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**Viability Assessment of Prospective Kinship Carers**

**A Viability Assessment is undertaken with all people putting themselves forward to care for children unable to live with their parents, to consider:**

**i) the child being temporarily placed with Kinship Carers whilst they are fully assessed as Kinship Carers and / or Special Guardians; OR**

**ii) progressing to a full Kinship Care and / or Special Guardianship assessment without the child being placed at this stage.**

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| **Child’s Social Worker:** |  |
| **Fostering Supervising Social Worker:** |  |
| **Viability Assessment of (names of prospective kinship carers)** |  |

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| **Part A – Basic Information (to be completed by the child’s social worker)** | | | | | | |
| **Name of child(ren) to be placed** | | **Child’s Mosaic No.** | **DOB** | **Ethnicity** | **Date child became looked after (if applicable)** | **Legal Status** |
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| **Child(ren)’s home address:** | |  | | | | |
| **Why is the Viability Assessment being undertaken? (explain circumstances leading to the child needing a placement)** | | | | | | |
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| **What is the plan for the child(ren)? (include proposed placement start date and anticipated duration of the placement)** | | | | | | |
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| **Please give details of any other siblings not included in this assessment, and where they live (including details of any planned moves)** | | | | | | |
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| **What is the nature and quality of the relationship between the prospective kinship carer(s) and the child(ren)? (refer to past and present relationship and frequency of contact in both)** | | | | | | |
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| **Part B – Child’s Information (to be completed by the child’s social worker - repeat section for each child relevant to this assessment)** | | | | | | |
| **Child’s name** |  | | | | | |
| **What are the child’s needs in relation to the following (please include details of existing arrangements / appointments)** | | | | | | |
| **Keeping Safe** | | | | | | |
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| **Health** | | | | | | |
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| **Education** | | | | | | |
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| **Emotional & Behavioural Needs** | | | | | | |
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| **Cultural & Religious Identity** | | | | | | |
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| **Leisure** | | | | | | |
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| **What are the views of all adults who have parental responsibility for this child regarding this prospective placement?** | | | | | | |
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| **What are the child’s views about this prospective placement?** | | | | | | |
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| **What are the extended family’s views about this prospective placement?** | | | | | | |
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| **Please give details of any other issues or risks that need to be considered in relation to the child’s needs** | | | | | | |
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| **Part C – Carer’s Information (to be completed by the Fostering Supervising Social Worker)** | | | | | | | | | | | | | | |
| **Name(s) of prospective carer(s)**  **being assessed** | | | |  | | | | |  | | | | | |
| **DOB** | | | |  | | | | |  | | | | | |
| **Nationality** | | | |  | | | | |  | | | | | |
| **Ethnicity** | | | |  | | | | |  | | | | | |
| **Language** | | | |  | | | | |  | | | | | |
| **Religion** | | | |  | | | | |  | | | | | |
| **Marital status/civil partnership** | | | |  | | | | | | | | | | |
| **Previous relationships** | | | |  | | | | |  | | | | | |
| **Applicant’s occupation** | | | |  | | | | |  | | | | | |
| **Working hours** | | | |  | | | | |  | | | | | |
| **Will working hours change if child is placed (if yes, detail changes)** | | | |  | | | | |  | | | | | |
| **Address:** | | | |  | | | | | | | | | | |
| **Tel No.** | | | |  | | | | | | | | | | |
| M: | | | | | M: | | | | | |
| **Date Police (PNC) check undertaken:** | | | |  | | | | |  | | | | | |
| **Provide details of any information from police checks for these prospective carers that is relevant to this assessment, including the potential impact on the child(ren) being placed:** | | | | | | | | | | | | | | |
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| **Provide details of significant prior involvement with Children’s Services (check BCP records or if self-disclosed in other local authority area):** | | | | | | | | | | | | | | |
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| **Details of children who already live in the prospective carer’s household** | | | | | | | | | | | | | | |
| **Name** | | **Ethnicity** | | | **DOB** | | | **Gender** | | **Relationship to prospective carers** | | | | |
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| **Details of any other adults (including adult children) who already live in the prospective carer’s household** | | | | | | | | | | | | | | |
| **Name** | | **Ethnicity** | | | **DOB** | | | **Gender** | | **Relationship to prospective carers** | | | **Date PNC completed** | |
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| **Provide details of any information from police checks for other adults living in the household that is relevant to this assessment, including the potential impact on the child(ren) being placed:** | | | | | | | | | | | | | | |
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| **Details of any children of either applicant or significant others, including a current partner of the prospective carer, living away from the household:** | | | | | | | | | | | | | | |
| **Name** | **Ethnicity** | | **D.O.B** | | | **Gender** | **Relationship to prospective carers** | | | | | **How often do they visit the household?** | | |
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| **Prospective carers’ lifestyle and availability to meet the child’s needs - this should refer to work and family commitments and access to support networks** | | | | | | | | | | | | | | |
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| **Parenting capacity, parenting experience, managing challenging behaviour and identity issues** | | | | | | | | | | | | | | |
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| **Carers’ understanding of the assessment process and requirements of them as kinship carers, including their understanding of the possible duration of the placement** | | | | | | | | | | | | | | |
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| **Are there any concerns regarding the prospective carers being able to work within Local Authority plans, particularly in relation to agreed family time with birth families?** | | | | | | | | | | | | | | |
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| **What is the prospective carer(s) knowledge and understanding of the child(ren)’s current situation? How do they feel about this? What is their motivation for taking on the care of the child(ren)?** | | | | | | | | | | | | | | |
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| **What are the prospective carer(s) own family’s views of the child being placed? (ensure the views of all resident household members, including children, are recorded, naming all contributors)** | | | | | | | | | | | | | | |
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| **Date the prospective carers’ home was seen:** | | | | | | | | | | |  | | | |
| **Accommodation: home conditions, general cleanliness and state of repair, adequacy of indoor living space, outdoor space, location of the property, any immediate or significant concerns regarding pets** | | | | | | | | | | | | | | |
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| **Where will the child sleep? Include details of any room sharing arrangements and impact of this for the child and household** | | | | | | | | | | | | | | |
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| **Do any of the members of the household have any physical or mental health issues? (If yes, detail them and explain the implications for the child)** | | | | | | | | | | | **YES/NO** | | | |
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| **Do any household members smoke or vape? (if yes, provide details eg where they smoke)** | | | | | | | | | | | **YES/NO** | | | |
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| **Please give details of any other issues that need to be considered regarding the prospective carers or their accommodation** | | | | | | | | | | | | | | |
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| **Part D – Analysis** | | | | | | | | | | | | | | |
| **To be completed by the child’s social worker** | | | | | | | | | | | | | | |
| **Provide an analysis of the strengths and vulnerabilities of the proposed placement and the carers’ ability to meet the child’s needs** | | | | | | | | | | | | | | |
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| **Recommendation (select all that apply)** | | | | | | | | | | | | | | |
| **Temporary approval as foster carers and child should be placed** | | | | | | | | | | | | | |  |
| **Progress a full Kinship Care assessment (with or without the child being placed)** | | | | | | | | | | | | | |  |
| **Progress a Special Guardianship assessment (with or without the child being placed)** | | | | | | | | | | | | | |  |
| **Child should not be placed nor should further assessment be progressed** | | | | | | | | | | | | | |  |
| **To be completed by the fostering supervising social worker** | | | | | | | | | | | | | | |
| **Provide an analysis of the strengths and vulnerabilities of the proposed placement and the carers’ ability to meet to meet the Fostering National Minimum Standards** | | | | | | | | | | | | | | |
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| **Recommendation (select all that apply)** | | | | | | | | | | | | | | |
| **Temporary approval as foster carers and child should be placed** | | | | | | | | | | | | | |  |
| **Progress a full Kinship Care assessment (with or without the child being placed)** | | | | | | | | | | | | | |  |
| **Progress a Special Guardianship assessment (with or without the child being placed)** | | | | | | | | | | | | | |  |
| **Child should not be placed nor should further assessment be progressed** | | | | | | | | | | | | | |  |

