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| Regulation 24 Viability Assessment |

**This form is to be completed by child’s the social worker prior to placing the child or within one working day of placement.**

**Please forward to your manager to agree and send on to the head of service who will comment and if agreed send to ADM for approval.**

*In the event that a looked after child needs to be placed in an emergency and family or friends have been identified as potential carers, a Viability Assessment must be completed. This should be carried out prior to or within one working day of the child being placed in order to determine the potential for them to be assessed as foster carers under Regulation 24 of the Care Planning, Placement and Case Review (England) Regulations 2010.*

*The Viability Assessment must be completed by the child’s social worker and must comprise of a visit to the applicant’s home. If a couple both carers must be seen and spoken to during this visit. Ideally the child’s social worker should work alongside a fostering social worker from The Family and Friends Support Team (FFST), carrying out a joint visit where possible but at a minimum, contacting the Duty FFST social worker for advice prior to the assessment being undertaken.*

*This template fulfils the requirements set out in Schedule 4 of The Care Planning, Placement and Case Review Regulations and must be completed in full. All authorisations must be completed prior to the assessment being forwarded to the Agency Decision Maker who will determine the suitability of the prospective carers to be granted temporary approval.*

**Child / Young People’s Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of child | DOB | Sex | Client No | Ethnicity | Date child came into care | Legal Status / Any orders |
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**The Prospective Carers:**

|  |  |  |
| --- | --- | --- |
| Name/s of Proposed Carer |  |  |
| Relationship to child(ren) |  |  |
| address/ Telephone |  |  |
| Email Address |  |  |
| LA Area |  |  |
| DOB |  |  |
| Gender  |  |  |
| Nationality |  |  |
| Religion |  |  |

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| **Police and Social Care checks:**Does the potential carer/s or any member of their household have any criminal convictions/cautions/warning?  Yes  NoIf you have answered **yes** please state what these convictions/cautions/warnings are and when they were committed:Has PNC been completed? Y/N Date completed:**Please forward the PNC check with this request, it will not be agreed without this.** *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* |
| *Social Care Record* | **Yes/No** |  | **Date** |  |
| *Outcome* |  |

**Reason for Regulation 24 placement**

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| Include a brief history of the child/ren, any legal action taken or planned, CP status etc. |
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| Give a summary of the reason why it is necessary for the LA to place the child or young person with these carers in an emergency and prior to a full assessment as foster carers or as a Special Guardian (Reg 24 1 a-b). |
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| Outline the plan that is proposed for the child or young person, and how these arrangement will safeguard and promote the child or young person’s welfare an meet the needs identified (Reg 24 2b) – including permanence. |
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| Does the child/children have any significant health or care needs? |
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| Is the carer aware of them? | Yes/No |

**Health / Education / Employment**

*Please provide the following information in relation to the prospective carers.*

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| State of health including physical, emotional and mental health. Medical history. Any current or past issues of domestic violence, substance misuse |
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| Past and present employment details including current working hours |
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**Environmental Factors**

*Please describe the family relationships and the composition of their household, including an overview of:*

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| --- |
| Identity of all other members of the household, age and the nature of their relationship with the connected person and with each other, including any sexual relationship |
| NAME | AGE | GENDER | RELATIONSHIP TO THE CONNECTED PERSON  | RELATIONSHIP TO CHILD |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|  |
| Provide details of the home environment. Including facilities available to child, sleeping arrangements, view on whether there is adequate space and general condition of the home. Is this rented, owned etc. Please include any obvious health and safety concerns, including pets. |
|  |
| Any current or previous domestic violence between members of the household or visitors including birth parents. |
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**Ability to Care**

*You are not expected to perform a full analysis of each of the areas listed below. The level of detail required is that which can be gained from one session. Unless there are significant concerns which would lead you to conclude that no further assessment would be warranted these areas will be dealt with in detail in a full assessment.*

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| Please comment upon the nature and quality of any existing relationship of carers with the child. Please state whether you had opportunity to observe the relationship prior to this request being made.  |
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| Please describe the carers support network |
|  |

Please comment upon the prospective carers’ capacity to care for children:

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| --- |
| Ability to meet child’s physical and health needs |
|  |
| Ability to promote the child’s learning and development, provide a stable family environment, promote secure attachments for the child, |
|  |
| Understanding of risk and reason for child being brought into care. including promoting positive contact with the parents and other connected persons, unless to do this is not consistent with the duty to safeguard and promote the child’s welfare |
|  |

**Family and Interpersonal Relationships**

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| Please comment upon the prospective carer’s relationship with the parents of the child |
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| Assess and comment on their understanding of the need to place the child away from their parents and in an emergency. Their understanding of the risks |
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| Are there any contraindications to the emergency placement? |
|  |

The child’s wishes and feelings about the proposed placement.

**Recommendations**

*When considering the suitability of the carer for interim placement you should include your view of their understanding in respect of the child’s needs and their motivation / availability / commitment to meeting these. Outline their understanding of social care involvement and the reason that the child is in Care. Consider the impact on their lifestyle and family of placement with them, and any issues which may be present in relation to contact with the birth family. What are the views of other household members or the connected person/s’ own family about the possible placement?*

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| Do you consider these carer suitable to care pending full assessment? |
| Yes/No |
| You will need to make a recommendation as to whether the prospective carers are suitable to care in the interim. In considering this recommendation you should consider whether any support is required to make the family and friends placement work. |
|  |
| Do both of the carers understand the process of assessment and do they agree to be assessed including: | Yes/No |
| Reference interview |  |
| Ex partner interview |  |
| Birth children interview |  |
| Health and safety at home |  |

**Declaration**

**Social Worker:**

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| I have written this report from my reading of the Children and Young People’s Services records and from my own personal knowledge. I believe that the facts stated in this report are true. |
| Signed |  | Date |  |
|  |  |  |
| Name |  |  |  |

**Team Manager:**

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| --- |
| I have read this report and support my social workers findings and recommendations. |
| Signed |  | Date |  |
|  |  |  |
| Name |  |  |  |

**Operational Head of Service:**

**Comments:**

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| --- |
| I have read this report and agree with the request |
| Signed |  | Date |  |
|  |  |  |
| Name |  |  |  |

**Agency Decision Maker (Fostering) Decision**

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| Please enter “Yes” in the appropriate decision |
| Agreement to placement, which gives status of carers as temporary foster carers. A full assessment of the carers is required within 16 weeks under Fostering Regulations. Where there is a more urgent timeline due to legal proceedings, the date for completion should be specified. |  |
| Placement is not suitable and alternative arrangements are needed. |  |

**ADM Comments:**

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| --- |
|  |
| Signed |  | Date |  |
|  |  |  |
| Name |  |  |  |

**Please Note**

Following the approval by the ADM (fostering), the Temporary Foster Care Agreement must be signed by the prospective carers.

If agreement is given, the child will become a Looked after Child and the LAC processes should be followed.