* **Initial Viability / Temporary Approval** – Completed for all placements (emergency and planned) by the child’s social worker and authorised by the Assistant Area Director.
* **Appendix A: Immediate Placement agreement –** signed by the Connected Carer and Child’s Social Worker.
* **Appendix B: Continued Authorisation approval –** Assistant Area Director to complete if required.

**Process**

* Where looked after status has been agreed and a family or friend or other person connected with the child is available to care for the child, arrangements to assess the carer, planned and immediate requirements under Regulation 24 must be agreed by the **Service Manager** responsible for the child and IRO consulted.
* For planned placements complete the **Initial Viability** and email the signed form to [connectedpersonreferrals@kent.gov.uk](mailto:connectedpersonreferrals@kent.gov.uk) to request a full Fostering assessment.
* For emergency placements complete the **Initial Viability /** **Temporary Approval** and if the placement is agreed as being viable the **Assistant Area Director** completes the **Authorisation for Temporary Approval** section at the end of the form prior to the child being placed.
* The **Initial Viability /** **Temporary Approval** once signed by the **Assistant Area Director** should be immediately emailed to [connectedpersonreferrals@kent.gov.uk](mailto:connectedpersonreferrals@kent.gov.uk) .
* If you wish to consult with a **County** **Fostering Assessment Team Manager please contact** the team on 03000 417474, 03000 418570.
* A referral to ART to request a Connected Person placement and initiate the Child Looked After status on Liberi.

* The **Immediate Placement Agreement (Appendix A)** must be **signed by the Connected Persons and Child’s SW** whenthe child is placed.
* Once temporary approval **for up to 16 weeks** has been authorised the **Fostering Assessment Team Manager** will allocate for a full fostering assessment to be completed (jointly with child’s social worker) and book a Fostering Panel date.
* **Child’s SW** to inform IRO, update Care Plan / Pathway Plan, **Fostering Assessment Team** will initiate DBS checks, Adult Health reports and references.
* A placement planning meeting should be completed within the statutory 5 days from date of child being placed.
* If the assessment fails to meet the deadline for approval at foster panel within 16 weeks of placement or the decision is deferred pending further work **an extension period of up to 8 weeks can be granted.** The **Authorisation for Continued Approval (Appendix B**) should be presented to the fostering panel. The panel minutes and recommendation should be sent to the **Assistant Area Director** for a decision.
* **Authorisation for Continued Approval (Appendix B**) **is only intended to be used in exceptional circumstances. Refusal of extension will lead to the child being moved from the placement immediately.**

**Initial Viability / Temporary Approval as a Foster Carer:**

**Connected Person (Regulation 24 & 25)**

**Care Planning, Placement and Case Review Regulations (England 2010)**

**This must be completed by the Child’s Social Worker prior to a child being placed with a prospective connected persons foster carer, either planned or in exceptional and unforeseen circumstances**. Information in this report can be used by the child’s social worker for inclusion in their SGO report.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Author of Report:** | | | | | | | | | | | | |
| Child(ren’s) Social Worker | | | | | |  | | | | | | |
| Team Manager | | | | | |  | | | | | | |
| Office Base | | | | | |  | | | | | | |
| 🕿Telephone Number | |  | | | | | | Email Address | |  | | |
| **2. Name(s) of child(ren) to be placed:** | | | | | | | | | | | | |
| **Child’s Full Name** | | | **Liberi No** | | | | **Date of Birth** | | **Gender** | | **Ethnicity** | **Legal Status** |
|  | | |  | | | |  | |  | |  |  |
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|  | | |  | | | |  | |  | |  |  |
| **3. Reason placement is required:** | | | | | | | | | | | | |
| **Why do(es) the child(ren) need to be placed (including dates of the Family Group Conference if applicable, any court direction and previous involvement)?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **4. Danger Statement** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **5. Safety Goal** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **6. Child(ren’s) placement history/chronology of care:** | | | | | | | | | | | | |
| **Date from** | **Date to** | | | **Placement details** | | | | | | | | |
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|  |  | | |  | | | | | | | | |
| **7. Child(ren’s) connected person’s placement dates:** | | | | | | | | | | | | |
| **Proposed date for planned placement to start** | | | | |  | | | | | | | |
| **Start date for temporary placement** | | | | |  | | | | | | | |
| **Date temporary approval expires (16 weeks from agreed start date)** | | | | |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **8. Prospective Connected Person’s Household:**  Full name of Carers and all Household Members (Please include every person in the house and add any previous names) | | | | | | | |
| **Full Names of Prospective Carers** | | | **Date of Birth** | | **Relationship to child(ren)** | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
| **Other Household Members** | | |  | |  | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
| **Address of Carers** |  | | | | | | |
| **Telephone** 🕿 |  | | | **Email** | |  | |
| **9. Further Details:** | | | | | | | |
|  | | **Prospective Carer 1** | | | | | **Prospective Carer 2** |
| **Gender** | |  | | | | |  |
| **Nationality** | |  | | | | |  |
| **Immigration status where appropriate** | |  | | | | |  |
| **Primary language spoken in the home** | |  | | | | |  |
| **Other language/s spoken in the home** | |  | | | | |  |
| **Religion** | |  | | | | |  |
| **Practising or non-practising** | |  | | | | |  |
| **Are any of the applicants Registered as Disabled?** | |  | | | | |  |

