

Services for Children, Young

People and Families

**CHILDREN IN CARE**

**Family & Friends**

**Viability Study**

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| --- |
| **Social Worker:**  **Supervising Social Worker:**  **Date format to be Reviewed: May 2014** |

**FAMILY & FRIENDS FOSTERING**

**Viability Study**

CHILDREN’S SOCIAL WORKER’S NAME: \_\_\_\_

SUPERVISING SOCIAL WORKER’S NAME: \_\_\_\_

This form should be completed jointly between the Child’s Social Worker and a Supervising Social Worker from the Family Placement Team, a joint visit by both social workers is to be conducted to assist in the completion of this report.

**PART A**

**Information about the background to the proposed placement**

To be completed by the child’s social worker.

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|  | | | | | | **Applicant 1** | | | | | | | | | | **Applicant 2** | | | |
| 1. **Name(s) of the prospective carer(s)** | | | | | |  | | | | | | | | | |  | | | |
| 1. **DOB** | | | | | |  | | | | | | | | | |  | | | |
| 1. **Ethnicity** | | | | | |  | | | | | | | | | |  | | | |
| 1. **Address:** | | | | | |  | | | | | | | | | |  | | | |
| 1. **Tel No.** | | | | | | **Home:**  **Mobile:** | | | | | | | | | | **Home:**  **Mobile:** | | | |
| 1. **Marital status/civil partnership of applicants:** | | | | | |  | | | | | | | | | |  | | | |
| 1. **Previous relationships:** | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | | |  | | | |
| 1. **Applicant’s employment:** | | | | | |  | | | | | | | | | |  | | | |
| 1. **Applicant’s religion:** | | | | | |  | | | | | | | | | |  | | | |
| **10. Name of Child/Children to be placed** | | | | | | | | **DOB** | | | **Ethnicity** | | | | **Date of any orders** | | | | |
| a) |  | | | | | | |  | | |  | | | |  | | | | |
| b) |  | | | | | | |  | | |  | | | | we | | | | |
| c) |  | | | | | | |  | | |  | | | |  | | | | |
| d) |  | | | | | | |  | | |  | | | |  | | | | |
| 1. **Details of all adults and children who already live in the prospective carer’s household or who stay regularly:** | | | | | | | | | | | | | | | | | | | |
| **Name** | | **Ethnicity** | | | | | **DOB** | | | **Gender** | | **Relationship to Prospective Carers** | | | | | | | |
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| 1. **Child’s Identification No.** | | | | |  | | | | | | | | | | | | | | |
| 1. **Details of birth parent(s) or anyone with PR** | | | | | **Name** | | | | **Date of Birth** | | | | **Ethnicity** | | | | **Address** | | |
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|  | | | |  | | | |  | | | |  | | |
| **14. Child(ren)’s Home Address:** | | | | |  | | | | | | | | | | | | | | |
| * 1. **Legal Status of Child(ren) being placed:** | | | | |  | | | | | | | | | | | | | | |
| * 1. **What is the plan for the child(ren)? Should and SGO be considered?** | | | | |  | | | | | | | | | | | | | | |
| * 1. **Why is this placement being sought (Including background information as to why the child(ren) are being brought into care).** | | | | |  | | | | | | | | | | | | | | |
| * 1. **What is the relationship of the prospective carer(s) to the child (provide details)?** | | | | |  | | | | | | | | | | | | | | |
| * 1. **Please complete a family tree outlining the relationships within the family. (*This should include parents, siblings, aunts and uncles and anyone else referred to in this report.)***   ***(you an either cut and paste the symbols in the box opposite or append a family tree from ICS)*** | | | | |  | | | | | | | | | | | | | | |
| **f. Have the prospective carer(s) previously cared for the child?** | | | | |  | | | | | | | | | | | | | | |
| **g. What was the pre-existing relationship of the prospective carer(s) to the child (e.g. frequency of contact, details of recent contact)?** | | | | |  | | | | | | | | | | | | | | |
| **h. What was the pre-existing relationship of the prospective carer(s) to the child’s birth family? Are there any concerns regarding the prospective carers being able to work within Local Authority plans, particularly in relation to contact** | | | | |  | | | | | | | | | | | | | | |
| 1. **Do any of the members of the household have any convictions? (If yes, please give details/dates/checks received):** | | | | |  | | | | | | | | | | | | | | |
| 1. **Are the carers willing to look after the child on a long term basis?** | | | | |  | | | | | | | | | | | | | | |
| 1. **Details of any children of either applicant or significant others 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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| **18. Accommodation** | | | | | | | | | | | | | | | | | | | |
| ***Please give a brief description of the property, number of rooms, bedrooms etc. (nb. a LAC may sleep in carers bedroom in a cot up to 18 months and then must have own bed not sharing with an adult. Children over 7 years can only share a room with a child of the same gender, no child can share with anybody 18 years and over)*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **b) Who will sleep in which bedroom?** | | | | | | | | | | | | | | | | | | | |
| ***Single/Double*** | | | ***Occupants*** | | | | | | | | ***DOB*** | | | | | | | ***Relationship to carer(s)*** | |
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| **19.Health and Safety** | | | | | | | | | | | | | | | | | | | |
| **a) Is the property safe and suitable for a child to be accommodated?** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **b) What concerns if any do you have about the property if the proposed placement is to go ahead?** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **c) How can these concerns be met?** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **d) On what date have you visited the property?** | | | | | | | | | | | | | | | | | | | |
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| **Ini20. Initial Police Checks (completed by Child’s SW) (including significant visitors to the property)** | | | | |
| **Insert Name(s)** | | **Date applied for** | **Date Received** | **Any concerns** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |

**PART B**

**Information about the child(ren)**

To be completed by Child’s social worker

|  |  |
| --- | --- |
| 1. **What are the child’s immediate needs in relation to the following (please include details of existing arrangements/appointments): -** | |
| * + 1. **Keeping Safe** |  |
| * + 1. **Health**   **(include dental)** |  |
| * + 1. **Education** |  |
| * + 1. **Emotional and behavioural needs** |  |
| * + 1. **Cultural and Religious identity** |  |
| * + 1. **Leisure** |  |
| 1. **Can the carer meet the child’s identified needs (as above)** |  |
| 1. **What are the parent’s views of the child being placed with this family?** |  |
| 1. **What are the child’s views of being placed with this family?** |  |
| 1. **Does the child’s extended family support this proposed placement?** |  |
| 1. **Please give details of any other siblings and where they live.**   **(Details of any planned moves).** |  |
| 1. **Please give details of any other issues that need to be considered within this viability study.** |  |
| 1. **What is the prospective carer(s) knowledge and understanding of the child(ren)’s current situation? How do they feel about this? What is the motivation for taking on the care of the child(ren)?** |  |
| 1. **Does the prospective carer know of any reason(s) why they should not be considered as carers for the child? If yes, please comment.**   **(Including any history of domestic violence between members of the household)** |  |

**PART C**

**Information about the carers**

(to be completed by Family Placement Team Supervising Social Worker)

|  |  |
| --- | --- |
| 1. **Brief description of prospective carers’ lifestyle and availability to meet the children’s needs. This should refer to work and family commitments and access to support networks.** |  |
| 1. **Please comment on parenting capacity, parenting experience, managing challenging behaviour and identity issues.** |  |

**PART D**

**Organisational Checks**

This process is the start of an ongoing check/register of checks that are made

**The Supervising Social Worker must complete the DBS disclosure form and the consent to disclosure form before or on the day of placement.**

**a) DBS checks**

DBS checks are to be applied for in relation to (for all household members and relevant persons aged 16+ including significant visitors)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insert Name(s)** | | **Date applied for** | **Date Received** | **Any comments (Is Reg 26 (8) being applied?)** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |

**b) Consent to disclosure form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insert Name(s)** | | **Date completed** | **Date given to business support** | **Any comments** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |

**Part E**

**INFORMATION SHARING WITH THE PROSPECTIVE CARER**

to be completed by SSW

**Please 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** |  |
|  |  |
| **Seeking independent legal advice** |  |
|  |  |
| **Access to independent advice** |  |
|  |  |
| **The legal process (where appropriate)** |  |

|  |  |
| --- | --- |
| **Roles and responsibilities of prospective carers** |  |
|  |  |
| **Foster Care assessments and approval process** |  |
|  |  |
| **Support available to prospective carers, including payments** |  |
|  |  |
| **Explaining role of different professionals involved e.g. child(ren)’s Social Worker, Fostering Team Social Worker, children’s guardian, family support worker** |  |
|  |  |
| **Information about complaints, Representation and Compliments Procedure** |  |

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| **Completed assessments can be submitted to the different parties in court proceedings** |  |

**Personal Reference 1 (completed by SSW)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insert Name(s)** | **Date applied for** | **Date Received** | **Report submitted** |
|  |  |  |  |

**Personal Reference 2 (completed by SSW)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insert Name(s)** | **Date applied for** | **Date Received** | **Report submitted** |
|  |  |  |  |

**Reference 3 (member of applicant’s family as appropriate) (completed by SSW)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insert Name(s)** | **Date applied for** | **Date Received** | **Report submitted** |
|  |  |  |  |

**Employer’s Reference (completed by SSW)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insert Name(s)** | **Date applied for** | **Date Received** | **Report submitted** |
|  |  |  |  |

**Ex-partners references (completed by SSW)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insert Name(s)** | **Date applied for** | **Date Received** | **Report submitted** |
|  |  |  |  |

**PART F**

**Social Work Analysis and Recommendations**

To be completed by both social workers

|  |  |
| --- | --- |
| **What are the positive aspects of the proposed placement?** |  |
| **What are the vulnerabilities of the proposed placement?** |  |
| **Social workers recommendations** |  |
| **Supervising Social Workers recommendations** |  |
|  | **Signature of Child’s Social Worker:** |
|  |
| **Signature of Social Worker’s Team Manager:** |
|  |
|  | **Signature of Supervising Social Worker:** |
|  |
| **Signature of Supervising Social Worker’s Team Manager:** |
|  |

**Appendix A**

**List of people and terms** (please give a copy of this to the carers)

**Child’s social worker**

This is the social worker who will hold direct case responsibility for the child being placed with you. As well as completing the initial assessment where children are placed with family or friends, they are responsible for co-ordinating the plan for the child being placed and they should also visit regularly and communicate with you about any plans or arrangements that have been made.

**Supervising Social Worker**

This social worker is responsible for completing the full assessment of family and friends carers and for presenting this to the fostering panel, they are also responsible for ensuring that carers have access to suitable training and equipment that is required in order to care for the child who has been placed. Usually this social worker is a member of the family placement team and in most cases will continue to provide support to foster carers after they have been approved and will be responsible for completing the carer’s annual review report and for conducting regular supervision.

**Agency Decision Maker**

The Agency Decision Maker is responsible for making the decision as to who can or cannot foster. In making a decision the ADM must consider the papers that have been submitted to the fostering panel and document what they have taken into consideration. On receipt of the final decision, those being assessed can appeal to the ADM with additional information within 28 days.

**Fostering (Family Placement) Panel**

The fostering panel is the body established in the Fostering Regulations that all fostering agencies must have. All panels must have at least 5 members to be quorate and include 1 social worker and 2 independent members. While the panels’ remit is wide reaching and is seen as serving a ‘quality control’ function over the practice of the fostering service all assessments of those wishing to foster must be presented to the fostering panel first for consideration and the panel will make a recommendation to the ADM. You will be invited to attend the panel in person when your assessment is discussed, as this is intended an inclusive step. Applicants should not be afraid that they are going to be ‘cross examined’ in any way when they attend the panel.

**Regulation 24**

The Care Planning Legislation 2010 which came into force on the 1st of April 2011 sets out in Regulation 24 the remit under which a local authority can place a child with someone with whom they are already familiar on the proviso that the necessary information is collected. This information is compiled in a Regulation 24 report and presented to the ADM who can then agree temporary approval for 16 weeks. Under certain circumstances this temporary approval can be extended for a further 8 weeks. Any placement must end at the end of that further period of time if the carer’s full assessment has not been completed and full approval given by the Agency Decision Maker.

**Independent Review Mechanism (IRM)**

Where those being assessed wish to appeal the final decision made by the Agency Decision Maker, an appeal can be made either to the Agency Decision Maker or to an independent panel called the Independent Review Mechanism (IRM). This panel will hear the relevant information, and make a recommendation to the original Agency Decision Maker, however they, (the Agency Decision Maker) will still have the final say regarding the approval or non approval of the applicants concerned. Where applicants being assessed have appealed a decision to the IRM, their temporary approval can be extended for the length of appeals process.

**Independent support**

Independent support can be obtained from the following organisations;

Family Rights Group 0808 8010366

Fostering Network 0800 040 7675