**Family and Friends - Initial Viability Assessment**

**To be deleted on document to be filed to Court**

**Section 1:**

**This section details the initial screening enquiries. If Section 1 is positive, then proceed to do the full Family and Friends – Initial Viability Assessment in Section 2 of this document.**

**Section 2:**

**Section 2 must be completed to form the full viability assessment. If Section 1 is positive, please complete this section. If Section 1 is negative, delete this section.**

**Section 1 - Initial Screening Enquiries:**

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| **A1. About the child(ren)** |
| **Name**  |  | **Name**  |  |
| **D.O.B** |  | **D.O.B** |  |
| **Gender**  |  | **Gender**  |  |
| **Ethnic Descent**  |  | **Ethnic Descent**  |  |
| **Religion**  |  | **Religion**  |  |
| **Language Spoken**  |  | **Language Spoken**  |  |
| **Legal Status** |  | **Legal Status** |  |

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| **A2. Do you consent to the initial enquiry as part one of the assessment? This will include checks of any records held about you by the Local Authority and Police.** |
| *NB: No child can be placed until the checks are complete.**NB: The Local Authority wants to make you aware that any information you provide could be shared within the court proceedings.* |
| **Yes** [ ] **No** [ ]  |

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| **A3. About the potential carer(s)** |
|  | **1st Applicant** | **2nd Applicant** |
| **Name**  |  |  |
| **Date of Birth**  |  |  |
| **Gender**  |  |  |
| **Current Address**  |  |  |
| **At Address Since**  |  |  |
| **Current Telephone Number**  |  |  |
| **Email ID** |  |  |
| **Ethnic Descent/ Religion** |  |  |
| **Disability** |  |  |
| **Primary Language**  |  |  |
| **Occupation**  |  |  |
| **Marital, single, civil partnership, divorce, widowed, co-habiting or other Status**  |  |  |
| **Relationship of the child(ren) to the prospective carer(s)** |  |  |

**N.B. If the applicant has a partner, they should be included in this viability assessment and present during assessment visits**

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| **A4. Does the applicant’s partner want to be part of the viability assessment?**  |
| **Yes** [ ] **No** [ ] **NB. Please note if the applicant’s partner lives in the same property, they will have to be included in any assessment** |

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| **A5. Why is the assessment required? (Give a brief outline of the case & the reasons for this assessment)** |
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| **A6. What knowledge do the prospective carer(s) have regarding the child(ren)’s current situation, & what is their view of the circumstances in relationship to the child(ren) becoming looked after?**  |
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| **A7. Are the prospective carer(s) aware of the concerns regarding the child(ren)’s care and the role they will need to play to safeguard the child(ren)?** |
| **Yes** [ ] **No** [ ]  |

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| **A8. Are you prepared to look after the child(ren) until they are aged 18 years old?** |
| **Yes** [ ] **No** [ ]  |
| **A9. Are you able to provide long-term support to the child(ren)?** |
| **Yes** [ ] **No** [ ]  |
| **A10. Does your partner and other household members (where appropriate) understand this?** |
| **Yes** [ ] **No** [ ]  |
| **A11. What are their views?** |
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| **A.12 What do your families think about your proposal to care for the child(ren)?** |
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| **A13. Details of family and friends who could support you with caring for the child(ren)?** |
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| **A14. Who lives in the household?** |
| **Name** | **Age** | **Ethnicity** | **Place of birth** | **Relationship to Prospective Carer** |
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| **A15. Do you consent to us approaching all members of the above household for their agreement to undertake checks with the police and the Local Authority agencies?** |
| **Yes** [ ] **No** [ ]  |

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| **A16. Provide details of all enquires made as part of the assessment.**  |
| **Checks** | **Date of check** | **1st applicant****Outcome of check** | **2nd applicant****Outcome of check** | **Other adult household member(s) outcome of the check** |
| **Social Care checks (Liquidlogic checks) If yes please detail in question A27 & A28.** |  |  |  |  |
| **Out of County checks if they live outside of Nottingham City**  |  |  |  |  |
| **Police National Computer checks****(This is needed before a child is placed)**  |  |  |  |  |

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| **A17. Detail of any child(ren) of either applicant living away from the household***NB: If it is felt necessary, the Local Authority will contact the child (or adult), as part of the assessment.* |
| **Name** | **Ethnicity** | **D.O.B** | **Gender** | **Relationship to Prospective Carer/s** | **How often do they visit the household?** |
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| **A18. Details of other adults (relatives and friends) who are not members of the household who are likely to have regular contact with the child(ren) to be placed: e.g. close friends to household members** *NB: If it is felt necessary, the Local Authority will contact the visitors, as part of the assessment.* |
| **Name** | **Ethnicity** | **D.O.B** | **Gender** | **Relationship to Prospective Carer/s** | **How often do they visit the household?** |
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| **A19. How can the prospective carer (s) ensure the child(ren) are protected?** **Please address the proximity to any family member who may pose a risk to the child(ren).** *N.B. A safety plan should be in place*  |
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| **A20. Is there a pre-existing relationship between the prospective carer(s) & the child(ren)’s birth family?***Please describe and include the nature of this relationship & the frequency of contact.**Please address the proximity to any family member who may pose a risk to the child(ren). Would Safety Plan be useful?* |
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| **A21. What is your relationship like with your family? Your extended family? Any issues or family dynamics within the family circle?**  |
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| **A22. Is there adequate space for the child(ren) with the prospective carer(s) household?***Please provide details e.g. where would the child(ren) sleep & would they be sharing a bedroom? If so, who with?*  |
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| **A23. Please state any significant health problems of the prospective carer(s) or any of their family members including physical and mental health.** *Are the prospective carer (s) aware they are required to have a medical? Have they filled in the self-declaration health form? This will be required as part of the Connected Persons Assessment.* |
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| **A24. Are you, your partner or your family (household member) currently receiving support from housing, mental health, or any other professional involvement?**  |
| **Yes** [ ] **No** [ ] **Details:** |

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| **A25. Does the prospective carer know of any reason(s) why they should not be considered as carer(s) for the child(ren)?***(Include any particulars of criminal offences of which the applicants or household member have been convicted or in respect of which they have been cautioned - including juvenile offences).* |
| **Yes** [ ] **No** [ ] **Details in the section below:** |

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| **A26. Do any members of the household have any criminal convictions or concerns regarding you as a potential carer? Please provide details of dates and nature of offence** |
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| **A27. Have the prospective carer(s) previously cared for the child(ren)? Please describe and include the circumstances and dates if ‘yes’.** |
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| **A28. Has there been any social care involvement relating to the carers’ own child(ren) due to concerns of neglect, abuse, domestic violence, etc? Have children ever been removed from the applicants’ care?** |
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| **A29. Have you or your family members used illicit drugs or had/have drug addictions?***Please describe what illicit substances and when.* |
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| **A30. Have you or your family members had/have alcohol dependency?***Please provide details.* |
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*For Assessor to Complete:*

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| **A31. What is the outcome of this screening inquiry?** |
| **Positive, progress to a full Initial Viability Assessment** [ ] **Negative** [ ]  |
| **A32. Recommendations:** *If the recommendation is NOT to proceed to a full Family and Friends – Initial Viability Assessment, please give clear reasons below.*  |
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**If the outcome if positive please proceed to Section 2**

**Section 2**

Please only complete if Section 1 has reached a positive conclusion and the recommendation is for an Initial Viability Assessment. If not required, please delete before filing or sharing the assessment with the family or Court.

**B: Basic Information**

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| **B1. Child(ren) social worker information.**  |
| **Name**  |  |
| **Locality Office**  |  |
| **Contact details** |  |
| **Name of team manager** |  |
| **Local Authority’s Solicitor****(if applicable)**  |  |

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| **B2. Child(ren) Care Plan** |
| **Date Child Placed with Friends and Family carer (if applicable)** |  |
| **Court Date for report** **(if applicable)****Please put the IRH date & the final hearing date.** |  |
| **Child’s current address****(Please indicate if they are in a mainstream foster care placement)**  |  |

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| **B3. What is the current care plan for the child(ren)?***Include care proceedings, any findings sought or made at a finding of fact hearing, & timescales*  |
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**C: Family and environmental factors**

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| **C1: Description of each applicants’ childhood and upbringing & current strengths & difficulties of their parents or other persons who cared for them.**  |
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| **C2: Are conditions in the home of a reasonable standard? (see health and safety check) Please discuss any concerns.**  |
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| **Date of inspection of house and child(ren) bedrooms** |  |

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| **C3: Do the carer/s have any pets?** **If yes, please provide details.**  |
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| **C4: Provide details of the carers’ past & present employment and current work commitments, & explore any implications on caring for the child(ren)** |
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| **C5: Prospective carer(s) educational history** *Please include their educational achievements or any specific learning difficulty or disability.*  |
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| **C6: What are the prospective carers’ own family views of the child(ren) being placed with them?**  |
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| **C7: Please give details of family and friends who could support the prospective carer(s) with the care of the child(ren).**  |
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**D: Parenting Capacity**

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| **D1: Is there a pre-existing relationship between the prospective carer(s) & the child(ren)?** *Provide details and give length, frequency of contact, nature, and quality of the relationship with the child.*  |
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| **D2: What knowledge do the prospective carer(s) have regarding the child’s current situation, & what is their view of the circumstances in relationship to the child(ren) becoming looked after?** *Are the prospective carer(s) aware of the concerns regarding any future protection that is needed?*  |
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| **D3: How can the prospective carer(s) ensure the child(ren) are protected?** *Please address the proximity to any family member who may pose a risk to the child(ren). Would a Safety Plan be useful?*  |
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**E: Developmental Needs of the child(ren)**

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| **E1: Provide a summary profile of the child(ren), including learning and development, emotional and behavioural needs, physical and health (include dental care needs), Detail information about their personality, cultural & religious identity and leisure interest.** |
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| **E2: Provide a statement of how the carer(s) will meet the child(ren)’s immediate needs.** *This includes the health, educational, emotional & behavioural needs recognised above. Who is going to transport the child(ren) to school (ideally we would want the carer to transport the child(ren) to and from school and help towards mileage will be considered)?*  |
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| **E3: Comment on the prospective carers abilities to maintain contact as outlined by the care plan for the child(ren). Do you or the carer(s) anticipate any difficulties with contact and how will this be managed?** *Please include current contact arrangements between the child and family members and others whom the local authority considers relevant. Who is responsible for arranging and supporting these arrangements? Would a contact planning meeting be useful? Would a Family group conference be useful?* |
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| **E4: What are the child(ren)’s wishes and feelings in relation to the proposed plan, including a plan for family contact? Include a date on which the child(ren)’s wishes and feelings were ascertained.**  |
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**F: Additional information**

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| **F1: Please state any significant health problems of the prospective carer(s) or any of their family members include physical and mental health.** **Are the prospective carer(s) aware they are required to have a medical? Have they filled in the self-declaration health form?**  |
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| **F2: Please provide contact details of three referees** *These should be people who have known the applicant for a substantial period of time and can comment on their parenting skills. Both should be willing and able to be interviews.* *You should let these people know that you are going to use them as referees and that a social worker will want to visit the referees at their home (Not an employer, these will be taken separately).* |
|  | **1st referee** | **2nd referee** | **3rd referee** |
| **Name**  |  |  |  |
| **Address** |  |  |  |
| **Post Code**  |  |  |  |
| **Telephone**  |  |  |  |
| **Relationship to applicants** |  |  |  |

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| **F3: Please state if carer(s) will need support buying any additional items in order to take on the care the child(ren).**  |
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**G: Social Worker Analysis**

