

Aug 2011 Temporary Approval (Reg.24) Assessment of Family and Friends carers
(Connected Person) for Reading Borough Council

Temporary Approval Assessment can only be undertaken if the LA is satisfied that the proposed placement is the most appropriate for the child and that it is not possible to fulfil all the fostering requirements of the 2011 Regulations in approving the identified family and friend carer (connected person) as a LA foster carer before placing the child. As with any other placement the placing social worker must be satisfied that the placement is the most suitable means to safeguard and promote the child's welfare.

Temporary Approval Assessment is intended to be used exceptionally, where the connected person is already known to the child, to avoid an unnecessary move to a stranger foster carer, and in "circumstances which could not easily have been foreseen".

This document will be part of the report put before the Family and Friends panel therefore it should be typed. Please ensure that the report provides a good understanding of the child's needs and the prospective carer's capacity to meet those needs as well as the background to the proposed placement.

This form can also be used for suitability assessments.

This is the current process for a potential carer's case to be allocated to the Family & Friends for further assessment (please note this does not apply to Private Fostering cases unless you are going to issue child care proceedings). For Private Fostering cases email the Family & Friends referral email with details.

- If you are undertaking a viability assessment of a potential carer and the signs look positive please send an early warning to the WAM with a rough idea of when the viability assessment will be completed, we are a small team and need as much notice as possible to allocate cases. Please also copy the WAM referral email to the Family & Friends email FamilyandFriendsReferral@reading.gov.uk
- Once your viability assessment is completed you must share it with the carer (this is usually a court expectation) and ask them to sign it, taking note of anything they dispute or disagree with, this also evidences they agree with content from a factual perspective.
- Positive viability needs to be signed by Child's SW and assessing SW (if different).
- Positive viability needs to be signed by assessing SW's manager (to evidence QA of the document).
- Please also get the potential carer to sign the consent form as we cannot start any checks or references without this form signed and it delays our assessment.

- Please ensure there are full details for 3 referees on the viability document (1 family and 2 others) as this needs to happen at this stage so we can start references asap.
- Please obtain an email address for the potential carer for us to send the link to them for the DBS process. The DBS process is electronic and cannot be started without an email address.
- If the child is already placed or about to be placed with the carer under Regulation 24 you will also need to obtain Police Checks for anyone in the household over 16, LA Checks (including other LAs if they do not live in Reading), please forward these to Family & Friends email address.
- Also for any Regulation 24 placements we need the carer's signature on the Reg 24 agreement document and Service Manager signature in the authorisation box to temporarily approve the carers. The placement will remain unregulated without service manager's authorisation.
- The case must then be formally transferred through WAM - please note we will not be able to accept cases without fully completed and signed documentation.
- Please remember if you are already in or about to start care proceedings in court we need the viabilities completed asap to prevent Family & Friends assessments delaying the court process and to ensure we have enough time to complete safe and robust assessments. Timescale for an assessment is always 12 weeks from the point we have the signed documentation to ensure a thorough, robust and safe assessment.

Please also remember we have a dedicated Family & Friends Referral email so when you send your early warning to WAM please also copy FamilyandFriendsReferral@reading.gov.uk and when completed send any relevant and signed documentation to the same email address. Please do not email any Family & Friends staff directly unless a case is specifically allocated to them, this will prevent any new referrals being 'lost' in workers individual email accounts. The Family & Friends email address will be checked daily by one of the team. Once a case is allocated you can then communicate directly with the allocated worker. We will also be listing the Family & Friends SW on the child's file as an associated professional so that they get invited to all relevant professionals and statutory meetings.

An assessment of family and friends (connected person) as carer for:

SECTION 1 - THE CHILD/REN

1. Details of child/ren for whom the applicant(s) is/are being assessed

Details	Child one	Child two	Child three
Full name (including other known/used names)			
Current placement			
Name of carer			
Current address			
Local Authority Area			
Date of birth			
Place of birth			
Gender			
Ethnicity			
Religion			
Languages			
Nationality & Immigration status (<i>if appropriate</i>)			
Special needs requirements			
Name of Mother			
Name of Father			
Does birth father hold parental responsibility?			
School Name/Address & Year			
Legal status			

SECTION 2 - THE APPLICANTS

1. Details of Applicant(s) - to be completed by the Social Worker

Details	Applicant one	Applicant two
Surname		
Previous names		
Forenames		
Date of birth		
Ethnicity		
Language		
Religion		
Occupation		
Name and Address of employer (for references)		
Current/proposed hours of work		
Home address Contact numbers Home: Work: Mobile:		
Email address for DBS link to be sent to.		
Applicant's relationship to child(ren)		

2. Who else lives in the household? No other adults or children live in the household.

Children, adult children & other adults in the Applicant's Household.	Gender	D.o.b	Ethnicity	Relationship to applicant	Relationship to child(ren)	School attended Including address & postcode (for reference request).

3. Are there children (including adult children) from current or previous partnership living elsewhere or deceased?

Full name	Gender	D.o.b	Ethnicity	Whereabouts or date and cause of death	Relationship to applicant	Relationship to child(ren)

4. Are there other adults (not in the household) who may have responsibility on a regular basis for the care of any child/ren placed?

Full name	Gender	D.o.b	Ethnicity	Relationship to applicant	Relationship to child(ren)

5. Other Children/Adults who visit the home on a regular basis:

Name	Gender	D.o.b	Ethnicity	Relationship to applicant	Relationship to child(ren)

6. Please comment on any other relevant information that you have checked/found on Mosaic, paperfile(s), other LA's checks, probation services etc regarding the applicant(s)

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7. About the Applicant's house and community

(Please note a Health and Safety check will need to be completed by Family and Friends social worker)

Are mortgage/rental payments up to date?	
Is there a tenancy agreement? If yes who with?	
Number of bedrooms	
Will the child have his/her own room? If not please give details of arrangements.	
Is there a garden?	
Are there any pets?	
Where are the local parks/ leisure facilities?	
Where is the nearest place of worship For the child(ren)?	
What transport arrangements are there?	
Diversity of the population?	

8. Pre Court Involvement and Assessments

Have you been involved in any previous Family Court Proceedings?
No
Yes
Please give details including outcomes of the Proceedings:
Have you previously been assessed as prospective carers for any children?
No
Yes
Please list giving outcomes of assessments.

SECTION 3 - MEETING THE CHILD/REN'S NEEDS

1. Assessment of Child's Needs (core assessment can be attached here)

Please include; child's physical description and personality, health, education, emotional, behavioural development, identity, family & social relationships, social presentation, self care skills.

2. Reasons for proposed placement: why is the child unable to live with birth parent(s) currently, what are the identified risks, what is required from the proposed carer to keep the child safe from identified risks? What type of family does the child need?

3. Child(ren)'s wishes and feelings.

(What are the child's wishes and feelings in relation to proposed placement, contact plans, his/her religious and cultural upbringing).

Please include dates when the child was spoken to. Describe the child's relationship with the carers and what has been done to prepare the child for the placement.

4. The Applicant(s)

(Description of the applicant(s) and their personality; marital status, identity including applicant's attitudes to and experiences of diversity, health, education, employment and recreational interests.

5. The applicant(s)' capacity to parent the child

(Describe the applicants ability to provide stable family environment which will promote attachment for the child/ren; describe the applicant's previous experience of caring for children, how the applicant relates to adults and children.

6. The applicant(s)' capacity to meet the child's basic care needs.

(Describe the applicant's capacity to ensure the child's safety; meeting the child's physical needs and ensuring appropriate medical and dental care; providing stimulating, learning and development environment for the child; manage child's behaviour without the use of physical chastisement or other inappropriate methods; provide evidence to show that the applicant can offer emotional warmth to the child; evidence that the applicant will value the child's identity and take into account their wishes and feelings)

7. The applicant(s)' capacity to manage contact and promote child's positive image.

(Applicant's ability to promote positive contact, where appropriate describe the relationship of the applicants with the child's parents; ability to promote the child's self care skills and social presentation.)

8. The applicant's understanding of why the child(ren) is/ are in need of placement

(consider the following; what is the **motivation** for taking on the child, what are the able to offer the child, what is the length of time they are willing to invest in caring for the child, are all the applicant's family in agreement, if not what can be offered to support them?)

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9. Do you have any significant health issues you wish to share?

This will help determine the level of medical advice needed to seek your approval as a Family and friends Foster Carer and help identify as soon as possible any support needs you may have. You may supply this confidentially on a separate piece of paper.

	Applicant One	Applicant Two
GP Name		
Address & Tel no		
	Applicant One	Applicant Two
Known Health issues/needs		
Smoker/Non Smoker		
	Applicant One	Applicant Two
Any additional health needs or issues		

10. Social Workers assessment/ analysis of information gathered as part of this assessment including recommendation for Regulation 24 placement and /or full fostering assessment of Family and friends carer(connected person):

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11. Views of Social Worker with consideration to placement in the Short term, medium and long term placement including any issues to be addressed in the full fostering assessment and any support needs of the family.

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12. Personal References

Applicants will require three personal referees, **only one** of which can be a family member. Two of these need to be visited by the Family and Friends Team and reports written regarding what they have said.

Referee one	Referee two	Referee three
Name and address:	Name and address	Name and address
Phone:	Phone:	Phone:
Email:	Email:	Email:

SECTION 4 - OTHER RELEVANT INFORMATION

1. Record of checks:

Please ensure copies of any Police checks and LA checks are included with the Viability document to evidence the checks.

	Applicant one		Applicant two		Other relevant adults over 16 yrs	
Agency	Date requested	Date received	Date requested	Date received	Date requested	Date received
Local Police Check (Reg. 24)						
RBC LA's checks (Reg 24)						
Other LA checks (Reg 24)						

2. Please declare any current/previous criminal convictions:

Name	Conviction	Details

3. Applicant views on completed Viability/Reg 24 assessment.

4. Signatures:

	Applicant One		Applicant Two
Name		Name	
Signature		Signature	
Date		Date	
	Child's S.W		Assessing Social Worker
Name		Name	
Signature		Signature	
Date		Date	
	Line Manager/Manager*		Line Manager/Manager*
Name		Name	
Signature		Signature	
Date		Date	

*Only one manager's signature is required to evidence the document has been quality assured.

PLEASE ENSURE THE FOLLOWING
3 PAGES ARE PRINTED ON
INDIVIDUAL PAGES AND DO NOT
CARRY OVER TO SECOND PAGES
AS THE FORMS ARE USED
SEPARATELY FOR DIFFERING
PURPOSES, THANK YOU.

For Regulation 24 case only:

Temporary Approvals for prospective family and friends (connected person) foster carers can only be granted by a nominated officer (HOS) or other senior manager delegated by the HOS. Prior to a child being placed under the Temporary Approval status, **the placing social worker must ensure that the assessment is approved & signed by the nominated officer.**

Once signed by applicant(s), social worker, SW's manager and the nominated officer, completed Temporary Approval Assessment should be referred to the FF Team **within 2 working days of the child being placed** so as to avoid delay in starting a Full Fostering Assessment. Referrals can be made by emailing ATM/TM of FF Team and subsequent case transfer via Workload Allocations Meeting (WAM).

TEMPORARY APPROVAL

<p>CARERS NAME(S).....</p> <p>CHILD(REN)S NAME(S).....</p> <p>I approve the above applicant(s) as foster carer(s) for a temporary period not exceeding 16 weeks in compliance with Regulation 24 of the Care Planning, Placement and Case Review Regulations 2010.</p> <p>Name of the Nominated Officer (HOS).....</p> <p>Signature.....</p> <p>Date.....</p>

TEMPORARY APPROVAL PERIOD

Date temporary foster placement started	
Date temporary foster placement ends (16 weeks later)	

N.B full ff assessment takes 12 weeks from date referral received.

It is essential that evidence of local police checks are included as part of Temporary Approval Assessment.

For Regulation 24 case only:

TEMPORARY APPROVAL AGREEMENT (REG. 24)

Agreement between Reading Borough Council Children's Services Department and
Temporary Approved foster carer(s) (Regulation 24 Carers)

Re:..... (Name of child/ren)

DOB.....

I/We..... (Carers name)

Of.....

.....(add
ress)

Agree as follows: -

1. To care for the child as if s/he were the member of the family
2. To sign agreements to checks and Police, Health, LA and Education references on all persons over 16 years who live in or have regular and substantive contact with the household.
3. To allow a local authority officer to visit at any time.
4. To give written notice to the Reading Borough Council forthwith, with full particulars of:-
 - a) Any intended change of their address
 - b) Any change in the composition of their household
 - c) Any other change in their personal circumstances and any other event affecting their capacity to care for any child placed or the suitability of their household.
5. Not to administer corporal punishment to any child placed with them.
6. To ensure that any information relating to a child placed with them to the child's family or to any other person, which has been given in confidence in connection with a placement is kept confidential and is not disclosed to any person without the consent of the responsible authority.
7. To comply with Court Orders and or/the local authority's requirements about contact.
8. To permit the child to be removed at any time if the local authority decides it is no longer a suitable placement.

Signed (Regulation 24 carers)	
Name(s)	
Date	
Signed (Child's social worker)	
Name	
Date	

FOR ALL CASES:

Important: Please ensure this consent document remains on one page only



Ann Marie Dodds
Director of Children's Services

Family Placements
PO Box 2943
Reading
RG1 9NT

Direct Tel No: (0118) 937 3740
Email: jenette.cole@reading.gov.uk

Date:

Your Contact is: Steffi Roth

To: Family & Friends Team
Reading Borough Council
PO Box 2943
Reading, RG1 9NT

* I/We understand that in connection with my/our application to be Family & Friends Carer, the local authority has to make enquiries of the

- Disclosure and Barring Service
- Local authority
- Health Services
- Education
- Employment
- NSPCC

*I/We agree to any relevant information being disclosed for this purpose.

*I/We do/do not wish to see the reference from our GP which is available to us by right of the Access to Medical Records Act 1988.

* Delete as appropriate.

Applicant 1

Signed:

Date:

Applicant 2

Signed:

Date: