**Viability Report for a fostering family requesting to adopt a child.**

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| **Details of child/ren the carers would like to be assessed to adopt:****Viability Assessment completed on: By:**  |
| **Name of child****DOB:**  |
| **Currently living with:**  |
| **Summary of child’s needs****Availability:****Sensitivity:****Acceptance:****Cooperation:****Family Membership:****Birth Family Considerations:****Brother/Sister considerations:****Financial matters:****Legal issues:** |
| **Foster carer and household members** |
| **Name:** **DOB:** **Name:** **DOB:**  |
| **Relationship to child/ren:**  |
| **Address and Contact Details of Fostering Family who wish to adopt (Redact before Disclosure)** |
| Address-line:  |
| Address-line 2:  |
| Address-Postcode:  |
| Home Telephone No.  |
| Mobile No.  |
| Work Telephone No.  |
| Email address:  |
| **Nationality/Immigration Status (please confirm proof of both):** |
| **Ethnic Origin:**  |
| **Religion (please state whether the family are practicing or nonpracticing):** |
| **Criminal Convictions:***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.* |
| **Does the potential carer/s or any member of their household have any criminal convictions/cautions/warning?**  |
| **If you have answered yes please state what these convictions/cautions /warnings are and when they were committed:**  |
| **Has PNC been completed? Y/N** |
| **Health:***Has the foster carer/potential adopter or any member of their family had any relevant health Issues.* |
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| **Does the potential carer or any member of their household consider themselves to be disabled?  Yes  No** |
| **Relationship Status:** |
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| **Previous Relationships:** |
| Please include details of significant previous relationships where the foster carer/potential adopters ex-partner may pose a risk to the child or be a source of support to the family:  |
| **Occupation:**  |
| **Does the foster carer/potential adopter work?**  |
| **Please state how many hours/shift patterns etc.**  |
| **Does the potential carer/s intend to work in the future and what are their plans around this alongside meeting the childs needs? (for example - how are the potential carers proposing to manage childcare arrangements?)**  |
| **Will the potential carers require childcare support?**  Yes  No |
| **Are there other family members available to support them with childcare?** |
| Yes No |
| **What type of support is envisaged? Who is responsible for applying?** |
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| **How many hours of support per week is required?** |
| **Accommodation:** |
| **Please indicate the type of accommodation the potential carer is currently living in.** |
| **Ownership** |
| **Please indicate the Local Authority OR Housing Association responsible for the potential carer’s housing:** |
| **Does 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** |
| **Number of Bedrooms** |
| **Will the child/ren in question have their own bedroom?**  |
| 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 foster carer/potential adopter to address this issue and who is responsible for progressing this?** |
| **Health and Safety of the home:** |
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| **Please state any obvious health and safety concerns which need to be resolved prior to an adoption assessment commencing:**(NB If significant health and safety concerns are highlighted, please share with fostering worker) |
| **If there are pets in the home please describe and explain any considerations required in light of a potential child being adopted:** (NB If significant concerns are highlighted please share with fostering worker) |
| **Does anyone in the household smoke?**  Yes  No |
| **Assessment of the potential carer’s motivation and ability to care for this specific child/ren:****Please comment on the following:***- The foster carer/potential adopters motivation for caring for this specific child/ren?**- The foster carer/potential adopters previous child care experience? What is their aptitude to provide care via adoption?**- The foster carer/potential adopters 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 their ability to care for this specific child? What is their view of, and proposals for managing or making use of this?**- Does the foster carer/potential adopter have any understanding about the different permanency options available (Long Term Fostering, Child Arrangement Order, Special Guardianship and Adoption)? What information has been provided to the foster carer/potential adopters in relation to these different options?* |
| **Assessment of the relationship between the child/ren and the *foster carer/potential adopters,* family dynamics and impact on around managing the child’s time with those important to them:**- 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 thefoster carer/potential adoptersknow 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 foster carer/potential adoptersand the child’s parents/extended family members? Is there currently any conflict with the child’s parents? How can these be mitigated? What does the potential carer think the challenges will be if they become the child’s adoptive parent in relation to working with the child’s parent/s?- How will the foster carer/potential adoptersmanage ongoing interactions between the child and their parent/s? Do they envisage any issues or problems managing family time in the future? What support do they feel they may need in relation to this?- What are the foster carer/potential adoptersviews, and the views of the other members of the household, about the impact that caring for the child will have on their life? |
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| **Child/ren’s Wishes, Feelings and Views about the potential adoption (if known):****Risk Assessment****For the Assessor**: *Having reviewed information gained in viability around strengths and risks relating to child’s wider family-* *Where there have been presenting concerns highlighted what are the* foster carer/potential adopters *understanding of these? Were they aware of these concerns prior to the viability assessment?**What was the* foster carer/potential adopters *response to this information when considering changed role from foster carer to adopter?**What is your assessment of the* foster carer/potential adopters *ability to protect the child/ren from future risk of harm as their adopter?**How do they intend to safeguard and meet the needs for the child/ren should they be approved as an adopter?**What support/services are required from the Local Authority, community or extended family network to assist the carer to safeguard and care for the child/ren?* |
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| **Have you discussed the concerns that have led to the local authority’s involvement with the potential carer?**  |
| **Strengths of the Potential adoptive home:**  |
| **Vulnerabilities of the Potential adoptive home:** |
| **Social Worker Recommendations:** |
| **Any areas of disagreement between assessor and foster carer/potential adopters should be noted here:** |
| **View of the child’s social worker:** |
| **View of fostering social worker:** |
| **Assessing Social worker Signature:** |
| **Date:**  |
| **Manager’s Decision:** |
| **Signature:** |
| **Date:**  |