

**Please select below which assessment is to be completed**

Connected Carers Assessment

Special Guardianship Assessment

**Prospective Connected Carer's Basic Details**

	Applicant 1	Applicant 2
<b>Name</b>		
<b>DOB</b>		
<b>Liquid Logic Ref</b>		
<b>Telephone</b>		
<b>Address</b>		
<b>Has this assessment been ordered by court?</b>	Choose an item.	
<b>Court filing date for this assessment</b>	Click here to enter a date.	

**Basic details of children**

Name	DOB	Already in Placement?

**Social Workers involved:**

<b>Children's Social Worker</b>	
<b>Assessing Social Worker</b>	



## Full details of children

(To be completed by child's social worker. Add further columns where needed)

	Child 1	Child 2	Child 3
<b>Name</b>			
<b>Gender</b>			
<b>Current address</b>			
<b>Home address (if different)</b>			
<b>Nationality</b>			
<b>Immigration status</b>			
<b>Ethnicity</b>			
<b>Language</b>			
<b>Religion</b>			
<b>Legal status</b>			
<b>Education details</b>			
<b>Mother's name</b>			
<b>Father's name</b>			
<b>Does father have parental responsibility?</b>			

**Siblings of child(ren) under age of 18 years**

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>	<b>Child 4</b>
<b>Name</b>				
<b>Date of birth</b>				
<b>Address</b>				
<b>Person with whom living</b>				
<b>Any court order in respect of child(ren)</b>				

## The parent(s) or person(s) with parental responsibility

(to be completed by child's social worker)

	Adult 1	Adult 2
<b>Name</b>		
<b>Date of Birth</b>		
<b>Gender</b>		
<b>Current address</b>		
<b>Nationality</b>		
<b>Ethnicity</b>		
<b>Language</b>		
<b>Religion</b>		
<b>Occupation</b>		
<b>Names of children each adult is parent of</b>		
<b>Name of child for who adult has parental responsibility</b>		

## Information in respect of the Child's Family

*(to be completed by child's social worker)*

### Past and present relationship(s) of the child's parents

If the identity or whereabouts of the father are not known, the information about him that has been ascertained and from whom, and the steps that have been taken to establish paternity

Parental health, including details of any serious physical or mental illness, any hereditary disease, disorder, disability or substance misuse

Mother

|

Father

|

## **Views of the Parent / Other person with Parental Responsibility** *(to be completed by child's social worker)*

**Views of the parent / other person with parental responsibility about proposed placement with prospective connected foster carer**  
(include religious and cultural views)

**Views of the parent / other person with parental responsibility about family time arrangements**

**Has the parent / other person with parental responsibility been seen to discuss this placement?**

Choose an item.

When (date)		By whom (name)	
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## Child's Needs & Views

### Description of child(ren) - including a photograph

Using the GRRRAACCEESS (Burnham, 2013), describe each child by name, in relation to their Gender, Geography, Race, Religion, Age, Ability, Appearance, Class, Culture, Ethnicity, Education, Employment, Sexuality, Sexual Orientation, Spirituality. It is essential that current and future needs are considered, not just their presenting needs now.

### Emotional/behavioural needs/any risks to them self or others?

Please describe any additional needs in relation to any emotional or behavioural needs

### Child(ren)'s routine

Give a brief description of the child's routine in relation to bedtimes, meals, nursery, school attendance, social and leisure activities, hobbies, sports, special appointments, likes and dislikes

### Family time arrangements

As well as the detail of the current contact arrangements, will the applicants be expected to transport, arrange, or supervise any of the contact, now or in the future?

### Proposed plans for the future

Considering the likely care plan, what is the plan for the future likely to be for the child(ren)?

