**FRONT SHEET**

**To be completed for all connected person’s placements including Regulation 24 Temporary Approved Placements where the care plan for the child is a Special Guardianship Order (SGO). (**Information from this report can be used by the child’s social worker for inclusion in their SGO assessment.)

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| **Name of Kent Fostering Panel** |  |
| **Date of Kent Fostering Panel** |  |

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| **1. 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** | | | | | | | |  | | |  | | | |
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| **Address of Carers** |  | | | | | | | | | | | | | |
| **Length of time at the address** |  | | | | | | | | | | | | | |
| **Previous addresses (in last 10 years** |  | | | | | | | | | | | | | |
| **Telephone** 🕿 |  | | | | | | | | **Email** | | | |  | |
| **2. Name of child/ren placed or to be placed:** | | | | | | | | | | | | | | |
| **Child’s Full Name** | | | **Liberi No** | | | **Date of Birth** | | | | **Gender** | | | | **Relationship to Carer** |
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| **3. Authors of Report:** | | | | | | | | | | | | | | |
| **Child/ren Social Worker** | | | |  | | | | | | | | | | |
| **Office Base** | | | |  | | | | | | | | | | |
| 🕿**Telephone Number** | |  | | | | | **Email Address** | | | | |  | | |
| **Fostering Social Worker** | | | |  | | | | | | | | | | |
| **Office Base** | | | |  | | | | | | | | | | |
| 🕿**Telephone Number** | |  | | | | | **Email Address** | | | | |  | | |
| **4. Placement dates:** | | | | | | | | | | | | | | |
| **Date for temporary approval placement started:** | | | | |  | | | | | | | | | |
| **Date temporary approval expires (16 weeks from agreed start date)** | | | | |  | | | | | | | | | |
| **Proposed start date for planned placement:** | | | | |  | | | | | | | | | |
| **5. Brief Summary and Recommendation:** | | | | | | | | | | | | | | |
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| **Connected Persons Foster Carer**  **Full Approval – Section A** | | | | |
| **THE CHILD/REN** | | | | |
| 1. **Child/ren Details** | | | | |
|  | | **Child 1** | **Child 2** | **Child 3** |
| **Family Name** | |  |  |  |
| **Forename** | |  |  |  |
| **Other Names Used** | |  |  |  |
| **Date of Birth** | |  |  |  |
| **Place of Birth** | |  |  |  |
| **Gender** | |  |  |  |
| **Ethnicity** | |  |  |  |
| **Nationality** | |  |  |  |
| **Primary language spoken in the home** | |  |  |  |
| **Religion** | |  |  |  |
| **Legal Status** | |  |  |  |
| **Are any of the child/ren Registered as Disabled?** | |  |  |  |
| 1. **Child/ren placement history/chronology of care:** | | | | |
| **Date from** | **Date to** | **Placement details** | | |
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| 1. **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)?** | | | |
|  | | | |
| 1. **Child/ren description, personality and identity**   ***Child’s ethnic origin, cultural and linguistic background, religious persuasion (including details of baptism, confirmation or equivalent ceremonies) and nationality/immigration status.*** *Include details regarding the child’s sexuality.* | | | |
|  | | | |
| 1. **Child/ren’s health**   ***Child’s health history and current health needs (including any treatment the child is currently receiving).*** | | | |
|  | | | |
| 1. **Child/ren’s education**   ***All school placements, including playgroup and nursery provision with dates, the child’s educational attainments, and whether the child has a statement of needs under the Education Act 1996. [Describe the child’s progress and educational needs at school, and what is required to meet these needs.]*** | | | | |
|  | | | | |
| **Date from** | **Date to** | **Provider and address** | **Educational attainments** | |
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| 1. **Child/ren’s emotional and behavioural development**   ***Description of the child’s social, emotional and behavioural development. [Include information about the child’s social presentation and self-care skills, and what is required to meet these emotional and behavioural needs.]*** | | | |
|  | | | |
| 1. **Contact Arrangements**   **Child/ren’s current and proposed contact arrangements:**  ***Include prospective carers’ capacity in being able to address potential problems with contact that connected person’s carers may have to manage?*** | | | |
|  | | | |
| 1. **Wishes and Feelings**   ***What are the child’s wishes and feelings in relation to any proposed plans, including plans for contact, and in relation to his or her religious and cultural upbringing?*** | | | | |
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| **Connected Persons Foster Carer**  **Full Approval – Section B** | | | |
| **BIRTH FAMILY AND OTHER SIGNIFICANT PEOPLE** | | | |
| 1. **Birth Mother’s Details** | | | |
| **Family Name** |  | | |
| **Forename** |  | | |
| **Other Names Used** |  | | |
| **Date of Birth** |  | **Age** |  |
| **Place of Birth** |  | | |
| **Gender** |  | | |
| **Ethnicity** |  | | |
| **Nationality** |  | | |
| **Primary language spoken in the home** |  | | |
| **Religion** |  | | |
| **Current Address** |  | | |
| **Current Relationship and with whom** |  | | |
| **Relationship with the prospective connected person carer** |  | | |
| 1. **Description, personality and identity**   ***Ethnic origin, cultural and linguistic background, religious persuasion (including details of baptism, confirmation or equivalent ceremonies) and nationality/immigration status.*** | | | |
