**FRONT SHEET**

**To be completed where a foster carer/s is making an application to transfer from another fostering agency to Kent Fostering.**

**Where information that has been obtained by the previous fostering agency, is being used to inform this assessment, the assessor must be satisfied with its quality and continuing relevance (Fostering Statutory Guidance paragraph 5.30 Volume 4).**

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| **Name of Kent Fostering Panel:** |  |
| **Date of Kent Fostering Panel:** |  |
| **Recommended Terms of Approval:** |  |
| **Author of Assessment / Presenting Social Worker:** |  |

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| **Foster Carer(s) Name/s:** | | | **Date of Birth** | **Liberi Number** |
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| **Other Household Members** :*(Include details of children in placement at time of assessment)* | | **Relationship** | **Date of Birth** | **Liberi Number** |
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| **Current Address:** | |  | | |
| **Contact Telephone Number/s:** | |  | | |
| **E-mail:** | |  | | |
| **Pen Picture of Foster Carers & Reasons for Transfer to Kent Fostering** *(include photograph of Foster Carers)* | | | | |
|  | | | | |
| **Approvals and Timescales:** | | | | |
| **Current Fostering Agency Name, Address, Contact Number, E-mail & Name of Fostering/Supervising Social Worker & Manager:** |  | | | |
| **Date of Foster Carer/s Registration with Current Agency:** |  | | | |
| **Current Terms of Approval and Date of Decision:** |  | | | |
| **Changes in Terms of Approval in last five years, Date of Decision & Reasons:** |  | | | |
| **Date application accepted by Kent Fostering:** |  | | | |
| **Date Stage 1 checks received:** |  | | | |
| **Date Foster Carer/s gave ‘Intent to Resign’ to previous Fostering Agency** *(& Child’s SW & IRO if child/ren in placement):* |  | | | |
| **Date of Agency Reference & any contraindications:** |  | | | |
| **Name of Current Fostering/Supervising Social Worker:** |  | | | |
| **Date Fostering/Supervising Social Worker Interviewed:** |  | | | |
| **Date of Transfer Protocol Meeting** *(if applicable)*: |  | | | |
| **Date assessment completed:** |  | | | |

**GENOGRAM**

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| **Name of Foster Carer** |  |
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| **Name of Foster Carer** |  |
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**CHRONOLOGY**

*Addresses, education, work and significant life fostering events.*

| **Name of Foster Carer** | |  | |
| --- | --- | --- | --- |
| **Date started** | **Date finished** | **Event** | **Address, location, and details** |
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| **Name of Foster Carer** | |  | |
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| **Date started** | **Date finished** | **Event** | **Address, location, or details** |
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| **FOSTER CARERS HOUSEHOLD** | | | |
|  | **Foster Carer 1** | | **Foster Carer 2** | |
| **Gender** |  | |  | |
| **Nationality** |  | |  | |
| **Partnership Status** |  | |  | |
| **Primary language spoken in the home** |  | |  | |
| **Other language/s spoken in the home** |  | |  | |
| **Religion** |  | |  | |
| **Practising or non-practising** |  | |  | |
| **Immigration status where appropriate** |  | |  | |
| **Are the Foster Carers Registered as Disabled?** |  | |  | |
| **Accommodation:** | | | | |
| **Brief description of accommodation (including outside space):** *Information about the foster carer’s home and neighbourhood and the bedroom available for the child(ren)* | | | | |
|  | | | | |
| **Date Home Safety Checklist completed:** | |  | | |
| **Date Fire Safety Check completed:** | |  | | |
| **Household Finances:** | | | | |
| **Verification of income and savings:** | |  | | |
| **Analysis of whether foster carers income is sufficient to meet additional children’s needs:** | |  | | |
| **Animals and Pets:** | | | | |
| **Date Pet Assessment was completed:** | |  | | |
| **Analysis of whether pets present any risk and any action to mitigate risks:** | |  | | |

