**Connected Persons/Special Guardianship**

**Viability/Reg 24 Assessment**

**PLEASE REFER TO GUIDANCE AND FLOWCHARTS AND SEEK ADVICE IF UNSURE**

**N.B. Do not delete any boxes/sections.**

Link for Guidance on Wiltshire Childcare Procedures/Tri-x [Local Resources](https://wiltshirechildcare.proceduresonline.com/local_resources.html) (please see section: Children in Particular Circumstances Connected Persons/Kinship

Requests to be sent to [kinshipduty@wiltshire.gov.uk](mailto:kinshipduty@wiltshire.gov.uk)

**Stage 1: Viability – Initial Screening**

**1. GENERAL**

**Author – child’s social worker**

|  |  |
| --- | --- |
| Social Worker Name: |  |
| Team: |  |
| Qualifications obtained and year: |  |
|  |
| Local Authority preparing this report: |  |
| Office address: |  |

**Child/ren in respect of whom assessment is being completed**

|  |  |
| --- | --- |
| Name/s: | Date of Birth: |
|  |  |
|  |  |

**Parents of the children**

|  |  |
| --- | --- |
| Name/s: | Date of Birth: |
|  |  |
|  |  |

**Prospective carer/s**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant 1 Name: |  | Applicant 2 Name: |  |
| Relationship to child: |  | Relationship to child: |  |
| Address: |  | Address: |  |
| LA Area: |  | LA Area: |  |
| Date of birth |  | Date of Birth: |  |
| Gender: |  | Gender: |  |
| Nationality: |  | Nationality: |  |
| Phone no: |  | Phone no: |  |
| Email address: |  | Email address: |  |

**Prospective carer/s - household composition**

Household composition (include all members of household; all household members aged 18 and above need to be Police checked. All household members should also be spoken to as part of any viability assessment visit).

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Relationship to Applicant | PNC needed? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. CHILD/REN’S VIEWS**

**Children’s views about the proposed placement/carers (must be completed)**

|  |  |
| --- | --- |
| Child 1 |  |
| Child 2 |  |

**3. INITIAL CHECKS**

**Agency checks – for each prospective carer & those 18+. This MUST be completed.**

|  |  |
| --- | --- |
| **Date consent was given for LA and police check and how (i.e. verbally via phone to SASS SW)** |  |
| **Local Children Services check**:   * Wiltshire * Other LA   Date completed and results: |  |
| **Police check(s)**  Date completed and results: |  |
| Has applicant had viability assessment previously? If yes, when? What was the outcome? (Please attach previous viability) |  |

**4. TIMESCALES/DEADLINES (must be completed):**

|  |  |  |
| --- | --- | --- |
| **When was FGC/family meeting? When did potential carers come forward?** | |  |
| **Is case in pre-proceedings?**  When did they start?  When do they end?  At what point did potential carer come forward? | |  |
| **Is case in care proceedings?**  When was first court hearing?  Is there a filing date for viability? If yes, give date  Is there a filing date for full assessment? If yes, give date  **Note:** Kinship should be consulted before dates are agreed (i.e. before you go to court). There should not be delay in requesting viability visits as there will be impact on assessment timescales and being able to meet deadline | |  |
| **Is this a request for Reg 24 approval?** If yes, what is intended date of placement?  Give reason why immediate placement is necessary. Please read guidance.  Reg.24 is only relevant where child is Looked After or going to become looked after imminently, and immediate fostering placement with a kinship person is needed. | |  |
| **Does the viability need to consider SGO alongside fostering?** | |  |
| **Is this a request to consider Special Guardianship only** (i.e. long-term plan and no intention to place child as LAC)? Any timescales/court dates? | |  |
| **5. Brief background information about the case/plan for the child** | | |
|  | | |