| **10. Employment Details:** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **Prospective Carer 1** | | | | | **Prospective Carer 2** | |
| **Current Occupation (if any)** | | |  | | | | |  | |
| **Current Employer (if any)** | | |  | | | | |  | |
| **Address of Employer** | | |  | | | | |  | |
| **Name of Line Manager** | | |  | | | | |  | |
| **Date started** | | |  | | | | |  | |
| **Current hours of work** | | |  | | | | |  | |
| **Income from occupation or profession** | | |  | | | | |  | |
| **Proposed hours of work following placement of child/ren** | | |  | | | | |  | |
| **Applicant’s financial circumstances. Is there sufficient income to meet child’s needs, financial impact of child joining the family? Any concerns, debts / loans?** | | |  | | | | | | |
| 11. Are there children (under 18) from a current or previous partnership living elsewhere? | | | | | | | | | |
| **Family Name** | **Forename/s** | **Gender** | | | **DOB** | | **Relationship** | | **Address** |
|  |  |  | | |  | |  | |  |
|  |  |  | | |  | |  | |  |
|  |  |  | | |  | |  | |  |
| **12. Are there any sons and daughters over the age of 18 living elsewhere?** | | | | | | | | | |
| **Family Name** | **Forename/s** | **Gender** | | | **DOB** | **Relationship** | | | **Address** |
|  |  |  | | |  |  | | |  |
|  |  |  | | |  |  | | |  |
|  |  |  | | |  |  | | |  |
| **13. Please give details of anyone who is a regular visitor to your home.**  **Please state their relationship to you e.g. grandchildren, friends or neighbours who babysit:** | | | | | | | | | |
| **Name** | **Forename/s** | **Gender** | | | **DOB** | | **Relationship** | | **Brief Reasons** |
|  |  |  | | |  | |  | |  |
|  |  |  | | |  | |  | |  |
|  |  |  | | |  | |  | |  |
| 14. Accommodation: | | | | | | | | | |
| Is there a suitable bedroom available for the child(ren)? | | | |  | | | | | |
| Brief description of accommodation (including outside space): | | | | | | | | | |
|  | | | | | | | | | |
| **15. Enquiries Checklist:**  **This is the basic safety checklist to ensure that there are no significant issues within the prospective connected persons foster carers family that could place the child(ren) at risk.** | | | | | | | | | |
| **Checks** | | | **Prospective Carer 1** | | | | | **Prospective Carer 2** | |
| **Has the carer had any involvement with the police?** | | |  | | | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PNC check (Must be completed for all emergency placements where temporary approval is sought prior to referral to the Fostering Assessment Team. For planned placements and within the full assessment Fostering will undertake the full DBS)** | |  |  |
| **Do(es) the applicant(s) have any health issues?** | |  |  |
| **Liberi (significant involvement with professional agencies?)** | |  |  |
| 16. Animals and Pets | | | |
| **Comment on all pets:**  **Name, breed, age, health. Any identified risks / action to mitigate risks:** | | | |
|  | | | |
| 1. **Prospective carers** | | | |
| 1. **Brief description of prospective carers family history (including significant life events)** | | | |
|  | | | |
| 1. **Brief description of the prospective carers current relationship (including any concerns or difficulties, i.e. domestic abuse)** | | | |
|  | | | |
| 1. **Brief description of the household members and their relationship with the child(ren) and their wishes and feelings.** | | | |
|  | | | |
| 1. **Brief description of previous experience of caring for their own or any other children.** | | | |
|  | | | |