**Verification of Documents, Checks and References**

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| **Verification of documents:** | | |
| **Date that foster carers identification documents have been verified:** *(Birth Certificate/s, passport/s, marriage Certificate, Divorce Certificate)* |  | |
| **Driving License Number/s and Date seen:** |  | |
| **DBS Checks / Criminal Offences**  *Fostering regulations require Enhanced DBS checks for all adult household members. Kent Fostering policy is for birth children over 16 & Children in Care over 18 to have DBS.* | | |
| **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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| **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:*** | | | | | | | | | | | |
| **Kent Local Authority Designated Officer Check** | | | | | | | | | | | |
| **Name of referee and status** | | | | |  | | | | | | |
| **Date check completed** | | | | |  | | | | | | |
| ***Any additional information:*** | | | | | | | | | | | |
| **Other Local Authority Check and Overseas Check** *(last 10 years) Reference from current agency can be used.* | | | | | | | | | | | |
| **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:*** | | | | | | | | | | | |
| **Ofsted Check** | | | | | | | | | | | |
| **Name of referee and status** | | | | |  | | | | | | |
| **Date check completed** | | | | |  | | | | | | |
| ***Any additional information:*** | | | | | | | | | | | |
| **Social Media and Internet Checks** | | | | | | | | | | | |
| **Date social media websites / internet search completed:** | | | | | |  | | | | | |
|  | | | | | | | | | | | |
| **Previous Partners / Relationships** (*For prospective carers who are separated, divorced, have dissolved a civil partnership, or set up household with a previous partner.) Reference from current agency can be used with consent of referee.* | | | | | | | | | | | |
| **Foster 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.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Foster Carer 2** | | | | | | | | | | | |
| **Previous Partner** | | | **Dates of Relationship** | | | | | | **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.** | | | | | | | | | | | |
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| **Children under 18 from current or previous relationship(s) living elsewhere or**  **deceased**. (*Please include children who have been looked after by the foster carers, i.e. former partner’s children.) Reference from current agency can be used with consent of referee.* | | | | | | | | | | | |
| **Child/Young Person’s Name** | | | **Nature of Relationship** | | | | | | **Date of Reference** | | |
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| **Adult children living elsewhere** (*Please include adult children who have been*  *looked after by the foster carers, i.e. former partner’s children). Written Reference from current agency can be used with consent of referee, but the adult child/ren must be interviewed and those details recorded in the Confidential Reference Section).* | | | | | | | | | | | |
| **Adult’s Name** | | | **Nature of Relationship** | | | | | | **Date of Reference** | | **Date of Interview** |
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| **Applications by the Foster Carer/s or any member of their household to Foster with other Fostering Agencies, adopt or register as a childcare provider** *Reference from current agency can be used.* | | | | | | | | | | | |
| **Date of Reference** | | | |  | | | | | | | |
| ***Name and address of the agency/service, and type of application.*** | | | | | | | | | | | |
| **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.) Information from current agency can be used* | | | | | | | | | | | |
| **Has the applicant/s been involved in any family court proceedings or in any proceedings about children and/or family?** | | | | | | | |  | | | |
| ***Additional information:*** | | | | | | | | | | | |
| **Education Reference** *(school, college, pre-school provision)* | | | | | | | | | | | |
| **Subject** | | | **Name of school, college, nursery** | | | | | | | **Date of Reference** | |
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| ***Additional information:*** | | | | | | | | | | | |
| **Health** (*Fostering Regulations require details of health supported by a medical report – an update report can be provided where Foster Carers are transferring from one Fostering Agency to another and the full medical is available for the Medical Advisor to view)* | | | | | | | | | | | |
|  | | **Foster Carer 1** | | | | | | | **Foster Carer 2** | | |
| **Name of Fostering Service Medical Adviser** | |  | | | | | | |  | | |
| **Date/s of Medical Adviser Update Report** | |  | | | | | | |  | | |
| ***Any additional information:*** | | | | | | | | | | | |
| **Employment Details:** | | | | | | | | | | | |
|  | | | **Foster Carer 1** | | | | | | **Foster Carer 2** | | |
| **Current Occupation outside of fostering** *(if any)* | | |  | | | | | |  | | |
| **Employer Name & contact details** | | |  | | | | | |  | | |
| **Date started** | | |  | | | | | |  | | |
| **Current hours of work** | | |  | | | | | |  | | |
| **Any planned changes to working hours** | | |  | | | | | |  | | |
| **Previous employment, including voluntary work with children or vulnerable adults** *(last 10 years) Reference/s from current agency can be used.* | | | | | | | | | | | |
| **Name and address of employer or organisation** | | | **Dates employed** | | | | | | **Date of Reference** | | |
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| ***Additional information:*** | | | | | | | | | | | |

**FULL ASSESSMENT**

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| **Summary of the findings of the previous Fostering Assessment and any update in regard to each Foster Carer’s life experiences, relationships, character/personalities, and attachment styles and how these have influenced their care of children (including those ‘Looked After’).** |
| **Foster Carer 1** |
|  |
| **Foster Carer 2** |
|  |

**PERSONAL PROFILES**

**FOSTERING CAREER**

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| **Summary of Placement History and any Themes or Patterns from Endings** |
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| **Summary of findings from Annual Reviews and other relevant sources in regard to the Foster Carers competency to meet the needs of children / young people placed and the expectations of the Fostering Service** *(Include how the Foster Carers have worked with the team around the child/young person, the care plans, negotiated differences of opinion and operated transparently and reflectively within supervision. Include their approach to Safe Care and Safeguarding)* |
|  |
| **Allegations, Standards of Care Concerns and Complaints** *(Include the findings of all challenges brought against the Foster Carer(s) while fostering or in any other role, paid or voluntary, with children and vulnerable adults. Be clear about outcomes and recommendations and the extent to which the Foster Carers have been able to think, reflect and make required changes to practice).* |
|  |
| **Compliments & Recognition** *(Include compliments and comments where Foster Carers have been recognised for specific areas of work, particularly where this has resulted in good outcomes for children / young people)* |
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**HOUSEHOLD AND NETWORK**

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| **Eco-map** |
|  |
| **Other Household Members** *(Include all family members involvement/contribution in fostering, including their relationships with children who have/are looked after within their family, any challenges they have encountered while fostering and the outcomes/learning; and any continuing vulnerability and risk and considerations for future matching).* |
|  |
| **Wider Family and Support Network** *(Include how significant others are involved/have contributed to the Foster Carers role and responsibilities and the lives of children in their care. Identify and complete checks/assessment of Nominated Babysitters and Relief Carer/s (latter Foster Carers transferring with child/young person in placement). Include people in the Foster Carers network who may pose a risk to children/young people through association, alongside actions to mitigate risk)*. |
|  |

**TRAINING & DEVLOPMENT**

|  |  |
| --- | --- |
| **Skills to Foster/Pre-panel Training** *(All Foster Carers transferring to Kent Fostering from another Fostering Agency must have completed the Skills to Foster with either agency; and attended the Young People’s Session/Interviews with Kent Fostering )* | |
| **Date of Completion** |  |
| **Feedback about Foster Carers** |  |
| **Training Record** *(Provide a summary of formal training or preparation courses relevant to fostering and looking after children that the Foster Carer/s have completed)* | |
|  | |
| **Analysis of how the Foster Carers have integrated their learning into the care of children and young people and any areas where the Foster Carers would benefit from further training and support.** | |
|  | |
| **Training, Support & Development Standards (TSDS)** | |
| **Date of Completion:** |  |
| **Copy of Certificate uploaded to Foster Carers Liberi file:** |  |
| **Payment for Skills** *(To be recommended for approval at Skilled and Advanced Levels, Foster Carers transferring to Kent Fostering are expected to meet the same criteria as KCC foster carers)* | |
| **Does the Foster Carer/s most recent Annual Review evidence that they have met the Fostering National Minimum Standards? If not state reasons why:** |  |
| **Has the Foster Carer/s attended the current agencies required number of Support Groups? If not state reasons why.** |  |
| **Has the Foster Carer/s met the current agencies minimum training requirements? If not state reasons why:** |  |
| **Statement of Evidence** *(Include what qualification/s / training the Foster Carer/s has completed which has been agreed as equivalent to the Level 3 (for Skilled Level) and Level 4 (for Advanced Level) Diploma, the years of fostering experience (2 years with Level 3 Training for Skilled or 5 years with no qualification & 5 years with Level 4 Training for Advanced or 10 years with no qualification), and evidence the additional knowledge, skills and working over and above the day to day fostering role* *to benefit the children they care for, other children and foster carers within their current agency (4 of the Child Focussed Criteria and 3 of the Wider Contribution Criteria for Skilled & all of the Child Focussed Criteria and 7 of the Wider Contribution Criteria for Advanced). Please Refer to Payment for Skills Criteria.* | |
|  | |

**APPENDICES**

**RECOMMENDATIONS**

|  |  |
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| **Social Worker Summary and Analysis:** | |
| **What are the strengths of the Foster Carers and what do we think will work well?** | |
|  | |
| **What are the vulnerabilities of the Foster Carers and what are we worried about?** | |
|  | |
| **Scaling Question** | |
| ***On a scale of 0-10, where 10 is the Foster Carers have demonstrated that they can safeguard children, provide competent care to meet a complex child’s needs and recognise and seek consultation to respond to concerns and where 0 is the Foster Carers are not able to safeguard and meet the needs of a complex child at this time. Where would you and the prospective carers scale this assessment and why?***  **0………………………………………………10 – Prospective carer/s**  **0………………………………………………10 – Assessing Social Worker** | |
| **What needs to happen next?** *Identify the prospective carer/s specific development and training needs over and above mandatory expectations. Highlight any additional support and supervision required to enable to carer/s to meet the fostering standards and develop the skills and competencies to care for children with a wide variety of needs and challenges.* | |
|  | |
| **Social Workers Recommendation** | |
|  | |
| **Fostering Social Worker** | **Name** |
| **Signature** |
| **Date:** |
| **Fostering Team Manager** | **Name** |
| **Signature** |
| **Date:** |

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| --- | --- | --- |
| **Name of Foster Carer/s** |  | |
| **I/We have read the report prepared on my/our suitability to be foster carers.**  **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:** | | |
|  | | |
| **I/We understand that any information supplied by me/us in respect of this application may be held and/or processed in Kent County Council’s electronic system and is subject to the relevant provisions in the Data Protection Act 1998 and other relevant statutes.**  **I/We understand that this form is the property of the Kent Fostering Service to which I/we have applied. I/We agree not to copy this document (other than for my/our own personal records) or disclose its contents in full or in part, to any other person, fostering service or authority without the fostering service’s permission.** | | |
| **Signature** | |  |
| **Date** | |  |
| **Signature** | |  |
| **Date** | |  |

**CONFIDENTIAL - PERSONAL REFERENCES**

|  |  |
| --- | --- |
|  | **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.* | |
|  | |

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| **OTHER REFERENCES (IF APPLICABLE)** | |
| **ADULT CHILDREN** | |
| **Name of adult child** |  |
| **Address** |  |
| **Relationship to Foster Carer/s** |  |
| **Date written reference received** |  |
| **Date interviewed** |  |
| **Summary of the interviews** | |
|  | |
| **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 Foster Carer/s** |  |
| **Date interviewed** |  |
| **Summary of the interview** | |
|  | |
| **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 Foster Carer/s** |  |
| **Date interviewed** |  |
| **Summary of the interview** | |
|  | |
| **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 Foster Carer/s** |  |
| **Date interviewed** |  |
| **Summary of the interview** | |
|  | |
| **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 Foster Carer/s** |  |
| **Date interviewed** |  |
| **Summary of the interview** | |
|  | |
| **Analysis of Interview** (*Analysis of whether the referee account appears accurate, valid and corroborates the assessment of the prospective carers).* | |
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| **Previous Fostering Agency** |  |
| **Address** |  |
| **Date files viewed** |  |
| **Summary of the information gained, including details of any allegations, complaints and standards of care issues.** | |
|  | |
| **Analysis** | |
|  | |