### Child(ren)'s views about the placement and applicants'

Where ever possible please use the child/ren's own words. Also, attach any additional work that has been completed to explore their views (e.g. any drawings, letters, words and pictures used)



# PART 2

## Applicants' (Prospective Carers') Information

*(to be completed by the fostering social worker)*

### Full details of applicants

*(To be completed by the assessing social worker)*

	Applicant 1	Applicant 2
<b>Name</b>		
<b>Date of birth</b>		
<b>Gender</b>		
<b>Address</b>		
<b>Length of time at this address</b>		
<b>Telephone details</b>		
<b>Email</b>		
<b>Nationality</b>		
<b>Ethnicity</b>		
<b>Language</b>		
<b>Religion</b>		
<b>Occupation</b>		
<b>Hours worked</b>		
<b>Planned hours of work when the child(ren) placed</b>		
<b>Relationship to (each) child</b>		

[Application Type]

APPLICANTS:

[Names]

**Description & personality of applicants** (to be completed in the applicant's own words- a written summary of how the applicants describe themselves, and information about leisure activities and interests. Photograph of applicants to be included where available)

**Details of other household members**

Name	Gender	DOB	Relationship to applicants

**Children/adult children from current or previous relationship living elsewhere**

Name	Gender	DOB	Relationship to applicants

**APPLICANT 1 – [ENTER NAME HERE]**

<b>Family history</b>
<b>Relationship history</b>
<b>Health of applicant</b> ( <i>fostering regulations require details of health support by a medical report. Please make reference to the out come of the medical assessment in this section</i> )
<b>Experience of caring for children</b> ( <i>fostering regulations require information about previous experience of caring for the own and other children</i> )
<b>Employment – past and present : Specific details needed where the applicant has previously worked with children</b> ( <i>to include working hours and how this will fit in around the caring role and any planned changes</i> )

**APPLICANT 2 – [ENTER NAME HERE]**  
*(Please delete this section if not applicable)*

<b>Family history</b>
<b>Relationship history</b>
<b>Health of applicant</b> <i>(fostering regulations require details of health support by a medical report. Please make reference to the out come of the medical assessment in this section)</i>
<b>Experience of caring for children</b> <i>(fostering regulations require information about previous experience of caring for the own and other children)</i>
<b>Employment – past and present : Specific details needed where the applicant has previously worked with children</b> <i>(to include working hours and how this will fit in around the caring role and any planned changes)</i>

**Income and expenditure** *(Financial breakdown to be included with this report)***Relationship status of applicant(s)** *(Clarify here applicants view of how they would describe their status i.e. married, cohabiting, recently single, dating, currently using dating social media, etc.)***Household members** *(fostering regulations requires that details are obtained about other household members, and statutory guidance emphasises the importance of existing family relationships, their views about the placement of children and how this will impact on the household dynamics. Use this section to record any interviews with children/household members)***Support networks and wider family** *(details to be obtained about the support available to the applicants, including support from adults who do not have a relationship or connection with the child. To include details of any support network members who have completed DBS checks)***The applicants relationship with the child(ren) and their motivation to foster**

<b>The applicants relationship with birth parents and attitudes towards engagement with family time arrangements</b>

<b>Expectations about fostering / special guardianship</b>

<b>How will the applicant meet the needs of the child(ren)? <i>(please refer to child's social worker section in part one to identify child's needs)</i></b>
<b>1. <u>Safeguarding capacity</u></b>
<b>2. <u>Health and basic care</u></b>
<b>3. <u>Education and hobbies</u></b>
<b>4. <u>Understanding of emotional and behavioural needs</u></b>

**Accommodation and neighbourhood** (to include reference to a bedroom sharing risk assessment if applicable. Confirm here that a health and safety assessment has been undertaken and set out any outstanding issues from this. Also reference to be made here to any pet assessments undertaken. Details below to include any relevant information from housing/landlord)

**Details of any previous family court proceedings**

## Enhanced DBS checks of the applicants

Name	Date completed	Contains information?
	Click here to enter a date.	Choose an item.
	Click here to enter a date.	Choose an item.
<b>Has the relevant information been included in the DBS risk assessment?</b>	Choose an item.	

