**KINSHIP ASSESSMENT FORM:**

**ADDENDUM FOR SPECIAL GUARDIANSHIP**

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

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

|  |
| --- |
| **AUTHORS’ DETAILS** |
| **AUTHOR 1** | **NAME** |  |
| **POSITION** |  |
| **QUALIFICATIONS AND EXPERIENCE** |  |
| **PARTS OF REPORT COMPLETED** | Child, Parent and Recommendation Sections (Sections A, B and D) |
| **AUTHOR 2** | **NAME** |  |
| **POSITION** |  |
| **QUALIFICATIONS AND EXPERIENCE** |  |
| **PARTS OF REPORT COMPLETED** | Prospective Special Guardian/s and Recommendation 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** |  |

**ADDITIONAL INFORMATION CONCERNING THE SUBJECT CHILD**

***CHILD 1***

**PHOTOGRAPH, DESCRIPTION AND PERSONALITY**

|  |
| --- |
| **Please upload a photograph of the child and give a brief description of their physical appearance and personality.** |
|  |

**HEALTH**

|  |
| --- |
| **Please insert the report obtained from the Agency Medical Adviser setting out a health history and a description of the state of the child's health which shall include any treatment the child is receiving.** |
|  |

***CHILD 2***

**PHOTOGRAPH, DESCRIPTION AND PERSONALITY**

|  |
| --- |
| **Please upload a photograph of the child and give a brief description of their physical appearance and personality.** |
|  |

**HEALTH**

|  |
| --- |
| **Please insert the report obtained from the Agency Medical Adviser setting out a health history and a description of the state of the child's health which shall include any treatment the child is receiving.** |
|  |

**SECTION B: THE CHILD’S PARENT/S AND WIDER FAMILY**

**ADDITIONAL INFORMATION CONCERNING THE CHILD’S MOTHER**

**DESCRIPTION AND PERSONALITY**

|  |
| --- |
| **Please provide a description of the mother’s physical appearance and personality and provide a photograph, if available.** |
|  |

**ADDITIONAL INFORMATION CONCERNING THE CHILD’S FATHER**

**DESCRIPTION AND PERSONALITY**

|  |
| --- |
| **Please provide a description of the father’s physical appearance and personality and provide a photograph, if available.** |
|  |

**WHERE THE WHEREABOUTS OF THE CHILD’S FATHER ARE NOT KNOWN**

|  |
| --- |
| **What steps have been taken to establish the identity of the child’s father, when and by whom?**  |
|  |

|  |
| --- |
| **What steps have been taken to locate the whereabouts of the child’s father, when and by whom?**  |
|  |

**OTHER SIGNIFICANT PERSONS FOR THE CHILD**

|  |
| --- |
| **Please identify any other persons who are or may be significant to the child?**  |
| **PERSON 1** | **SURNAME** |  |
| **FORNAMES** |  |
| **DATE OF BIRTH** |  |
| **RELATIONSHIP WITH CHILD** |  |
| **PERSON 2** | **SURNAME** |  |
| **FORNAMES** |  |
| **DATE OF BIRTH** |  |
| **RELATIONSHIP WITH CHILD** |  |

|  |
| --- |
| **What contact does the child currently have with the persons identified?**  |
| **PERSON 1** |  |
| **PERSON 2** |  |

|  |
| --- |
| **Please identify what contact, if any, is proposed between the child and the significant persons identified if the child is placed in the care of the prospective special guardian/s.** |
| **PERSON 1** |  |
| **PERSON 2** |  |

|  |
| --- |
| **What are the wishes and feelings of the significant persons identified concerning the child’s future care and any contact?**  |
| **PERSON 1** |  |
| **PERSON 2** |  |

|  |
| --- |
| **When were the wishes and feelings of the significant persons identified obtained and by whom?**  |
| **PERSON 1** |  |
| **PERSON 2** |  |

**SECTION C: THE PROSPECTIVE SPECIAL GUARDIAN/S**

**ADDITIONAL INFORMATION CONCERNING THE PROSPECTIVE SPECIAL GUARDIAN/S**

**DESCRIPTION AND PERSONALITY**

|  |
| --- |
| **Please upload a photograph of the prospective special guardian/s and give a brief description of their physical appearance and personalities.** |
|  |

|  |
| --- |
| **Please provide detail of the prospective special guardian/s’ interactions and relations with other adults.**  |
|  |

