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| **NORTH SOMERSET COUNCIL** |

**ASSESSMENT FORM FOR TEMPORARY APPROVAL**

**OF CARERS UNDER REGULATION 24**

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

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| **SUBJECT CHILDREN** | **FULL NAME(S)** | **DATE OF BIRTH**  | **GENDER**  |
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| **PROPOSED CARER(S)** | **FULL NAME(S)** | **DATE OF BIRTH** |
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| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **MOBILE TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **RELATIONSHIP WITH CHILD** |  |

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

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| **AUTHOR’S DETAILS** |
| **NAME** |  |
| **POSITION** |  |
| **QUALIFICATIONS AND EXPERIENCE** |  |

**SECTION A: THE CHILD**

**CHILD’S DETAILS**

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| **Where is the child currently living?**  |
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| **What is the child’s legal status?**  |
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| **Does the child have an existing relationship with the proposed carer/s?** |
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| **Where the child has an existing relationship with the proposed carer/s, what is the nature of that relationship, how long has it existed and what is the frequency of contact?** |
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| **What is the current care plan for the child?**  |
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| **What legal processes, if any, are in place? (e.g. Child Protection, Pre-proceedings, care proceedings, private law proceedings)** |
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**CHILD’S WISHES AND FEELINGS**

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| **What are the child’s wishes and feelings regarding a placement in the care of the proposed carer/s?**  |
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| **When were these views gathered and by whom?**  |
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**SECTION B: THE CHILD’S PARENT/S**

**PARENT/S WISHES AND FEELINGS**

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| **What are the Mother’s wishes and feelings regarding a placement in the care of the proposed carer/s?**  |
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| **When were these views gathered and by whom?**  |
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| **What are the Father’s wishes and feelings regarding a placement in the care of the proposed carer/s?**  |
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| **When were these views gathered and by whom?**  |
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**SECTION C: PROPOSED CARER/S**

**SCREENING CHECKS**

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| **Please outline the checks completed with each relevant agency, providing dates and any issues arising:** |
| **AGENCY**  | **DATE OF CHECK** | **OUTCOME** |
| **Local Authority (please identify which area)** |  |  |
| **Police** |  |  |

**SCREENING INFORMATION**

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| **Have the proposed carer/s had any previous social care involvement? If yes, please provide a brief outline and dates.** |
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| **Have the proposed carer/s had any history of police involvement? If yes, please provide a brief outline and dates.** |
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**PROPOSED CARER/S RELATIONSHIP WITH THE CHILD**

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| **What is the nature of the proposed carer/s relationship with the child and for how long has that relationship existed?**  |
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| **What is the quality of the proposed carer/s relationship with the child?**  |
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**PARENTING CAPACITY**

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| **What is the proposed carer/s capacity to care for the child?**  |
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| **What is the proposed carer/s capacity to meet the child’s physical needs and ensure that the child receives appropriate medical and dental care?**  |
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| **What is the proposed carer/s capacity to protect the child from harm or danger, including any person who presents a risk of harm to the child?**  |
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| **What is the proposed carer/s capacity to ensure that the accommodation and home environment is suitable with regard to the child’s age and developmental stage?**  |
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| **What is the proposed carer/s capacity to promote the child’s learning and development?**  |
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| **What is the proposed carer/s capacity to provide a stable family environment for the child?**  |
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| **What is the proposed carer/s capacity to promote positive contact between the child and their parent/s or other connected persons?**  |
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| **What is the proposed frequency of and arrangements for contact between the child and their parent/s or other connected persons?**  |
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| **Please provide detail of the proposed carer/s physical, emotional and mental health and medical history.**  |
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| **Please outline the proposed carer/s current or past issues of any substance misuse or mental health problems.**  |
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| **Please outline the proposed carer/s family relationships and composition of their household.** |
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| **Please identify all other members of the proposed carer/s household.**  |
| **PERSON 1** | **NAME** |  |
|  | **DATE OF BIRTH** |  |
|  | **AGE** |  |
|  | **RELATIONSHIP WITH PROPOSED CARER/S** |  |
|  | **RELATIONSHIP WITH CHILD** |  |
| **PERSON 2** | **NAME** |  |
|  | **DATE OF BIRTH** |  |
|  | **AGE** |  |
|  | **RELATIONSHIP WITH PROPOSED CARER/S** |  |
|  | **RELATIONSHIP WITH CHILD** |  |

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| **What is the proposed carer/s relationship with the child’s parent/s?** |
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| **Please identify any other persons, who are not members of the household but who are likely to have regular contact with the child.** |
| **PERSON 1** | **NAME** |  |
|  | **DATE OF BIRTH** |  |
|  | **AGE** |  |
|  | **RELATIONSHIP WITH PROPOSED CARER/S** |  |
|  | **RELATIONSHIP WITH CHILD** |  |
|  | **FREQUENCY OF VISITS TO THE PROPOSED CARER/S PROPERTY** |  |
| **PERSON 2** | **NAME** |  |
|  | **DATE OF BIRTH** |  |
|  | **AGE** |  |
|  | **RELATIONSHIP WITH PROPOSED CARER/S** |  |
|  | **RELATIONSHIP WITH CHILD** |  |
|  | **FREQUENCY OF VISITS TO THE PROPOSED CARER/S PROPERTY** |  |