|  | | | |
| 1. **Health, education and employment**   ***Description of the birth mother’s health history, including details of any serious physical or mental illness, any hereditary disease, disorder or disability. Brief description of education and employment history.*** | | | |
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| 1. **Relationship with child** | | | |
|  | | | |
| 1. **Wishes and feelings**   ***Description of the birth mother’s wishes and feelings in relation to the proposed plan, including the plan for contact, and in relation to the child’s religious and cultural upbringing.*** | | | |
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| 1. **Birth Father’s Details** | | | |
| **Family Name** |  | | |
| **Forename** |  | | |
| **Other Names Used** |  | | |
| **Date of Birth** |  | **Age** |  |
| **Place of Birth** |  | | |
| **Gender** |  | | |
| **Ethnicity** |  | | |
| **Nationality** |  | | |
| **Primary language spoken in the home** |  | | |
| **Religion** |  | | |
| **Current Address** |  | | |
| **Current Relationship and with whom** |  | | |
| **Relationship with the prospective connected person carer** |  | | |
| 1. **Description, personality and identity**   ***Ethnic origin, cultural and linguistic background, religious persuasion (including details of baptism, confirmation or equivalent ceremonies) and nationality/immigration status.*** | | | |
|  | | | |
| 1. **Health, education and employment**   ***Description of the birth father’s health history, including details of any serious physical or mental illness, any hereditary disease, disorder or disability. Brief description of education and employment history.*** | | | |
|  | | | |
| 1. **Relationship with child** | | | |
|  | | | |
| 1. **Wishes and feelings**   ***Description of the birth father’s wishes and feelings in relation to the proposed plan, including the plan for contact, and in relation to the child’s religious and cultural upbringing.*** | | | |
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| **Siblings (who are not part of the assessment) specify full/half/step sibling.** | | | |
| 1. **Child(rens) Details** | | | |
|  | **Child 1** | **Child 2** | **Child 3** |
| **Family Name** |  |  |  |
| **Forename** |  |  |  |
| **Other Names Used** |  |  |  |
| **Date of Birth** |  |  |  |
| **Place of Birth** |  |  |  |
| **Gender** |  |  |  |
| **Ethnicity** |  |  |  |
| **Nationality** |  |  |  |
| **Primary language spoken** |  |  |  |
| **Religion** |  |  |  |
| **Name of Mother** |  |  |  |
| **Name of Father** |  |  |  |
| **Name of Carer** (if applicable) |  |  |  |
| **Current Address** |  |  |  |
| **Legal Status** |  |  |  |
| **Wishes and feelings** (if known) |  |  |  |
| 1. **Other Significant People to the Children**   ***Do not include the prospective connected person’s foster carers. If there is any other person who holds parental responsibility for the child, provide details of how this was acquired, including dates and contact plans.*** | | | |
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| **Connected Persons Foster Carer**  **Full Approval – Section C** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROSPECTIVE CARERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **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?** | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |
| **Local Authority Area** | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |
| 1. **Children under 18 living in the household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family name** | **Forename/s** | | | | | **Gender** | | | | | **Date of birth** | | | | | | | | **Age** | | | | | **Relationship to applicant/s** | | | | |
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| 1. **Adults living in the household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family name** | **Forename/s** | | | | | **Gender** | | | | | **Date of birth** | | | | | | | | **Age** | | | | | **Relationship to applicant/s** | | | | |
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| 1. **Children under 18 from current or previous relationship(s) living elsewhere** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family name** | **Forename/s** | | | | | **Gender** | | | | | **Date of birth** | | | | | | | | **Age** | | | | | **Relationship to applicant/s** | | | | |
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| 1. **Adult children living elsewhere** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family name** | **Forename/s** | | | | | **Gender** | | | | | **Date of birth** | | | | | | | | **Age** | | | | | **Relationship to applicant/s** | | | | |
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| 1. **Accommodation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there a suitable bedroom available for the child/ren?** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Brief description of accommodation (including outside space):**  ***Information about the applicant’s home and neighbourhood and the bedroom available for the child(ren)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date Home Safety Checklist completed:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Date of Fire Safety Check:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 1. **Household Finances** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Prospective Carer 1** | | | | | | | | | | | | | | | | **Prospective Carer 2** | | | |
