# *Unregulated Connected Persons/family and friends (Reg. 24) Placement* Authorisation Form

**This form should be used for** ***Unregulated Connected Persons/family and friends (Reg. 24) Placement:***

*In the event that it is the SW’s assessment that the connected/family and friends’ carers do not meet fostering standards, even with extra support or if the assessment is not completed within the timescale, or approval not granted by Fostering Panel, then it will become an* ***unregulated placement*** *and agreement for its continuation must be given by Executive Director, Director or Assistant Director.*

***This form would need completing in these circumstances.***

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| **PIN:** |  |
| **Name and D.O.B of Child/Young Person:** |  |
| ***Unregulated Connected Persons/amily and friends (Reg. 24) Placement:*** | |
| **Background information** (brief summary of the case) | |
| **Reasons why the connected carers do not meet fostering standards** **and why it will not be regulated under Reg 24/35** (completed *by the family and friends assessing SW, please add workers name also)* | |
| **Name and Address of Placement:** | |
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| **Cost of Placement** **£** **per week**  (*This to include the costings previously paid (such as fostering allowance), and the suggested costings moving forward, continued fostering allowance/ equivalent to CAO/SGO or other)* |  |

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| **How will this placement contribute to the child/young person’s overall Care Plan?**  **How will we ensure the young person is kept as safe as possible in this placement (***SW visiting patterns, additional statutory reviews, contact***)?**  Include the following details   * What is the frequency of Social Worker visits? (*statutory/weekly etc )* * When will a review of the young person’s care plan take place? (*next LAC review/record any additional placement meetings etc)* * State what the planning moving forward will be? (*plans to return to court for order to regulate / CAO/SGO*) * What are the expected timescales? (*next court date/expected timeframe*) |
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| **Young person and parents’ views and agreement regarding the placement:** |
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| **Checklist** | **Y** | **N** | **N/A** |
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| I have consulted with the area authority where the placement is. |  |  |  |
| I have consulted the child’s named Independent Reviewing Officer (IRO) before the final decision was made about to enable the IRO to discuss the proposed arrangements with the child. |  |  |  |
| The child’s wishes and feelings have been recorded in relation to this placement. |  |  |  |
| Where appropriate the child’s relatives or parents have been consulted. |  |  |  |
| Home safety / fire, gas and electrical safety certificates has been considered |  |  |  |
| The placement affords the opportunity to access Education and training |  |  |  |
| The safeguarding unit of the children’s services in the area authority has been contacted, to seek intelligence and any risks associated with the identified placement area e.g. any risks related to CS |  |  |  |

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| **Name of Social Worker:** |  |

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| **Name of Team Manager:** |  |
| **Comments of team manager:** | |

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| **Name of Head of Service Locality:** |  |
| **Comments of Head of Service locality:** | |

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| **Comments from Director – Early Help & Safeguarding, Children’s Services** |
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| **Director – Early Help & Safeguarding, Children’s Services approval to place at distance** | **Designation:**  **Director – Early Help & Safeguarding**  **Children’s Services**  **Signature:** | **Date** |