**Suitability assessment on:**

Appendix 7

**Prospective Kinship Carers (**Looked After Child**)**

|  |  |  |
| --- | --- | --- |
|  | **1st applicant** | **2nd applicant** |
| Family name |  |  |
| Forenames |  |  |
| Date of Birth |  |  |
| Address |  |  |
| Relationship to child/young person |  |  |
| Ethnic origin |  |  |
| Preferred language |  |  |
| Religion |  |  |

|  |  |
| --- | --- |
| Report completed by |  |
| Title |  |
| Senior Social Worker / Team Manager |  |
| Date assessment started |  |
| Date assessment completed |  |

**Checks completed on prospective Kinship Carers**

(insert date completed)

|  |  |  |
| --- | --- | --- |
|  | **1st applicant** | **2nd applicant** |
| Disclosure Scotland |  |  |
| Medical |  |  |
| Local authorities |  |  |

Any issues arising from the above checks

|  |
| --- |
|  |

Outcome of the referral to Citizens Advice Scotland

|  |
| --- |
|  |

**Has a family meeting been held? Yes / No**

If No, give reason

|  |
| --- |
|  |

If Yes, give date

|  |
| --- |
|  |

Please attached outcomes.

**Child/Young person(s) for whom placement is being considered**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child/Young Person 1 | Child/Young Person 2 | Child/Young Person 3 |
| Family name |  |  |  |
| Forename(s) |  |  |  |
| Date of birth |  |  |  |
| Gender (M / F) |  |  |  |
| Home address |  |  |  |
| Ethnic origin |  |  |  |
| Preferred language |  |  |  |
| Religion |  |  |  |
| Legal status |  |  |  |
| Date placed |  |  |  |
| Relationship to applicant |  |  |  |

**Family composition of Child / Young Person(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | DOB | Gender | Relation to child | Residence if different |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Family Composition of Proposed Kinship Carer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | DOB | Gender | Relation to child | Employment/  School/other | Residence -  if different |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Accommodation of Kinship Carer**

(Include proposed sleeping arrangements for child/ young person)

|  |
| --- |
|  |

**Date sleeping arrangements seen**

|  |
| --- |
|  |

**Is this accommodation appropriate Yes / No**

|  |
| --- |
|  |

**Brief Summary of child/young person’s history and reason for proposed placement**

(If an integrated assessment has been completed, use bullet points)

|  |
| --- |
|  |

**Child/young person’s needs and how this Kinship Carer will meet them**

(If an integrated assessment has been completed, use bullet points)

|  |
| --- |
|  |

**Safety**

|  |
| --- |
|  |

**Health**

|  |
| --- |
|  |

**Education**

|  |
| --- |
|  |

**Social Activities**

|  |
| --- |
|  |

**Contact**

|  |
| --- |
|  |

**Emotional / developmental needs**

|  |
| --- |
|  |

**Religion / cultural issues**

|  |
| --- |
|  |

**Child’s view of the planned placement**

(Include the date the child was interviewed)

|  |
| --- |
|  |

**Kinship Carer(s) : Identity confirmed Yes / No**

(Insert date)

|  |
| --- |
|  |

**Where the carers are a couple, they should be interviewed separately on at least one occasion.**

|  |  |  |
| --- | --- | --- |
| Dates interviewed | 1st Applicant | 2nd applicant |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Personal and family history**

(What of prospective Kinship Carer(s) history will support or challenge them in caring for this child / these children)

|  |
| --- |
|  |

**Kinship Carers understanding of the reason why the child’s parents are unable to care for the child:**

|  |
| --- |
|  |

**Kinship Carers ability to protect the child**

|  |
| --- |
|  |

**Attitude and concerns in relation to contact**

(What of prospective Kinship Carer(s) history will support or challenge them in caring for this child / these children)

|  |
| --- |
|  |

**Parent’s view of this placement**

(Include the names of those interviewed and dates this took place)

|  |
| --- |
|  |

**Views of the Kinship Carers family regarding this placement**

(Indicate who interviewed and when. This should include views of other children in the household who may be affected. It may be beneficial to interview these children separately from their parents)

|  |
| --- |
|  |

**Kinship Carers ability to manage the impact on the family relationships of this proposed placement**

(Include carers views on the likely financial impact of this placement)

|  |
| --- |
|  |

**Support / training needs, as identified with the carer, and how these will be met**

(Include details of financial arrangements for this placement and the capacity of the carers to take on new information and their ability to work with agencies)

|  |
| --- |
|  |

**How will this placement promote and safeguard the child’s welfare?**

|  |
| --- |
|  |

**Summary assessment and recommendation**

(Include details of the strengths and risks of this placement)

|  |
| --- |
|  |

**Signed:**

**Applicant 1……………………………………………….. Date.........................**

**Applicant 2……………………………………………….. Date.........................**

**Social Worker………………………………………….... Date.........................**

**Senior Social Worker/**

**Team Manager………………………………………….... Date.........................**

This assessment to be approved by Placement Confirmation Panel who will notify the family in writing of the outcome and arrange for a written agreement between the kinship carers and The Moray Council to be drawn up.