| **Monthly earned income (after deductions)** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Monthly state benefits (please indicate type)** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Monthly income from any other source** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Monthly mortgage or rent payments** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Monthly council tax payments** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Any other significant regular expenditure** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Are there any significant debts or loans apart from a mortgage?** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Verification of income and savings.** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Analysis of prospective carer’s financial circumstances. Is there sufficient income to meet additional children’s needs.** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 1. **Animals and Pets** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Comment on all pets** (*Name, breed, age, health. Any identified risks / action to mitigate risks)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date Pet Assessment was completed:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **Verification of Documents, Checks and References** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Verification of documents** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Prospective Carer 1** | | | | | | | | | | | | | | | | **Prospective Carer 2** | | | |
| **Date birth certificate seen** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Date passport or other certification of nationality seen** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Date driving licence seen** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **National Insurance number and date seen** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **If the prospective carers are married to each other or have registered a civil partnership, date certificate seen** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **If the applicant/s is divorced, or has terminated a civil partnership, date divorce or dissolution certificate/s seen** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **Has the applicant/s documents been verified?** | | | | | | | | | **YES/NO** | | | | | | | | | | | | | | | | **YES/NO** | | | |
| 1. **Enhanced DBS Checks / Criminal Offences**   *Fostering regulations require DBS checks for all adult household members.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | | **Date check completed** | | | | | | | | | | | | | | |
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| ***Any additional information including a summary of all convictions and cautions that show up on the DBS certificate however minor or dated and senior management decision.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Kent Local Authority Check**   *Fostering regulations require a current local authority check.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of residence in Kent** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Name of referee and status** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Date check completed** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| ***Any additional information:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Kent Local Authority Designated Officer Check** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of referee and status** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Date check completed** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| ***Any additional information:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Other Local Authority Check and Overseas Check** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of local authority** | | **Dates resident in this local authority** | | | | | | | | | | | | | **Date check completed** | | | | | | | **Name of local authority person and status** | | | | | | |
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| ***Any additional information:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Ofsted Check** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of referee and status** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Date check completed** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| ***Any additional information:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **NSPCC Check** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of referee and status** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Date check completed** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| ***Any additional information:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Social Media and Internet Checks** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date social media websites / internet search completed:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| 1. **Previous Partners / Relationships** (*For prospective carers who are separated, divorced, have dissolved a civil partnership or set up household with a previous partner.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prospective Carer 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Partner** | | | | | **Dates of Relationships** | | | | | | | | | | | | | | | | | **Date of Reference** | | | | | | |
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| **Write-ups of references and checks with ex-partners to be included in confidential Personal References Section. Give details if any checks were not sought or not received.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prospective Carer 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Partner** | | | | | **Dates of Relationships** | | | | | | | | | | | | | | | | | **Date of Reference** | | | | | | |
