**Viability Assessment**

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| **Schedule 4 / Viability Assessment**  **Placement with Connected Persons Carers (Care Planning, Placement and Case Review Regulations 2014 Reg. 24 & Schedule 4)** |
| Where a child cannot live with their parents, it is the duty of local authorities to work in partnership with parents and relatives to identify whether there is anyone within the child’s network of family and friends who can provide the child with safe and appropriate care.  **Where there are child protection concerns, it is important to:**   * Identify and involve the wider family as early as possible: family members can play a key role in supporting the child and helping parents address identified problems. If these problems escalate, local authorities should then seek to place children with suitable wider family members where it is safe to do so. * Enable wider family members to contribute to decision-making, including deciding when the child cannot remain safely with their parents.   A connected person means a family member, friend, and any person within the child/ren’s wider network who has an established relationship with the child/ren.  **Please Note: A child should only be placed with a prospective Connected Carer after Temporary Approval has been granted by the Nominated Officer i.e. Head of Through Care (Children in Care, Care Experienced Young Adults, Fostering & Permanence, Family Time and Emotional Wellbeing)** |

**To be completed by the Child/ren’s Social Worker**

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| **Date of Viability Assessment Visit** | Click or tap to enter a date. |

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|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| **Child’s Names** |  |  |  |  |
| **LCS ID** |  |  |  |  |
| **Date of Birth** | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| **Legal Status** | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

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| **Name of Social Worker and Team** |  |
| **Date of the Family Group Conference/ Family Network meeting** | Click or tap to enter a date. |

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| **Name(s) of those present at interview (if there are two prospective carers, both should be present** | |
| **Relationship to the child/ren** |  |
| **Applicant 1’s Date of Birth** | Click or tap to enter a date. |
| **Applicant 2’s date of birth** | Click or tap to enter a date. |
| **Immigration Status of the Applicant 1** | Choose an item. |
| **Immigration Status of the Applicant 2** | Choose an item. |

**Summarise the child’s current and anticipated future needs**

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| **Physical and Health needs**, including any medical or health needs the child has, how these are managed and what level of input it is anticipated will be needed from the carer. The potential carer should be able to meet all day-to-day health and medical needs, including dentist, opticians, and health check-ups, and be able to provide routine, a healthy diet and age-appropriate care. Consideration should be given to the lifestyle and activities of the child and how the carer can meet these needs, including what clubs and activities the child undertakes and how the carer will encourage talents and aspirations. |
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| **Educational needs**, including whether the child has any specific schooling needs and whether they would need to change schools and how this would be managed, as well as whether the child has any learning or behavioural needs and is subject to an Education, Health and Care Plan (EHCP). |
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| **Emotional and behavioural needs**, including any behaviour that may cause disruption and de-stabilise the household, any therapeutic needs and how they should be met. It will also be important to explore the carer’s understanding of managing transition and difficulties in attachment. |
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| **Identity needs**, including how the child will understand their journey and story, their cultural, religious and linguistic needs, their gender identity and sexuality, and how the child will be understood in the family system. |
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| **Wishes and Feelings of the child/ren and young person(s)** What are the child/ren’s wishes and feelings in relation to any proposed plans including plans for Family Time and in relation to religious and cultural upbringing. Please include the date on which the child’s wishes and feelings were ascertained. |
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| **Views of birth parents:** Please give an assessment of the wishes and feelings of each parent regarding [the proposed plan, that might include] (i) Special Guardianship; (ii) the child’s religious and cultural upbringing; and (iii) Family Time with the child, and the date on which the wishes and feelings of each parent were last ascertained. |
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**To be completed by the Fostering Social Worker**

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| **Name of Fostering Social Worker** |  |

**The Applicant(s)**

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|  | **Applicant 1** | **Applicant 2** |
| LCS ID |  |  |
| Family Name of Prospective Foster Carer 1 |  |  |
| Forename(s) |  |  |
| Date of birth | Click or tap to enter a date. | Click or tap to enter a date. |
| Place of birth / Nationality |  |  |
| Ethnicity |  |  |
| Language(s) |  |  |
| Religion |  |  |
| Is the applicant registered as disabled? |  |  |
| National Insurance ID Number |  |  |
| Full Postal Address |  |  |
| Length of time at address |  |  |
| Mobile Phone Number |  |  |
| Email Address |  |  |
| Is this the applicant/s permanent place of residence? Give details |  |  |
| Local Authority area | **Dudley** | **Dudley** |

