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

**Stage 1: Viability – Initial Screening + stage 2 viability referral to FFAST**

**1. GENERAL**

**Author – child’s social worker**

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

**Children in respect of whom assessment is being completed**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Relationship to Applicant | ID Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Parents of the children**

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Relationship to Applicant |
|  |  |  |
|  |  |  |

**Applicants**

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |  |
| Availability (ie working hours) |  | Availability (ie working hours) |  |

**Applicants’ 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? |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |

**3. INITIAL CHECKS**

**Agency checks – for ALL applicants & those 18+. These MUST be completed.**

|  |  |
| --- | --- |
| Date of local Children Services check (Gloucestershire and other LA, if applicants live outside Gloucestershire) and record of any issues arising: |  |
| Date immigration status checked |  |
| Has applicant had viability assessment previously? If yes, when? What was the outcome? (Please attach previous viability) |  |
| Date of police check(s)/ name of person subject to check | record of any issues arising from checks: |
|  |  |
|  |  |
|  |  |
|  |  |

**Initial screening decision and reasons:**

|  |  |
| --- | --- |
|  | |
| **Child Care Team Manager comments (if needed):** |  |
| **Assessment visit required:** | Y/N |
| **Date sent to FFAST** |  |

|  |  |
| --- | --- |
| **FFAST Referral page – only to be completed for those who will need Face to Face (stage 2) viability**  **Background information about the case: (**SWET/ recent Single Assessment can be attached as alternative if clearly identifies risks/ concerns etc –). | |
| ***Background information about the case:***   * *What is their legal status?* * ***What are the safeguarding concerns?*** * *Case background?* * *Information about parents and who has PR* * ***What are the specific needs of the child/ren?*** *What is the plan for the child?* * *What court orders or directions in place?* | |
| Have parents give consent for concerns / risks to be shared  NB: For realistic assessments of carers risks and concerns need to be discussed/ shared – consent from parents should be explicit and on Liquid logic. | Y/ N |

**Timescales/deadlines (must be completed):**

|  |  |
| --- | --- |
| Is case in pre-proceedings? What are the timescales for return of any viabilities ? (minimum of 2 weeks) |  |
| Is case in care proceedings? If yes, please give timescales, dates of hearings and any order dates,. |  |
| Is this for Special Guardianship specifically (i.e. long term plan and no intention to place child as CIC)? |  |
| NB: this form should not be used for Regulation 24 placements. | |