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| **Write-ups of references and checks with ex-partners to be included in confidential Personal References Section. Give details if any checks were not sought or not received.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Applications to Foster, Adopt or Register as a Childcare Provider** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have the prospective carers or any member of the household previously applied to be an adopter, foster carer or register as a childcare provider?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES/NO** |
| ***If yes, give name and address of the agency/service, and type of application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Previous Family Court proceedings** (*Fostering regulations require the assessing service to obtain any other information they consider relevant, and this should include involvement in any previous family court proceedings.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the applicant/s been involved in any family court proceedings or in any proceedings about children and/or family?** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| ***Any additional information:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **SCHOOL, COLLEGE, NURSERY, HEALTH VISITOR CHECKS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Subject** | | | | **Name of school, college, nursery** | | | | | | | | | | | | | | | | | | | | | | | **Date check completed** | |
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| ***Additional information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Health** (*Fostering regulations require details of health supported by a medical report. [Include an assessment of the implications of this health information for parenting the child.])* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **Prospective Carer 1** | | | | | | | | | | | | | **Prospective Carer 2** | | | | | | | |
| **Name of GP** | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| **Name of GP practice** | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| **Name of fostering service medical adviser** | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| **Date/s of medical adviser report** | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| ***Any additional information:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **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** | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Proposed hours of work following placement of child/ren** | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 1. **Previous employment, occupation or voluntary work involving children and vulnerable children** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name and address of employer or organisation** | | | | | **Dates employed** | | | | | | | | | | | | | | | | | **Date of any completed reference** | | | | | | |
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| ***Additional Information:*** |

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| **Connected Persons Foster Carer**  **Full Approval – Section D** | |
| **PROSPECTIVE CARERS – DESCRIPTIVE INFORMATION** | |
| 1. **Prospective Carer 1** | |
| 1. **Family history (including significant life events)**   ***Family history summarising the applicant’s experience of being parented, and information about their relationships with parents and siblings including significant life events. Include any other information considered relevant.*** | |
|  | |
| 1. **Education and employment**   ***Past and present employment or occupation.*** | |
|  | |
| 1. **Description, personality and Identity**   ***Details of personality and information about leisure activities and interests. Information about religious persuasion, racial origin, cultural and linguistic background, and capacity of the prospective carers to care for the named child(ren) in relation to their identity needs.*** | |
|  | |
| 1. **Previous relationships**   ***Details of any previous marriage, civil partnership or similar relationship****.* | |
|  | |
| **Analysis of the carers life experiences, relationships and attachment style and how this impacts on their capacity and competence to care for children. What evidence is there that the carer has overcome adversity and able to reflect. Evidence of carers openness and transparency through sharing personal information from past and present. Analysis of carers personal qualities and personality that may influence the fostering task.** | |
|  | |
| 1. **Prospective Carer 2** | |
| 1. **Family history (including significant life events)**   ***Family history summarising the applicant’s experience of being parented, and information about their relationships with parents and siblings including significant life events. Include any other information considered relevant.*** | |
|  | |
| 1. **Education and employment**   ***Past and present employment or occupation.*** | |
|  | |
| 1. **Description, personality and Identity**   ***Details of personality and information about leisure activities and interests. Information about religious persuasion, racial origin, cultural and linguistic background, and capacity of the prospective carers to care for the named child(ren) in relation to their identity needs.*** | |
|  | |
| 1. **Previous relationships**   ***Details of any previous marriage, civil partnership or similar relationship****.* | |
|  | |
