas?**  |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **Please identify the members of the household for whom Local Authority checks have been completed in other areas, identifying the area and the dates of the checks.**  |
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| --- |
| **Has the proposed carer/s or any household member previously applied to foster, adopt or register as a childcare provider with any Local Authority (not limited to North Somerset Council)?** |
|  |

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| --- |
| **Where the proposed carer/s or any household member has previously applied to foster, adopt or register as a childcare provider with any Local Authority, please identify the Authority, the date of the application and the outcome.** |
|  |

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| --- |
| **Do the Local Authority checks raise any issues of concern? If yes, please identify the individual and the concern.**  |
|  |

***Previous Family Court proceedings***

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| --- |
| **Has/have the proposed carer/s ever been involved in any family court proceedings?**  |
| **YES** |  |
| **NO** |  |

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| --- |
| **If yes, please identify the type of proceedings, and provide the case number, Court venue, and date of proceedings.**  |
|  |

***Health***

|  |
| --- |
| **Has a report been obtained in respect of all proposed carer/s from a medical professional?**  |
| **YES** |  |
| **NO** |  |

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| --- |
| **Is a medical report in respect of each proposed carer attached to this Assessment?**  |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If a medical report is not attached to this assessment, please confirm when such report was requested, and from whom.**  |
|  |

|  |
| --- |
| **Please provide a summary, in respect of each carer, of the information obtained from the proposed carer/s in respect of their:**  |
| **Current physical health** |  |
| **Previous physical health** |  |
| **Any current treatments** |  |
| **Current mental/emotional health** |  |
| **Previous physical/emotional health** |  |

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| --- |
| **Is the proposed carer/s aware of any family history of illness or hereditary disease?**  |
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| --- |
| **Does the proposed carer/s have any disability? If yes, please provide detail of the nature of the disability and its impact upon:**1. **The proposed carer/s day to day life;**
2. **The proposed carer/s ability to care for a child.**
 |
|  |

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| --- |
| **Does the medical report reflect the information provided by the proposed carer/s regarding their health? If not, please identify the differences.** |
|  |

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| --- |
| **Are there any health issues which may impact upon the proposed carer/s ability to meet the child’s needs until the child is/are 18 years of age? If yes, please specify the relevant health difficulties.**  |
|  |

***Home and Neighbourhood***

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| --- |
| **Has a home safety check been completed in respect of the proposed carer/s property?**  |
| **YES** |  |
| **NO** |  |

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| --- |
| **What was the date of the home safety check?**  |
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| **Please identify any issues of concern which were raised during the home safety check.**  |
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| --- |
| **Please describe the proposed carer/s home, including detail of living arrangements, and bedrooms.** |
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| --- |
| **Is the accommodation suitable for the care of the child?**  |
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| --- |
| **What arrangements does the proposed carer/s intend to put in place in the event that the child is/are placed in their care?**  |
|  |

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| --- |
| **Please describe the neighbourhood in which the proposed carer/s live.**  |
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| **What resources are available in the proposed carer/s local community?**  |
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| **Does the proposed carer/s have knowledge of the resources available within their community? If no, what steps, if any, have they taken to explore what resources may be available?**  |
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| **Please describe the proposed carer/s current standard of living.**  |
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| --- |
| **How does the proposed carer/s believe that caring for a child may impact upon their current standard of living.**  |
|  |

***Personal References***

|  |
| --- |
| **Have TWO references been obtained as part of the assessment process?**  |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **Reference 1** |
| **NAME OF REFEREE** |  |
| **DATE REFERENCE WAS OBTAINED** |  |
| **MEANS OF OBTAINING REFERENCE** |  |
| **SUMMARY OF REFERENCE** |  |

|  |
| --- |
| **Reference 2** |
| **NAME OF REFEREE** |  |
| **DATE REFERENCE WAS OBTAINED** |  |
| **MEANS OF OBTAINING REFERENCE** |  |
| **SUMMARY OF REFERENCE** |  |

***Other checks and references***

|  |
| --- |
| **Please identify and outline any other information and checks which have been completed, including the dates of the information being gathered.** |
| **Former partner checks** |  |
| **Employer checks** |  |
| **School checks** |  |
| **College checks** |  |
| **Nursery checks** |  |
| **Social media checks** |  |
| **Police checks** |  |

**SECTION D: RECOMMENDATION**

|  |
| --- |
| **Is the proposed carer/s suitable to care for the child until the age of 18**  |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **Please analyse the ability of the proposed carer/s to meet the child’s needs now and until the age of 18.**  |
|  |

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

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

**SIGNATURES**

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

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

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

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

**VERIFICATION OF DOCUMENTS**

|  |  |  |
| --- | --- | --- |
|  | **PROPOSED CARER 1** | **PROPOSED CARER 2** |
| **Date Birth Certificate seen** |  |  |
| **Date Passport seen**  |  |  |
| **Date other certification of nationality seen (please identify document)** |  |  |
| **Date Driving Licence seen** |  |  |
| **National Insurance Number and date seen** |  |  |
| **Date Marriage or Civil Partnership certificate seen** |  |  |
| **Date divorce or dissolution certificate/s seen** |  |  |
| **Has the applicant/s identity been verified?** | Yes/No | Yes/No |

**TO BE COMPLETED BY THE PROPOSED CARER/S**

I / We understand that if any of this information is found to be false or misleading, this will raise concerns about my / our ability to work effectively with the Local Authority.

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |

I / We have the following factual corrections/observations/comments in respect of this report:

|  |
| --- |
| **Proposed carer 1:**  |
|  |

|  |
| --- |
| **Proposed carer 2:** |
|  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |