**THIS FORM MUST BE COMPLETED FOR ALL PLACEMENTS INCLUDING EMERGENCY**

**THIS MUST BE COMPLETED IN FULL**

**COMPLETE ONE VIABILITY PER HOUSEHOLD**

**This form needs to be sent to the Placements Team**

**placements@sunderland.gov.uk**

Child’s Name: CCM PID Number:

Applicants Name CCM PID Number:

Applicants Name CCM PID Number:

LEGAL STATUS OF THE CHILD

**What is the most appropriate legal context?**

|  |
| --- |
| **What is the legal context of the proposed placement?**  *(Including any orders being applied for or proposed, e.g. Special Guardianship Order, Family Arrangements Order or long-term fostering under care order)* |
|  |

* S20 a placement planning meeting must be held in 5 working days.

WHERE IS CHILD CURRENTLY?:

WHAT TYPE OF PLACEMENT IS THIS:

If in doubt discuss with the placement /fostering/adoption team

NAME OF SOCIAL WORKER MAKING THE REFERRAL?

HAS THE LINE MANAGER QUALITY ASSURED AND AGREED THIS REPORT? Y/N

NAME OF LINE MANAGER;

Has DBS checks on all household members and regular visitors been started. Yes / No

Has consents to all checks been signed ? Yes / No

Has medicals been started for applicant/s Yes / No

Has authority to place under Reg 24 been given by senior management Yes / No

Child/ren’s details

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** |
| **Surname** |  |  |  |
| **First names** |  |  |  |
| **Other names used (including familiar names)** |  |  |  |
| **Name of carer** |  |  |  |
| **Current address** |  |  |  |
| **Local authority area** |  |  |  |
| **Date of birth** |  |  |  |
| **Place of birth** |  |  |  |
| **Sex** |  |  |  |
| **Ethnicity 1** |  |  |  |
| **Religion** |  |  |  |
| **Language(s) spoken** |  |  |  |
| **Nationality** |  |  |  |
| **Immigration status** *If appropriate.* |  |  |  |
| **Name of mother** |  |  |  |
| **Name of father** |  |  |  |
| **Does father hold parental responsibility (PR)?** |  |  |  |
| **Name of any other person with PR (and relationship reason for PR)** |  |  |  |

Legal status

**Please include below details of any order applied for or made by a court**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** |
| **Type of order** |  |  |  |
| **Name of court** |  |  |  |
| **Date order made**  *If not yet made, please note scheduled date of application hearing.* |  |  |  |

Birth mother

|  |  |
| --- | --- |
| **Surname** |  |
| **First names** |  |
| **Are these the names used at the time of the child’s birth? If no, what were they?** | Yes/No |
| **Other names used (including familiar names)** |  |
| **Date of birth** |  |
| **Place of birth** |  |
| **Current address** |  |
| **Date address confirmed** |  |
| **Local authority area** |  |
| **Nationality *(include immigration status if appropriate)*** |  |
| **Ethnicity 1** |  |
| **Religion** |  |
| **Languages spoken** |  |
| **Name of current partner** |  |

Birth father

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** |
| **Surname** |  |  |  |
| **First names** |  |  |  |
| **Are these the names used at the time of the child’s birth? If no, what were they?** | Yes/No | Yes/No | Yes/No |
| **Other names used (including familiar names)** |  |  |  |
| **Date of birth** |  |  |  |
| **Place of birth** |  |  |  |
| **Current address** |  |  |  |
| **Date address confirmed** |  |  |  |
| **Local authority area** |  |  |  |
| **Nationality *(include immigration status if appropriate)*** |  |  |  |
| **Ethnicity 1** |  |  |  |
| **Religion** |  |  |  |
| **Languages spoken** |  |  |  |
| **Name of current partner** |  |  |  |
| **If the identity or whereabouts of the father are not known, the information about him that has been ascertained and from whom, and the steps that have been taken to establish paternity** |  | | |

Sibling’s details (not included in this assessment)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Sibling 1** | **Sibling 2** | **Sibling 3** |
| **Surname** |  |  |  |
| **First names** |  |  |  |
| **Other names used (including familiar names)** |  |  |  |
| **Name of carer** |  |  |  |
| **Current address:** |  |  |  |
| **Local authority area** |  |  |  |
| **Date of birth** |  |  |  |
| **Place of birth** |  |  |  |
| **Gender** |  |  |  |
| **Ethnicity 1** |  |  |  |
| **Religion** |  |  |  |
| **Name of mother** |  |  |  |
| **Name of father** |  |  |  |
| **Are they looked after by a local authority? If so, which?** | Yes/No | Yes/No | Yes/No |

Legal status

**Please include below details of any order applied for or made by a court**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** |
| **Type of order** |  |  |  |
| **Name of court** |  |  |  |
| **Date order made**  *If not yet made, please note scheduled date of application hearing* |  |  |  |

Applicant 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | | | | |
| **Previous name** |  | | | | | | |
| **First names** |  | | | | | | |
| **Other names used (including familiar names)** |  | | | | | | |
| **Date of birth** |  | | | **Age** | |  | |
| **Place of birth** |  | | | | | | |
| **Ethnicity** |  | | | | | | |
| **Religion** |  | | | | | | |
| **Name of GP** |  | | | | | | |
| **Address of GP**  **Post Code** |  | | | | | | |
| **Nature of relationship with child, e.g. grandparent, aunt, foster carer, etc.** |  | | | | | |
| **Home address** | | | | | | |
|  | | | | | | |
| **Town and postcode** | |  | | | | |
| **Length of time at this address** | |  | | | | |
| **Please give previous addresses in the last 10 years and the dates in months and years that you changed address.**  **Add extra sheet if required** | | **Address** | **To** | | **From** | |
|  |  | |  | |
| **Home Number** | |  | | | | |
| **Mobile Number** | |  | | | | |
| **Work Number** | |  | | | | |
| **Is this the applicant’s permanent place of residence?**  **Give details** | |  | | | | |
| **Name of home local authority** | |  | | | | |

Applicant 2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | | | |
| **Previous name** |  | | | | | |
| **First names** |  | | | | | |
| **Other names used (including familiar names)** |  | | | | | |
| **Date of birth** |  | | | **Age** | |  |
| **Place of birth** |  | | | | | |
| **Ethnicity** |  | | | | | |
| **Religion** |  | | | | | |
| **Name of GP** |  | | | | | |
| **Address of GP**  **Post Code** |  | | | | | |
| **Nature of relationship with child, e.g. grandparent, aunt, foster carer, etc.** |  | | | | | |
| **Home address** | | | | | | |
|  | | | | | | |
| **Town and postcode** | |  | | | | |
| **Length of time at this address** | |  | | | | |
| **Please give previous addresses in the last 10 years and the dates in months and years that you changed address.**  **Add extra sheet if required** | | **Address** | **To** | | **From** | |
|  |  | |  | |
| **Home Number** | |  | | | | |
| **Mobile Number** | |  | | | | |
| **Work Number** | |  | | | | |
| **Email Address** | |  | | | | |
| **Is this the applicant’s permanent place of residence?**  **Give details** | |  | | | | |
| **Name of home local authority** | |  | | | | |
| **Home address** | | | | | | |
|  | | | | | | |
| **Town and postcode** | |  | **Length of time at this address** | |  | |
| **Please give previous addresses in the last 10 years and the dates in months and years that you changed address.**  **Add extra sheet if required** | |  | **To** | | **From** | |
| **Home Number** | |  | | | | |
| **Mobile Number** | |  | | | | |
| **Work Number** | |  | | | | |
| **Is this the applicant’s permanent place of residence?**  **Give details** | |  | | | | |
| **Name of home local authority** | |  | | | | |

Who else lives in the household?   
*Please indicate where other household members are in an intimate/sexual relationship*

Children under 16 3

| **Surname** | **First names** | **Sex**  **M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Adults (including grown-up children over the age of 16) living in the household 4

| **Surname** | **First names** | **Sex**  **M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s4** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Are there other adults (not in the household) who may have responsibility on a regular basis for the care of any child/ren placed? 5

| **Surname** | **First names** | **Sex**  **M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Are there children (under 16) from a current or previous partnership living elsewhere? Where a child has died, their details should be recorded here

| **Surname** | **First names** | **Sex**  **M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s7** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Does the applicant have adult children living elsewhere? Where this person has died, the details should be recorded here