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| **G1. Please provide social work analysis of the information gathered in this report.** *Please comment on the strengths and challenges.*  |
| **What is working well- Strengths and Safety** |
| **What we are worried about- Past harm- Challenges, Complicating factors** |
| **G2. Using the analysis, evaluation, and summary above, what is your recommendation regarding the initial viability?**  |
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| **G3: Please note this assessment must be shared with the applicants, add any comments from the prospective carer (s) in respect of this assessment.** |
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| **H: Recommendations (Please tick box)***Although this assessment addresses those matters which are required in order to consider the placement of a child with a family member under a fostering arrangement (Reg 24), it should be noted that alternative orders, or no order, may be considered appropriate for any placement of the child.* |
| **1) Positive Viability assessment – child(ren) to be placed in care of applicant.** (Where the child(ren) are already placed / or there are plans for the child(ren) to be placed with the carer (IVA applicant) and you are recommending a full family and friend’s assessment for the carer..  |  |
| **2) Positive viability assessment – further assessment required before child(ren) placed.**(Where the child(ren) is/are not placed but you recommend a full family and friend’s assessment) |  |
| **3) Negative viability assessment** (Where you are not recommending the prospective carer progress onto the full family and friend’s assessment)  |  |
| **Recommendations:** *If the recommendation is NOT to proceed to a full connected persons Family and Friends – Initial Viability Assessment, please give clear reasons below.*  |
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**I: Check List**

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| **Have you done the following?** *State yes or no. If yes state, the date it was actioned.*  |
| Explained to the prospective carer(s) that a full family and friends assessment will be undertaken by a social worker if this viability assessment is positive  |  |
| Provided the prospective carer(s) with the leaflets setting out options for kinship care.  |  |
| Explained the support available to prospective carers, including financial assistance and therapeutic support to help the carer manage behaviours and attachment issues. Appendix D |  |
| Explained the legal processes (where appropriate).  |  |
| Explained the roles of the different people involved when a child is in the care of the Local Authority. For example, the child(ren) social worker, supervising social worker, guardian, and family support workers.  |  |
| Discussed confidentiality and working co-operatively with various professionals.  |  |
| Given and obtained signed a copy of the family and friends foster carer(s) agreement form (if this is to be a connected persons fostering arrangement).  |  |
| Carried out an inspection of the prospective carers’ home  |  |
| If the child(ren) is placed have you provided the carers with a delegated authority form? Appendix C |  |
| If the child(ren) is placed have you contacted the safeguarding team to book a review of arrangements meeting? If so, have you given this meeting date to the carers?  |  |
| If the child(ren) is placed have you arranged the following meetings, Personal Educational Planning meeting, Initial Health Assessment, Post Placement Planning meeting?  |  |
| Have carers been given a copy of the Placement Plan/ child(ren’s) Care Plan)  |  |
| Where applicable have carers been given a written agreement or ‘family time’ contact plan? |  |
| Provide the prospective carer(s) with a copy of this Initial Viability Assessment. |  |

**Visiting Schedule:**

*Children must be visited weekly by the child's Social Worker until the first Review and thereafter at least every 4 weeks until the carers are approved to foster at fostering panel.*

**Signature:**

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| **SIGNATURES** |
| Social Worker for Child(ren) |  | Referral Date |  |
| Social Worker’s Team Manager |  | Referral Agreement Date |  |
| Service Manager |  | Referral Agreement Date |  |
| Head of Service  |  | Referral Agreement Date |  |
| Sent electronically to Fostering Team Manager by |  | Date sent |  |

**To be deleted on document to be filed to Court**

**Upon completion; this form should be sent to the Team Manager and Service Manager for sign off. Discussion to be held between Service Manager and Head of Service regarding the legal arrangement through which the connected care arrangement should progress.**

**If it is felt to be appropriate that a connected persons fostering assessment be pursued, please email the full document (Sections 1 and 2) to the Principal Fostering Manager (Family and Friends carers), Bala Gurusamy for consideration (****Bala.Gurusamy@nottinghamcity.gov.uk****, Tel – (0115 87) 62665). In Bala’s absence, please send the form to the Connected Persons team email monitored by Business Support Officers (****Connected.Persons@nottinghamcity.gov.uk****)**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* To be completed by the fostering department (in case of connected persons fostering assessment \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Temporary Approval**

I approve the above applicants as foster carers for a temporary period not exceeding 16 weeks in compliance with Regulation 24 of the Care Planning and Case Review Regulation (2010)

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| **Comments:** |
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| **Signed**  |  |
| **Print Name**  |  |
| **Position**  | **Head of Children in Care (Regulated Services)** |
| **Date**  |  |