**6. Initial screening decision and reasons (this MUST be completed):**

|  |  |
| --- | --- |
| *N.B confirm that there has been an initial discussion with the prospective carers; that it has been made clear that this is full time care; what they are prepared to offer (e.g. long term/short term), clarify the level of relationship that the person has (e.g. only met once or lots of regular overnight stays).* | |
| **Child’s Social Worker – Name and date screening completed** |  |
| **Childcare Team Manager – comments, name and date** |  |
| **Fostering Manager comments (if screening is negative):** |  |
| **Assessment visit required:** |  |
| **Please give selection of dates and times the family and SW are available.**  ***Note:* *Ideally, visits should take place in the morning to allow write up time in the afternoon.*** |  |
| **Date received by Kinship Duty (*to be completed by Kinship Duty*)** |  |

**Stage 2: Viability - Assessment Visit**

**1. GENERAL**

|  |  |
| --- | --- |
| Date of visit(s): |  |
| Lead Social Worker’s name: |  |
| Qualifications obtained and year: |  |
| Office address: |  |
| Name of social worker attending visit with Lead worker *[state qualifications if different to social worker undertaking initial screen]* |  |

**2. DATE OF INTENDED PLACEMENT (For Regulation 24 assessment)**

|  |  |
| --- | --- |
| Intended date |  |

**3. ASSESSMENT OF PROSPECTIVE CARER(S)**

**Note: Include analysis in each section. Read the Viability Assessment guidance for details of information required.**

|  |  |
| --- | --- |
| **a) Background information/context (remind applicants that reports will be shared with parties/parents)**   |  | | --- | |  |   **b) Motivation and commitment to provide care (including where relevant, ability to meet requirements of the fostering role)** |
|  |

|  |
| --- |
| **c) Prospective carer(s)’ understanding of the caring task and of the concerns of the Local Authority** |
|  |

|  |
| --- |
| **d) Parenting experience/experience with children – personal/professional/voluntary** |
|  |

|  |
| --- |
| **e) Past/present involvement with agencies (including discussion of LA/PNC check results. VA worker to see ID and initiate DBS application)** |
|  |

|  |
| --- |
| **f) Relationship(s)/marriage(s)** |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **g) Physical/mental health issues of prospective carer(s)** | |  |  |  | | --- | | **h) Employment/working arrangements** | |  |  |  | | --- | | **i)Accommodation/Health & Safety** | |  |  |  | | --- | | **j) Family and support networks** | |  |  |  | | --- | | **k) Financial issues** | |  |  |  | | --- | | **l) Lifestyle issues that could impact on caring task** | |  |   **m) Any other issues that impact on the applicant(s)’ capacity to care for the child/children** |
|  |

**4. SUMMARY OF STRENGTHS AND CONCERNS**

|  |  |
| --- | --- |
| *Strengths* | *Concerns/issues* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **5. RECOMMENDATION/CONCLUSION OF LEAD SOCIAL WORKER**  **Recommendation: set out whether further assessment and which assessment is required.** |
|  |

**7. SIGNATURES & APPROVAL**

**Fostering social worker:**

I have written this report from my reading of available Children Services’ records and from my own personal knowledge. I believe that the facts stated in this report are true.

Name: Signature: Date:

**Kinship & Fostering Assistant/Team Manager’s Comments/Recommendation:**

Name: Signature: Date:

**Head of Service Decision (only for Regulation 24 Assessment)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Agreement, which gives status to carers as temporary foster carers. A full assessment of the carers is required within 16 weeks. | | |
|  | Carers are not suitable and alternative arrangements are needed. | | |
| Comments: | | | |
| Name: | | Signature: | Date: |
| Position (if not HoS) | |  | |

**8. VIEWS OF PROSPECTIVE CARERS**

**Comments after reading the assessment:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Any amendments the prospective carer wishes to make:**   |  | | --- | |  | |

I/we declare that, to the best of my/our knowledge, the information provided to Children Services for this viability assessment is correct.

I/We have read this report and been given opportunity to amend where necessary any information in this report which I/we believe to be incorrect.

I/we understand the recommendation and *agree with the report/do not agree with the report for the reasons set out above (delete as necessary)*.

I/we understand this report may be used by the local authority to inform permanency planning and may be submitted to court within care proceedings. I/we understand that information within the report will be shared with all parties.

I/we understand we have been given opportunity to redact information from the report.

I/we agree this report can be filed with the court.

Name: Signature: Date:

Name: Signature: Date