**PROSPECTIVE SPECIAL GUARDIAN/S’ RELATIONSHIP AND SUPPORT NETWORK**

|  |
| --- |
| **If the proposed carer is in a relationship but seeks to be considered a sole Special Guardian for the child, please explain their reasoning and motivations.**  |
|  |

**PROSPECTIVE SPECIAL GUARDIAN/S’ INCOME AND EXPENDITURE**

|  |  |  |
| --- | --- | --- |
|  | **MONTHLY INCOME (£)** | **MONTHLY OUTGOINGS (£)** |
| **DESCRIPTION OF INCOME/OUTGOINGS** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**TOTALS**

|  |  |
| --- | --- |
| **Monthly income** |  |
| **Monthly expenditure** |  |
| **Monthly surplus (£)** |  |

**HEALTH**

|  |
| --- |
| **Please insert the report obtained from the Agency Medical Adviser setting out a health history** **of the prospective special guardian including details of any serious physical or mental illness, any hereditary disease or disorder or disability.** |
|  |

**PERSONAL REFERENCES**

***Where previous references are over six months’ old, these must be updated.***

|  |
| --- |
| **Please confirm that a THIRD reference been obtained as part of the Special Guardianship assessment process. This should be in addition to the two references obtained as part of the substantive assessment process.**  |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **Reference 3** |
| **NAME OF REFEREE** |  |
| **DATE REFERENCE WAS OBTAINED** |  |
| **MEANS OF OBTAINING REFERENCE** |  |
| **SUMMARY OF REFERENCE** |  |

**SECTION D: ANALYSIS AND RECOMMENDATIONS**

**SUITABILITY OF PROPOSED CARER/S AS SPECIAL GUARDIANS**

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

|  |
| --- |
| **Based upon observations, please describe the nature and quality of the prospective special guardian/s’ relationship and interactions with the child.**  |
|  |

|  |
| --- |
| **Is/are the proposed carer/s suitable to become the child’s Special Guardian/s?**  |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **What is the prospective special guardian/s’ understanding of the responsibilities of a Special Guardianship Order?** |
|  |

|  |
| --- |
| **What is the prospective special guardian/s’ understanding of the effect of a Special Guardianship Order?** |
|  |

|  |
| --- |
| **Please explain, and provide an analysis, for your conclusion in respect of the proposed carer/s’ suitability to become the child’s Special Guardian/s.** |
|  |

**RECOMMENDATIONS AS REGARDS CONTACT AND THE MAKING OF A SPECIAL GUARDIANSHIP ORDER**

**(to be completed by the Child’s Social Worker)**

|  |
| --- |
| **What contact, including frequency, duration and level of supervision (if any) is recommended as between the child and:** |
| **His/her Mother** |  |
| **His/her Father** |  |
| **His/her siblings** |  |
| **His/her maternal Grandmother** |  |
| **His/her maternal Grandfather** |  |
| **His/her paternal Grandmother** |  |
| **His/her paternal Grandfather** |  |
| **Any other significant persons** |  |

|  |
| --- |
| **Would a Special Guardianship Order be the most appropriate order to meet the child’s needs until the age of 18?**  |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **Please explain your reasoning, explaining what other order may best meet the child’s needs until the age of 18 if it is not considered that a Special Guardianship Order would be the most appropriate type of order.** |
|  |

|  |
| --- |
| **Would a Special Guardianship Order in favour of the prospective special guardian/s meet the child’s needs and be in their best interests until the age of 18? Please provide reasons.** |
|  |

|  |
| --- |
| **What would the making of a Special Guardianship or other order mean for:** |
| **The child** |  |
| **The child’s mother** |  |
| **The child’s father** |  |
| **The child’s wider families** |  |
| **The prospective special guardian/s** |  |

**SUPPORT**

|  |
| --- |
| **Has the Special Guardianship Support Plan been agreed by the prospective special guardian/s?**  |
| **YES** |  |
| **NO** |  |

|  |
| --- |
| **If the Special Guardianship Support Plan is not agreed by the prospective special guardian/s, please set out the areas of disagreement.**  |
|  |

**SIGNATURES**

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

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

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

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position**  | Service Leader (Community Family Team) |
| **Date** |  |

**TO BE COMPLETED BY**

**THE PROSPECTIVE SPECIAL GUARDIAN/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.

I / We have been made aware of the importance of seeking independent legal advice regarding Special Guardianship issues.

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

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

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

|  |
| --- |
|  |

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

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