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| **The ability of the family member or friend being assessed to meet these needs (with appropriate support**   * Include matching considerations with regards to birth family’s heritage needs, religion and cultural practices. * Consider working patterns, knowledge of the current and anticipated needs, their health, finances, suitability of their accommodation, relationship with birth parents and established relationship with the child/ren / young person/s. * Include understanding of the local authority’s concerns, and insight into the impact of this on the children. * Attitude to and ability to manage family time with parents, both now and in the future. * Own previous or current involvement with Children’s Services and ability to manage the identified risks parent(s) pose to the children/young people. |
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| **Local Authority Checks (check LCS and EHM). If they have lived in another Local Authority area, check with these authorities** |
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| **PNC (Police National Computer)**  **Check to be completed on Applicants and all adults that live in the household.**  Ensure that applicants and adults in the household have signed consent for the PNC checks. The assessor should ask the carer to share any history of criminal offences (cautions and convictions) so that the significance of these can be assessed. It is good practice to check the information provided by seeking consent to request information held on the police national computer (a PNC check). |
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| **Fostering Social Worker’s analysis of this evidence, which underpins the recommendation they have reached.**   * Once all relevant factors have been addressed, the assessor must consider all the information obtained   during the viability assessment.   * They must analyse the positive and negative factors: the potential advantages to the child of being placed with this person from within their network and the positive aspects to their care, against any risks or vulnerabilities of the placement in promoting the safeguarding and wellbeing of the child both now and into the future. * The analysis should inform and evidence the recommendation reached as to whether or not this is a potentially ‘realistic option’ that should be assessed further, including areas that should subsequently be explored in greater depth. |
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| **Fostering Team Manager’s analysis of this evidence, which underpins the recommendation they have reached.**   * Is the Team Manager satisfied that at this stage the prospective carer meets the requirements of Fostering Regulations and Fostering National Minimum Standards. Please comment on whether a fostering Assessment should be undertaken, detailing reasons for the comments. * If possible please confirm recommendation for Fostering, Child Arrangement or Special Guardianship Order | | | |
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| **Name of the Team Manager** |  | **Date** | Click or tap to enter a date. |
| **Signature of the Team Manager** |  | **Date:** | Click or tap to enter a date. |

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| **Head of Children in Care and Resources / or Fostering Service Registered Manager Comments**  **(Nominated officer)** | | | | | | | | | | | | |
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| If approved agree | | Fostering |  | Child Arrangement Order | |  | or Special Guardianship | | | | |  |
| Date placement commences / due to commence | | | | | | | | | Click or tap to enter a date. | | | |
| Agree exceptional (16 weeks) temporary fostering approval (Emergency) | | | | | | | | | YES |  | NO | |
| Nature of exceptional agreement | | |  | | | | | | | | | |
| Name of Nominated Officer | | |  | | | | | Date |  | | | |
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| Location |  | | | | Telephone No. | | | |  | | | |

**Applicant(s) Signature, Comments and Declaration**

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| **Do you have any additional comments with regards to this assessment? Please continue on separate sheet if needed.**  **Declaration -** Please read the following information carefully before you give your consent.  It has been explained to me that the assessment report(s) completed by the social workers may be provided to the court and seen by all parties relevant to the court proceedings (including the children/ren’s parents, as well as legal representatives and social work professionals)  I hereby give consent for the report(s) to be placed before the court if the local authority is directed to do so.  **Signatures**  **Applicant 1**  **Name: ……………………………………………………………………………………….**  **Signature: …………………………………………………………………………………..**  **Date: …………………………………………………………………………………………..**  **Applicant 2**  **Name: …………………………………………………………………………………………**  **Signature: ……………………………………………………………………………………**  **Date: ………………………………………………………………………………………** |