| **Analysis of the carers life experiences, relationships and attachment style and how this impacts on their capacity and competence to care for children. What evidence is there that the carer has overcome adversity and able to reflect. Evidence of carers openness and transparency through sharing personal information from past and present. Analysis of carers personal qualities and personality that may influence the fostering task.** | |
|  | |
| 1. **Relationship and Network** | |
| 1. **Couple relationship**   ***Details of any current marriage, civil partnership, or similar relationship.*** *Include details of how prospective carers demonstrate affection and intimacy, sex life and sexual preferences, disagreements and differences, stability and commitment within their relationship. How will couples maintain fulfilling intimate relationships and privacy when fostering? If a single applicant, awareness of the responsibilities if they embark on a new relationship and how this would be managed.* | |
|  | |
| 1. **Household**   *Details of adult and children household members and existing family relationships. Including personality, interests, education, employment, health, and their likely involvement.* | |
|  | |
| 1. **Previous experience of caring for their own or any other children.** | |
|  | |
| 1. **Wider family and support network**   ***Current relationship between the child and wider family and an assessment of the likely future relationship, setting out and taking into account the views they have expressed. Fostering regulations require the assessing service to obtain any other information they consider relevant. An eco-map should be included.*** | |
|  | |
| **Analysis of carer/s personal qualities and personality that may influence the fostering task. What evidence is there that the carers current relationship is secure, stable and strong enough to deal with the stresses and strains of looking after this child/ren.** | |
|  | |
| 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 the 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. This may be the carers own child if that child is the parent of the child in question, how will the carers manage potential tension?** |
|  |
| 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. **Contact and Family Relationships *What is the prospective carer relationship with birth parents and capacity to promote/manage contact arrangements. Any other information considered relevant, this should include attitude to contact.*** |
|  |
| 1. **Preparation, Training, Expectations, Development and Support**   ***Provide information about any formal training or preparation courses that the applicants have attended, and comment on the applicant’s understanding of what it will mean to be a foster carer. Describe any areas where further training, information or support might be appropriate.*** |
|  |
| 1. **Care planning and Permanency**   ***Provide information about the most appropriate legal arrangement for the child to be cared for. Provide information about the permanency plan. If there are plans to move to a special guardianship order, set out the likely timescales. If fostering is felt to be most appropriate what support required. Carers capacity to meet the needs of the child(ren) for the duration of the placement, long or short term.*** |
|  |
| **Analysis of how the carers will care for child/ren, including what the child’s****experience of living with this family is likely to be. What is the carers understanding of child development, attachment and their ability to manage behaviours and risk to safeguard the child/ren in their care?** |
|  |

| 1. **CHRONOLOGY**   A chronology will be devised not only of the applicant’s work and education history but also a ‘life map’ of significant events in their life. This will incorporate events such as marriage, divorce, births etc. | | | |
| --- | --- | --- | --- |
| **Name of applicant** | |  | |
| **Date started** | **Date finished** | **Event** | **Address, location or details** |
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| **Connected Persons Foster Carer**  **Full Approval – Section E** | | |
| **RECOMMENDATIONS** | | |
| 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**  **0…………………………………………………………………………10** | | | |
| 1. **What needs to happen next?** *Who rates where and why?**Identify the prospective carer/s development and training needs and the support and supervision required to enable to carer/s to meet the fostering standards and develop the skills and competencies to care for child/ren.* | | | |
|  | | | |
| 1. **Social Workers Recommendation** | | | |
|  | | | |
| **Name of applicant/s** |  | | | |
| **I/We have read the report prepared on my/our suitability to be connected persons foster carers / special guardians.**  **I/We certify that, to the best of my/our knowledge and belief, the factual information contained in the report is accurate and I/we have indicated in the box below any factual corrections that need to be made.**  **I/We understand that if any of this information is found to be false or misleading, this will raise concerns about my/our ability to work effectively with the local authority as foster carers.** | | | | |
| **Knowing that this report will be submitted to a fostering panel / court, I/we have the following factual corrections/observations/comments:** | | | | |
|  | | | | |
| **Signature** | |  | | |
| **Date** | |  | | |
| **Signature** | |  | | |
| **Date** | |  | | |
| **Child’s Social Worker** | | **Name** | |
| **Signature** | |
| **Date:** | |
| **Child’s Team Manager** | | **Name** | |
| **Signature** | |
| **Date:** | |
| **Fostering Social Worker** | | **Name** | |