| 1. **Parenting Capacity – to meet the needs of the specific child/ren** | | | |
| 1. **What is the nature and quality of any existing relationship with the child(ren)? What is applicants motivation to care for the child(ren)?** | | | |
|  | | | |
| 1. **Describe the carers capacity to protect the child(ren) from harm and danger, Including any person who presents a risk to them.** | | | |
|  | | | |
| 1. **What is the prospective carers understanding of the safeguarding concerns?** | | | |
|  | | | |
| 1. **What is the carers ability to meet the child(ren)’s educational needs and promote learning and development.** | | | |
|  | | | |
| 1. **Describe the carers ability to provide a stimulating environment include appropriate leisure opportunities.** | | | |
|  | | | |
| 1. **Describe the carers ability to offer emotional warmth and provide appropriate boundaries.** | | | |
|  | | | |
| 1. **Describe the carers ability to meet the child(ren)’s physical, emotional and mental health needs.** | | | |
|  | | | |
| 1. **Family relationships, dynamics and contact** | | | |
| 1. **Wishes and feelings of birth parents and significant others.** | | | |
|  | | | |
| 1. **What is the prospective carer’s relationship with birth parents (including family dynamics / conflicts)?** | | | |
|  | | | |
| 1. **What are the current contact arrangements and the prospective carer’s capacity to promote & manage these?** | | | |
|  | | | |
| 1. **Expectations and Agreement**   **Do(es) the prospective carer(s) understand the assessment and approval process required to become connected persons foster carers and the ongoing expectations of the Local Authority?** | | | |
|  | | | |
| 1. **Social Worker Summary and Analysis:** | | | |
| 1. **What are the strengths of the prospective carers and what do we think will work well?** | | | |
|  | | | |
| 1. **What are the vulnerabilities of the prospective carers and what are we worried about?** | | | |
|  | | | |
| **Scaling Question** | | | |
| ***On a scale of 0-10, where 10 is by placing the child with this family/ friend foster carer, the child will be safeguarded and have their daily needs met, with potential to offer future permanency and where 0 is the child will continue to be at significant risk/not be safeguarded. Where would you and the prospective carers scale this placement and why?***  **0…………………………………………………………………………10** | | | |
| 1. **What needs to happen next?** | | | |
|  | | | |
| 1. **Social Workers Recommendation** | | | |
|  | | | |
| **Prospective Carer 1** | **Name** | | |
| **Signature** | | |
| **Date:** | | |
| **Prospective Carer 2** | **Name** | | |
| **Signature** | | |
| **Date:** | | |
| **Social Worker** | **Name** | | |
| **Signature** | | |
| **Date:** | | |
| **Team Manager** | **Name** | | |
| **Signature** | | |
| **Date:** | | |
| **Service Manager** | **Name** | | |
| **Signature** | | |
| **Date:** | | |

**Initial Connected Person Assessment**

**Authorisation for Temporary Approval – Assistant Director**

**Connected Person: Regulation 25, Schedule 4, Care Planning, Placement & Care Review Regulations, 2010**

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

|  |  |
| --- | --- |
| **Proposed Placement Start Date:** |  |
| **Actual Placement Start Date:** |  |
| **Placement End Date:**  **(max 16 weeks)** |  |
| **Comments:**  *Provide any comments, and if additional material is to be considered as part of this report, list the items here and attach the additional material.* |  |
| **Signed:** |  |
| **Print Name:** |  |
| **Position:** |  |
| **Date:** |  |