| **Surname** | **First names** | **Sex**  **M/F** | **Date of birth/ death** | **Ethnic descent** | **Relationship to applicant/s7** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Criminal records checks

|  |
| --- |
| **Please include particulars of any criminal offences of which any member of the household has been convicted or in respect of which they have been cautioned**  *(Please ensure you state clearly which member of the household any cautions/offences relate to. Clearly set out the source of this information including whether PNC or DBS checks have been completed in respect of each household member.)* |
|  |

| **Local authority checks**  *(Please include details of enquiries made to the local authority where the applicant/s live. Provide details of any past involvement, including any current or past activity in relation to fostering, adoption or special guardianship.)* |
| --- |
|  |

| **Family court proceedings**  *(Please provide details of any family court proceedings in which the applicant has been involved.)* |
| --- |
|  |

BANK DETAILS FOR PAYMENTS TO BE MADE

INSERT BACS FORM

BACS payment details

Bank Address

Sort Code

Account number

Full name on account

Full address

**Child 1**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |

**Physical description and personality**

|  |
| --- |
| **Please give a physical description of the child child’s personality, likes, dislikes and interests** |
|  |
| **Health** **Describe the child’s health history, current needs (including any treatment the child is receiving) and what is required to meet these** |

**Education**

|  |
| --- |
| **The child’s current school** |
|  |
| **Is the child subject to a Education and Health Care Plan** |
| Yes/No (If yes, provide details) |
| **What are the proposed future arrangements for contact between the child and family members and others whom the local authority considers relevant? Who will be responsible for setting up and supporting these arrangements?** |
|  |

**Reasons for proposed placement**

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| --- |
| **Why is the child unable to live with a birth parent currently? What are the identified risks? What is required from the carer to keep the child safe from these risks?** |
|  |

|  |
| --- |
| **Accommodation This is an evaluation of its suitability for children**  **CHECKLIST**  **The assessment should ensure and evidence that the accommodation and home environment is suitable with regard to the age and developmental stage of the child**  **Bed for the subject children**  **Bedroom space.**  **There should not be shared beds between children and adults**  **There should not be shared beds between child and child.**  **Consider hygiene and standards of home environment**  **Ability of the proposed carers to provide and meet the needs of the children**  **Consider health and well being of the carers.**  **Consider pets/animals**  **Are there any risks factors in making this placement ?** |
|  |

**Relationships and experience**

|  |
| --- |
| **Relationship with the child**  *(Provide details and give length, nature and quality of the relationship with the child, including changes over time. Provide an assessment of the child’s future relationship with the applicants and their family.)*   * *What is the prospective carer’s relationship with the parent/s?* * *What are the family dynamics or sense of loyalty in the family?* * *How do they envisage protecting the child from conflict in the future and managing difficult situations?* * *What is their understanding of the risk that the parents pose for the child?* * *Consider what the prospective carer has done to date to try and avert the current situation, what has been their role to date?* |
|  |

**Parenting capacity**

|  |
| --- |
| **Ensuring safety**  Describe the applicant’s capacity to protect the child from harm and danger, including any person who presents a risk to them.  **Health and basic care**  (Including the meeting of the child’s physical needs and ensuring appropriate medical and dental care.)  **Education and leisure**  (Promoting the child’s learning and development.)  **Emotional and behavioural development**  (Including an ability to offer guidance and set boundaries for the child and manage behaviour without the use of physical chastisement or other inappropriate methods |
|  |

**Summary**

|  |
| --- |
| **Recommendation**  **Confirm whether it is a positive or negative viability** |
|  |

**Temporary approval**

I approve the above applicant/s as foster carer/s for a temporary period not exceeding 16 weeks in compliance with Regulation 24 of the Care Planning, Placement and Case Review Regulations (2010).

|  |  |
| --- | --- |
| Signed |  |
| Print name |  |
| Position |  |
| Date |  |
| Comments |  |

**Temporary approval period**

|  |  |
| --- | --- |
| Date temporary foster placement started |  |
| Date temporary foster placement ends (16 weeks later) |  |
| DATE OF ALLOCATION AND NAME OF ASSESSING SOCIAL WORKER |  |
| **DATE OF FOSTERING PANEL** |  |

THIS FORM MUST NOW BE SENT TO Placments@sunderland.gov.uk

DUTY NUMBER 5612223