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| **Is there any current or past history of domestic abuse between members of the household, including the proposed carer/s? If yes, please provide detail.** |
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| **Is there any current or past history of domestic abuse between the proposed carer/s and any other person, or any member of the household and any other person? If yes, please provide detail.** |
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| **Please provide detail of the proposed carer/s childhood and upbringing, including the strengths and difficulties of their parents or other persons who cared for them.** |
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| --- |
| **Please provide detail of the proposed carer/s childhood and upbringing, including the strengths and difficulties of their parents or other persons who cared for them.** |
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| **Please provide detail of the proposed carer/s relationships with their parent/s and siblings and with each other.** |
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| **Please provide detail of the proposed carer/s educational achievement and any specific learning difficulty or disability.** |
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| **Please provide a Chronology of significant life events in respect of the proposed carer/s.** |
| **DATE** | **EVENT** |
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| **Please provide detail of other relatives and their relationships with the child and proposed carer.** |
| **RELATIVE’S NAME** | **RELATIONSHIP WITH PROPOSED CARER/S** | **RELATIONSHIP WITH CHILD** |
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| **Does the proposed carer/s have any convictions or cautions? If yes, please provide further detail concerning the nature of the offence, and date.** |
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| **Are there any ongoing Police investigations concerning the proposed carer/s? If yes, please provide further detail regarding the nature of the offence and the status of the investigation, in so far as is known.**  |
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| **Please provide detail of the proposed carer/s employment history, including types of employment, and dates.** |
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| **Please provide detail of the proposed carer/s current employment, including their working hours.** |
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| **What is the proposed carer/s sources of income? Please identify all sources.** |
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| **Please describe the neighbourhood in which the proposed carer/s live.** |
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| **What resources are available within the proposed carer/s community, to support both the proposed carer/s and the child?** |
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| **What are the histories and current lifestyles of other young people (under 18) in the property in relation to the needs of the child who would be placed in the property?** |
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| **What are the views of other young people (under 18) in the property in relation to the proposed placement of the child in the property and its impact upon them?** |
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**HOME VISIT**

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| **Please confirm date of visit to the proposed carer/s property.**  |
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| **Has the child had the opportunity to visit the proposed carer/s property?**  |
| **YES** |  |
| **NO** |  |

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| **On what date did the child visit the proposed carer/s property (where applicable)?** |
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**PROPOSED CARER/S CAPACITY TO CARE**

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| **What is the proposed carer/s understanding of the child’s needs?**  |
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| **What is the proposed carer/s motivation to meet the child’s needs?** |
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| **What is the proposed carer/s availability to meet the child’s needs?**  |
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| **What is the proposed carer/s commitment to meet the child’s needs?**  |
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| **What is the proposed carer/s understanding of Social Care’s involvement and the reason for the child being accommodated by the Local Authority?**  |
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| **What impact would a placement of the child in the care of the proposed carer/s have upon their lifestyle and family?**  |
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| **What issues are likely to arise in respect of contact between the child and their family in the event that they are placed in the care of the proposed carer/s?**  |
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**PROPOSED CARER/S SUPPORT NEEDS**

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| **What support, if any, is required to enable a placement of the child in the care of the proposed carer/s successful?**  |
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**SECTION D: RECOMMENDATION**

**PROPOSED CARER/S SUITABILITY TO CARE**

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| **What is the proposed carer/s suitability to care for the child on an interim basis, pending the completion of a full assessment?**  |
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**PROPOSED CARER/S UNDERSTANDING**

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| **What is the proposed carer/s understanding of the assessment of their capacity and suitability to care, and of their household?**  |
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| **What is the proposed carer/s understanding of the placement process and the expectations of them as temporary foster carers?**  |
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| **Please provide detail of any concerns which the proposed carer/s have.** |
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**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.

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| **Signed** |  |
| **Print Name** |  |
| **Position**  | Social Worker |
| **Date** |  |

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

**This form must be sent to the Assistant Director**

**for final approval.**

**SECTION E: ASSISTANT DIRECTOR (CHILDREN’S SUPPORT AND SAFEGUARDING) DECISION**

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| **Decision reached (please tick as appropriate):**  |
| **Placement is agreed and carers are approved as temporary foster carers.** |  |
| **Placement is not suitable and alternative arrangements for the child are needed.** |  |

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| **Please provide comments upon the assessment.**  |
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| **Signed** |  |
| **Print Name** |  |
| **Position**  | Assistant Director |
| **Date** |  |