**Initial Assessment of a Foster Carer’s expression of Interest to adopt a child in their care**

**Foster Carers:**

**Address:**

**DOB:**

**1. GENERAL**

|  |  |
| --- | --- |
| Date of visit(s): |  |
| Adoption Social Worker: |  |
| Childs Social Worker’s: |  |
| Purpose of visit |  |

|  |
| --- |
| **Brief Details of the child’s history and plans:** Inc their wishes and feelings and understanding of the plans  |

|  |
| --- |
| **2. ASSESSMENT OF PROSPECTIVE CARER(S)** The information being sought is to identify any issues that would be relevant and have implications for a potential assessment of the carers as prospective adoptive parents. **Background information:** |
|  |
| **Motivation and reasons, they wish to adopt this child/ren**  |
|   |

|  |  |
| --- | --- |
| **Foster carer(s)’ understanding of adoption**

|  |
| --- |
|  |

**Views of other members of the household**  |
|  |

|  |
| --- |
|  |
|  |

|  |  |
| --- | --- |
| **Long term plans in relation to their fostering role – any implications for the child**

|  |
| --- |
|  |

**Physical/mental health issues of prospective carer(s)** |
|  |

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

|  |
| --- |
| **Family and support networks**  |
|  |
|

|  |
| --- |
| **Accommodation/Health & Safety – can this meet the long term needs of the child** |
|  |

|  |
| --- |
| **Employment/working arrangements** |
| . |

|  |
| --- |
| **Financial issues****Adoption Allowance/transition arrangements**  |
|  |

|  |
| --- |
| **Lifestyle issues that could impact on caring task** |
|  |

 |
|  |
|  |

**Other Considerations**

The view of the fostering social worker

|  |
| --- |
|  |

The view of the IRO

|  |
| --- |
|  |

Views of the birth parents of the plan for adoption. Birth parents’ knowledge of the placement and any associated risks , how they may be mitigated

|  |
| --- |
|  |

**3. ANALYSIS OF STRENGTHS AND CONCERNS**

|  |
| --- |
| **Strengths** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Vulnerabilities** |
|  |
|  |
|  |
|  |

|  |
| --- |
| **4. RECOMMENDATION/CONCLUSION OF SOCIAL WORKERS****Recommendation** |
|  |
| **Legal Advice** |
|  |

**Signed:**

**Date:**