| **Signature** | |
| **Date:** | |
| **Fostering Team Manager** | | **Name** | |
| **Signature** | |
| **Date:** | |

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| **Connected Persons Foster Carer**  **Full Approval – Section F**  **CONFIDENTIAL** | |
| **CONFIDENTIAL - PERSONAL REFERENCES**  *Kent County Council requires six written personal references, at least three personal referees are interviewed.* | |
|  | **Referee 1** |
| **Name** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Number of years known** |  |
| **Date written reference received** |  |
| **Date Interviewed** |  |
| **Summary of interview** | |
|  | |
| **Analysis of Interview:** *Analysis of whether the referee account appears accurate, valid and corroborates the assessment of the prospective carers.* | |
|  | |
|  | **Referee 2** |
| **Name** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Number of years known** |  |
| **Date written reference received** |  |
| **Date interviewed** |  |
| **Summary of interview** | |
|  | |
| **Analysis of Interview:** *Analysis of whether the referee account appears accurate, valid and corroborates the assessment of the prospective carers***.** | |
|  | |
|  | **Referee 3** |
| **Name** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Number of years known** |  |
| **Date written reference received** |  |
| **Date interviewed** |  |
| **Summary of interview** | |
|  | |
| **Analysis of Interview :** *Analysis of whether the referee account appears accurate, valid and corroborates the assessment of the prospective carers.* | |
|  | |
|  | **Referee 4** |
| **Name** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Number of years known** |  |
| **Date written reference received** |  |
|  | **Referee 5** |
| **Name** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Number of years known** |  |
| **Date written reference received** |  |
|  | **Referee 6** |
| **Name** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Number of years known** |  |
| **Date written reference received** |  |

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| **OTHER REFERENCES (IF APPLICABLE)** | |
| **CHILDREN IN THE HOUSEHOLD** | |
| **Name of child** |  |
| **Relationship to applicant/s** |  |
| **Date interviewed** |  |
| **Summary of the interviews and the direct work undertaken** | |
|  | |
| **Analysis** *Impact on the child’s own relationships and lifestyle. Are there any obvious issues or difficulties that will prevent the child living safely of happily within the household.* | |
|  | |
| **Name of child** |  |
| **Relationship to applicant/s** |  |
| **Date interviewed** |  |
| **Summary of the interviews and the direct work undertaken** | |
|  | |
| **Analysis** *Impact on the child’s own relationships and lifestyle. Are there any obvious issues or difficulties that will prevent the child living safely of happily within the household.* | |
|  | |
| **Name of child** |  |
| **Relationship to applicant/s** |  |
| **Date interviewed** |  |
| **Summary of the interviews and the direct work undertaken** | |
|  | |
| **Analysis** *Impact on the child’s own relationships and lifestyle. Are there any obvious issues or difficulties that will prevent the child living safely of happily within the household.* | |
|  | |
| **ADULT CHILDREN** | |
| **Name of adult child** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Date written reference received** |  |
| **Date interviewed** |  |
| **Summary of the interviews and the direct work undertaken** | |
|  | |
| **Analysis of Interview** *Analysis of whether the referee account appears accurate, valid and corroborates the assessment of the prospective carers.* | |
|  | |
| **Name of adult child** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Date interviewed** |  |
| **Summary of the interviews and the direct work undertaken** | |
|  | |
| **Analysis of Interview** *Analysis of whether the referee account appears accurate, valid and corroborates the assessment of the prospective carers.* | |
|  | |
| **Name of adult child** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Date interviewed** |  |
| **Summary of the interviews and the direct work undertaken** | |
|  | |
| **Analysis of Interview** *Analysis of whether the referee account appears accurate, valid and corroborates the assessment of the prospective carers.* | |
|  | |
| **EX-PARTNER REFERENCES** | |
| **Name of Ex-Partner** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Date interviewed** |  |
| **Summary of the interviews and the direct work undertaken** | |
|  | |
| **Analysis of Interview** *Analysis of whether the referee account appears accurate, valid and corroborates the assessment of the prospective carers.* | |
|  | |
| **Name of Ex-Partner** |  |
| **Address** |  |
| **Relationship to applicant/s** |  |
| **Date interviewed** |  |
| **Summary of the interviews and the direct work undertaken** | |
|  | |
| **Analysis of Interview** *Analysis of whether the referee account appears accurate, valid and corroborates the assessment of the prospective carers.* | |
|  | |
| **Previous Fostering Agency Reference** |  |
| **Address** |  |
| **Date files viewed** |  |
| **Summary of the interview and information gained including details of any allegations, complaints and standards of care issues.** | |
|  | |
| **Analysis** | |
|  | |
| **Other**  *Local Authority, SSD files, Education* |  |
| **Date files seen** |  |
| **Summary of the interview and information gained including details of any allegations, complaints and standards of care issues.** | |
|  | |
| **Analysis** | |
|  | |