## Enhanced DBS checks for all adult household members and support network

Name	Relationship to applicant	Date completed	Contains information?
<b>Has the relevant information been included in the DBS risk assessment?</b>	Choose an item.		



## Medical reports

Name	Date medical assessment completed with applicants GP	Date report returned from medical advisor
	Click here to enter a date.	Click here to enter a date.
	Click here to enter a date.	Click here to enter a date.
Has the relevant information been included in health section of this assessment?		Choose an item.

## Other statutory checks

	Date returned/completed	Outcome of reference
Personal written reference 1		
Personal written reference 2		
Personal written reference 3		
Reference interview 1		
Reference interview 2		
Reference interview 3		
Health visitor/school nurse		
Ex-partner references (applicant 1)		
Ex-partner references (applicant 2)		
CAFCASS		
OFSTED		
Education (Schools/nursery/college)		
Housing/Landlord		
Youth Offending Team		
Residing Local Authority		
Other Local Authority		
Current employer		
Previous employer where applicants have worked with children/vulnerable adults		
Interviews with birth children of applicant		

**Training Completed**

<b>Applicant 1:</b>	<b>[ENTER NAME HERE]</b>
	<b>Date Completed</b>
Skills to Care (Day 1)	Click here to enter a date.
Skills to Care (Day 2)	Click here to enter a date.
Safeguarding	Click here to enter a date.
First Aid	Click here to enter a date.
Adverse Childhood Experiences	Click here to enter a date.

<b>Applicant 2:</b>	<b>[ENTER NAME HERE]</b>
	<b>Date Completed</b>
Skills to Care (Day 1)	Click here to enter a date.
Skills to Care (Day 2)	Click here to enter a date.
Safeguarding	Click here to enter a date.
First Aid	Click here to enter a date.
Adverse Childhood Experiences	Click here to enter a date.

<b>Feedback from training coordinator regarding the applicants engagement with training</b>
<b>Comments relating to training – to include applicants views on the training they have completed (if either applicant has not attended, please state reasons why, and what actions have been taken to address this i.e. have the missed sessions been covered in this assessment?)</b>

## Personal Interview Reference 1

(To be used in conjunction with relevant referee questionnaire)

<b>Name</b>	
<b>Relationship to Applicants</b>	
<b>Date of Interview</b>	Click here to enter a date.
<b>Interview completed by</b>	
<b>Interview Summary</b>	

## Personal Interview Reference 2

(To be used in conjunction with relevant referee questionnaire)

<b>Name</b>	
<b>Relationship to Applicants</b>	
<b>Date of Interview</b>	Click here to enter a date.
<b>Interview completed by</b>	
<b>Interview Summary</b>	

### Personal Interview Reference 3

(To be used in conjunction with relevant referee questionnaire)

<b>Name</b>	
<b>Relationship to Applicants</b>	
<b>Date of Interview</b>	Click here to enter a date.
<b>Interview completed by</b>	
<b>Interview Summary</b>	

### Interview with birth children of applicants who do not reside in the same household

(Where multiple children/adult children of the applicants have been interviewed, this section to be duplicated as required)

<b>Name</b>	
<b>Relationship to Applicants</b>	
<b>Date of Interview</b>	Click here to enter a date.
<b>Interview completed by</b>	
<b>Interview Summary</b>	

## Ex-partner references

(Where multiple ex-partners of the applicants have been interviewed, this section to be duplicated as required)

<b>Name</b>	
<b>Nature of past relationship with applicant</b> (i.e. married, co-habited)	
<b>Date of Interview</b>	Click here to enter a date.
<b>Interview completed by</b>	
<b>Interview Summary</b>	

## Assessment and Recommendations

### Social Workers Assessment

Benefits of the placement, relationship between carer and children, relationship between carers and parents, ability to safeguard, commitment to contact and ability to manage this

