



**Temporary Approval as a Family and Friends Foster Carer
Regulation 24 - Care Planning Regulations 2010
assessment report**

Child(ren's) Details

	<u>Child 1:</u>	<u>Child 2:</u>
Full Name		
D.O.B		
Age		
Gender		
Ethnicity		
Language		
Religion		
Legal status		
Immigration Status		
Date children became LAC		
<u>Does the child have a disability? y/n</u>		

Name and location of School/Nursery		
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Background, Reason for placement

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Court Date (if applicable):

Type of Hearing:

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Adult(s) with Parental Responsibility

1. Name	Relationship to carer
2. Name	Relationship to carer

Applicant(s) and Household

	<u>Applicant 1:</u>	<u>Applicant 2:</u>
Full Name		
D.O.B		
Address		
Telephone		
Ethnicity		
Language		

Religion		
Immigration Status		
Relationship to Child/ren		
Is an Interpreter required		
Marital / relationship status		
Occupation and hours of work		

Applicants Family Composition:

Children of Applicant(s)

Name	Dob	Ethnicity	Gender	Language	Member of Household Y/N

Other adult members and very regular visitors e.g. partners

Name	Relationship

Pets in the Household, if applicable

Please provide details

Checks on Applicant(s) and other Household Members

Check on Applicant 1:

Initial telephone police check : ___ / ___ / ___

Are there any known offences :

If Yes, please supply details :

Checks with Schools/Nursery

Checks with social care

Outcome of Checks:

Check on Applicant 2:Initial telephone police check : ___ / ___ / ___

Are there any known offences :

If Yes, please supply details :

Outcome of Checks:

DBS form completed and applied for, date?

Checks on All Other Household Members (including significant regular visitors over 18)

Name:

Initial telephone police check : ___ / ___ / ___

Are there any known offences :

If Yes, please supply details :

Outcome of Checks:

Name:

Initial telephone police check : ___ / ___ / ___

Are there any known offences :

If Yes, please supply details :

Outcome of Checks:

Name:

Initial telephone police check : ___ / ___ / ___

Are there any known offences :

If Yes, please supply details :

Outcome of Checks:

Health of Applicant/s - Applicants self-report for temporary approval unless significant health issues identified

If significant health issue is identified full medical required immediately . Seek applicant agreement.

Outcome:

GP Details:

Reference – Non Relative
(Telephone acceptable for Regulation 24)

Name:

Address:

Telephone:

Date Interviewed:

Outcome of Reference:

Views of Applicant(s) and All Child(ren) & Adult(s) in the Household

Does the applicant have children that live in the family home ? If yes what is their view of the placement? (All Children must be seen and interviewed)

Other adult members in the household, including adult children, tenants, regular visitors who have significant involvement. What are their views about the placement? (All must be seen and interviewed)

If the partner of Applicant 1 is not an Applicant, what are their views? Explore why they aren't an Applicant?

What is the Applicant(s) understanding of the child's(ren's) needs, and their siblings (each individual child's needs including racial, religious and cultural background)
How will the Applicant(s) meet these needs?

What is the Applicant(s) understanding of any safeguarding issues for the child/ren and how will the applicant protect the child/ren?

Applicant's Motivation - How is the Applicant(s) connected to the child/ren?

What is the Applicant's availability to care? E.g. employment, hours of work and other commitments.

Can the Applicant / Carer maintain the child's current school/ nursery place?

What is the applicants understanding of the term 'Temporary Foster Carer'? Establish their views about working in partnership with the Local Authority, other services as required and the requirement to sign a Foster Carer Agreement?

What is the applicants understanding of the care plan and the need to work in accordance with this plan? . This needs to include an early indication about their suitability to offer long term care. What is their understanding about permanency and applying for the suitable order, i.e. Special Guardianship, Adoption if this is the outcome .

What is their ability to promote contact in accordance with the local authority plans?

If any risk issues associated with the above, identify how applicant will manage these?

What additional support may be needed to promote contact?

Accommodation - Brief description of accommodation (identify where child/ ren will sleep

Finance / Income

Brief description of family lifestyle

Support Network and views of the birth parent / s and those with PR

Is there additional support required from Children's Services and other agencies for this placement?

Summary and recommendation

Approval as a Temporary Foster Carer yes/no

Please provide reasons

Name of Assessing Social Worker

Signature

Date

Name of Assessing Social Worker's Manager

Signature

Date

Name of Service Manager

Signature Date

Approval agreed by Agency Decision Maker

Signature Date