**CONFIDENTIAL**

**Initial Assessment for Temporary Approval as a Kinship Foster Carer**

**Regulation 24 Care Planning, Placement & Care Review Regulations, 2010**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child/ Young Person** |  | **Date of Birth** |  |

1. **I/We agree:-**

* To care for the child as if he/she were a member of my own family.
* To permit any person authorised by the Local Authority to visit the child at any time.
* To allow the child to be removed by the Local Authority at any time if it appears that this placement is no longer the most suitable way of promoting the child’s welfare.
* To ensure that any confidential information, which is given about this child or their family, is kept confidential and is not disclosed without the permission of the Local Authority.
* To only allow the child to have family time with those people and at those times specified in the family time arrangement.
* To protect the child from abuse and to promote their welfare.
* To transport the child to contact, school or nursery and any professional or medical appointments.
* To:

**(Please add any other specific conditions)**

1. **I/we understand that this arrangement will be the subject of a more comprehensive** assessment by the Local Authority and that the child’s continued placement will be determined by the outcome of that assessment.
2. **I/We undertake to give immediate notice to Kent County Council of:**

* Any intended change of address
* Any change in the composition of our household (to include any animal that may pose a danger or risk to children)
* Any change in our personal circumstances and any other event affecting either our capacity to care for any child placed or the suitability of our household.

1. **We also undertake to:**

* Maintain our home to a “fit” standard to ensure good health, safety and hygiene
* Ensure that the foster child has his/her own bed and personal storage space. Any room sharing to be determined in advance of the placement
* Allow the bedroom to be inspected
* Maintain bedroom furniture, bedding and child’s clothing to a satisfactory standard. This may include listing a child’s clothing and belongings at the time the child moves on
* Promote a child’s positive image of their family
* Ensure that each child in our care is registered with a General Practitioner and that each child receives appropriate health care, which may include contact with General Practitioners, dentists, opticians and mental health specialists
* Not to use corporal punishment including slapping and rough handling to any child placed
* Tell the social worker of any incident of abuse that is revealed by the child. Such revelations must never be kept secret.

## *5 Kent County Council Fostering Service agree to:*

* Provide social work support in order to promote the welfare of the children in their care and good fostering practice.
* Pay fostering allowances promptly

|  |  |  |
| --- | --- | --- |
| **Applicant Name** | **Signature** | **Date:** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Child’s Social Worker** | |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |