**VIABILITY- INITIAL ASSESSMENT**

**Details of child/ren needing to be placed:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **DOB** | **CURRENTLY PLACED WITH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Summary of each child’s needs:** |

**Potential Carer and household members:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **DOB** | **RELATIONSHIP TO SUBJECT CHILD/REN** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Criminal Convictions:**Does the potential carer/s or any member of their household have any criminal convictions/cautions/warnings? **Yes No**If you have answered **YES** please state what these convictions/cautions/warnings are and when they were committed:Has PNC been completed **Yes** **No***Please note any false or misleading information should be taken seriously and potential carers should be informed that as part of a full kinship assessment any adult member of the household, potentially including teenagers over the age of 16 years, will be required to undergo full Enhanced DBS checks.* |

|  |
| --- |
| **Health:**Has the potential carer or any member of their family had any relevant health issues, for example: **Alcohol/Drug dependency** **Diabetes** **Hypertension** **Anxiety** **Depression** **Arthritis** **Self Harm/Suicidal Ideation** **Any other health/mental health conditions or concerns. Please explain:**Does the potential carer or any member of their household consider themselves to be disabled? **Yes No** If yes, please explain: |

|  |
| --- |
| **Relationship Status:** **Married/Co-habiting** Please state for how long. **Single**If the potential carer is in a relationship – how long have they been in a relationship? How often do the couple see each other and how much contact will their partner have with the child/ren in question? **Divorced**Please state for how long and the date the divorce was finalised. **Separated**  Please state for how long.**Does the potential carer have intentions of reunifying with their partner?** **Yes** **No**    If so, what are the proposed timescales? What were the reasons for separation and have these been resolved?**Previous Relationships:**Please include details of significant previous relationships where the potential carer’s ex-partner may pose a risk to the child or be a source of support to the potential carers. |

|  |
| --- |
| **Occupation:**Does the potential carer/s work? **Yes No**     Full Time Part Time Contractual Casual        Please state how many hours the potential carer/s work.Does the potential carer/s intend to work in the future? **Yes** **No**    If the child in question is below the age of 12 years, how are the potential carers proposing to manage child care arrangements?Will the potential carers require childcare support? **Yes** **No**    Are there other family members available to support them with childcare?**Yes Yes No**    What type of support is envisaged? Who is responsible for applying for the support requested?How many hours of support per week is required? |

|  |
| --- |
| **Accommodation:**Please indicate the type of accommodation the potential carer is currently living in:**Ownership**Owned/Mortgaged Rented Other      Please indicate the Local Authority OR Housing Association responsible for the potential carer’s housingDoes the potential carer have a secure tenancy? **Yes No**    If no. what can be done to secure the potential carer’s accommodation?**Type Of Property**    **Flat House Maisonette Studio**    **Number of Bedrooms** **1 2 3 4 5**        Will the children in question have their own bedroom **Yes** **No**    If not, please state clearly what the sleeping arrangements will be and whether the child is agreeing to this arrangement.In the short term?  In the long term?Permanently?Is housing and space a concern? What support is available to the potential carer/s to address this issues and who is responsible for progressing this? **Yes No**     |

|  |
| --- |
| **Health and Safety of the Home:**In the anticipation of a full Health and Safety Check of the property, does the home appear safe and suitable for a child/ren to be placed? **Yes No**    Please state any obvious health and safety concerns which need to be resolved prior to a placement commencing:If there are pets in the home please describe and explain any considerations required in light of a potential placement:**Does anyone in the home smoke? Yes No**    If yes, how will this be managed to minimise the impact on the children? |

|  |
| --- |
| **Assessment of the potential carer’s motivation and ability to care for this specific child/ren:****Please comment on the following:*** *The carer’s motivation for caring for this specific child/ren?*
* *The potential carer’s previous child care experience? What is the carer’s aptitude to provide care?*
* *The potential carer’s financial circumstances – can they financially support the child/ren? Would they require financial assistance?*
* *Are there any regular visitors to the home who would either compromise or support the potential carer’s ability to care for this specific child? What is the potential carer’s view of, and proposals for managing or making use of this?*
* *What is the potential carer’s understanding of the possible length of placement? Are they prepared to care for the child permanently, until they are 18 years old? Does the potential carer have any understanding about the different permanency options available (long term fostering, Residence Order, Special Guardianship and adoption?) What information has been provided to the potential carer in relation to these different options?*
 |
| **Assessment of the relationship between the child/ren and the potential carer, broad family dynamics and issues around managing contact:*** *The relationship between the child/ren and the potential carer. Is there an established relationship? How often have or do they see each other? What is the quality of the time spent together?*
* *What do the potential carer’s know about the specific needs of the child/ren? Can they describe the child’s personality, likes and dislikes? Does the child have any disability or specific learning needs?*
* *What is the relationship like between the potential carer and the child’s parents/extended family members? Is there currently any conflict with the child’s parents? What does the potential carer think the challenges will be if they become the child’ primary carer in relation to working with the child’s parent/s?*
* *How will the potential carer manage contact between the child and their parent/s? Do they envisage any issues or problems managing contact in the future? What support do they feel they may need in relation to this?*
* *What are the potential carer’s views, and the views of the other members of the household, about the impact caring for the child will have on their life?*
 |
| **Children’s Wishes, Feelings and Views about the potential placement:** |

|  |
| --- |
| **Risk Assessment****For the Assessor:** Have you discussed the concerns that have led to the Local Authority’s involvement with the potential carer? **Yes No**    What was the potential carer’s response to this information? What was the potential carer’s understanding of the presenting concerns of the Local Authority and were they aware of these concerns prior to the Local Authority’s involvement?What is your assessment of the carer’s ability to protect the child/ren from future risk of harm?How do they intend to safeguard and meet the needs for the child/ren should they be placed in their care?What support/services are required from the Local Authority, community or extended family network to assist the potential carer to safeguard and care for the child/ren? |
| **Social Worker Recommendations:**In your professional opinion, does this potential carer offer a realistic option for the care of the child/ren in question?**Strengths of the potential placement****Limitations of the potential placement and identified areas of support****Any areas of disagreement between assessor and potential carer/s should be noted here:**Signature: ………………………………………..Date: ……………………………………………… |

|  |
| --- |
| **Manager’s Decision:**Signature: …………………………………….Date: …………………………………………... |