### Recommendations

**The applicant(s) observations on this assessment report**

<b>Name of applicant(s)</b>		
<b>I / We have received the report on the following date:</b>		
<p>I/We have read the report prepared on my/our suitability to fostering. I/We certify that, to the best of our/my knowledge and belief, the factual information contained in this report is accurate and I/we have indicated in the box below any factual corrections that need to be made. I/We understand that if any of this information is found to be false or misleading, this may result in the fostering service rejecting my/our application, or that any approval may be subject to a review. I/We understand that it is important not to withhold any information about factors that may influence our/my capacity to care for the child(ren) discussed in this report.</p>		
<b>I/We have the following factual corrections/observations/additional comments on the report:</b>		
<p>I/We understand how Stoke on Trent Fostering Service will store and share my/our personal data. I/We understand that any information supplied will form part of the fostering services case record in respect of my/our application. I/We understand that this form is the property of Stoke on Trent Fostering Service. I/We agree not to copy the document (other than for my/our own personal records) or disclose its contents in full or in part, to any other person, fostering service or authority, without the permission from Stoke on Trent Fostering Service.</p>		
<b>Signatures</b>	<i>(Applicant 1)</i>	<i>(Applicant 2)</i>
<b>Date</b>		

[Application Type]

APPLICANTS:

[Names]

**Fostering Manager's comments regarding this assessment**

**Child's Social Worker's views regarding this assessment and proposed placement**

**Children's Manager comments regarding this assessment and proposed placement**



**SIGNATURES**

<b>Fostering Team Details</b>	
<b>Assessing Social Worker</b>	
<b>Signature</b>	
<b>Date</b>	Click here to enter a date.
<b>Fostering Manager</b>	
<b>Signature</b>	
<b>Date</b>	Click here to enter a date.
<b>Children In Care Team</b>	
<b>Child's Social Worker (CSW)</b>	
<b>Signature</b>	
<b>Date</b>	Click here to enter a date.
<b>CSW Manager</b>	
<b>Signature</b>	
<b>Date</b>	Click here to enter a date.











**APPENDIX 3**

**DBS Risk Assessment** (*where the applicant or a household member has information contained in their DBS certificate, information below to be completed. To be duplicated where more than one household member has information contained on their DBS certificate*)

Name	
Details of disclosure and outcome	
Mitigating factors (to include discussion with the applicant/household member about the disclosure)	
Analysis of risk	

**APPENDIX 4****Fostering Services: National Minimum Standards**

Please indicate below which of the National Minimum Standards (*child focused standards 1-12*) has the applicant evidenced that they have met during this assessment

<b>Standard 1</b>	The child's wishes and feelings and views of those significant to them
<b>Standard 2</b>	Promoting a positive identify, potential and valuing diversity through individualised care
<b>Standard 3</b>	Promoting positive behaviour and relationships
<b>Standard 4</b>	Safeguarding children
<b>Standard 5</b>	Children missing from care
<b>Standard 6</b>	Promoting good health and well-being
<b>Standard 7</b>	Leisure activities
<b>Standard 8</b>	Promoting educational attainment
<b>Standard 9</b>	Promoting and supporting family time
<b>Standard 10</b>	Providing a suitable physical environment for the foster child
<b>Standard 11</b>	Preparation for placement
<b>Standard 12</b>	Promoting independence and moves to adulthood



**APPENDIX 5****Training, Support and Development (TSD) Standards for Family and Friends Foster Carers**

Please indicate below which elements of the TSD standards the applicant has met during this assessment . Please record which point of each standard has been met and how.

<b>Standard 1</b>	<b>Understanding your role as a family and friends foster carer</b>
<b>Standard 2</b>	<b>Know how to provide a safe environment and health care</b>
<b>Standard 3</b>	<b>Know how to communicate effectively</b>
<b>Standard 4</b>	<b>Understand the development of children and young people</b>
<b>Standard 5</b>	<b>Keep children and young people safe from harm</b>
<b>Standard 6</b>	<b>Develop yourself</b>