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| **Part E – Information Sharing with the Prospective Carer** | |
| **Confirm that the prospective carer has been informed of the following (please tick)** | |
| **Consideration as to whether to seek permission to become party to Care Proceedings, if appropriate, and the legal process** | |  | |
| **Options and implications of becoming a Kinship Carer vs. a Special Guardian** | |  | |
| **Access to independent advice** | |  | |
| **Kinship Carer Information Pack provided** | |  | |
| **Information about payments** | |  | |
| **Information about training requirements** | |  | |

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| **Part F - Authorisation** | | | |
| **Role** | | **Name (Print)** | **Signature** | **Date** | |
| **Carer 1** | |  |  |  | |
| **Carer 2** | |  |  |  | |
| **Child’s social worker** | |  |  |  | |
| **Child’s social worker team manager** | |  |  |  | |
| **Fostering supervising social worker** | |  |  |  | |
| **Fostering team manager** | |  |  |  | |

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| **Part G – Service Manager Decision (select all that apply)** | |
| **Temporary approval as foster carers and child should be placed** |  |
| **Progress a full Kinship Care assessment (with or without the child being placed)** |  |
| **Progress a Special Guardianship assessment (with or without the child being placed)** |  |
| **Child should not be placed nor should further assessment be progressed** |  |

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| **Service manager** |  | **Date** |  |

**All requests to extend temporary approval beyond 16 weeks must be agreed by a Director in their capacity as Agency Decision Maker and can only be agreed for a maximum additional 8 weeks, and only in prescribed circumstances.**