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| **REQUEST FOR EXTENSION OF PLACEMENT WHILE PLACEMENT  REMAINS UNREGULATED** (*EXPIRY OF Regulation 25 EXTENSION)* | | | |
| **Carers details** | | | |
| **1.FOSTER CARERS DETAILS** | | | |
| **Foster Carer’s FWi ID** | | **Foster Carer’s FWi ID** | |
|  | |  | |
| **Foster carer’s name** | | **Foster carer’s name** | |
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| **D.O.B** |  | **D.O.B** |  |
| **Ethnicity** |  | **Ethnicity** |  |
| **Relationship to child** |  | **Relationship to child** |  |
| **Address:** | | | |

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| **Date of this request** |  | | **Temp approval date by ADM** | |  | Date temp approval expires | |  |
| **Type of approval being sought by panel** | |  | | | | | | |
| SSW name | | | CSW name | | | IRO name(*It is a requirement –Reg 25. 4cc to inform the IRO if the extension is granted)* | | |
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| **Child’s details** | | | | | | | | |
| **Name of child** | |  | | **Mosaic ID** | | |  | |
| **DOB** | |  | | **Gender** | | |  | |
| **Ethnicity** | |  | | **Religion** | | |  | |

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| **Why does this placement remain unregulated?** |
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| **Child’s current placement: Positives and challenges (summary of visits)** |
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| **Child’s presentation ( personality, behaviour, health needs, development needs, sibling relationship):** |
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| **Contact (current and proposed):** |
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| **Support Needs:** |
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| **Children’s wishes and feelings** |
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| **Care plan and summary** |
| Progress : Factors that have delayed assessment and outstanding tasks that make the extension necessary . |
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| LA Plans including dates of court hearing and foster panel |
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| Is this still in the interests of the child? (*Include views of all parties, foster carers, SSW, child, CSW and birth families)* |
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| **Chronology of actions in relation to the delaying issues** (e.g. progress of checks with dates initiated and followed up) | | | |
| Name of check | Date commenced | Dates of follow up | Reason for delay |
| Medical |  |  |  |
| DBS |  |  |  |
| LA check |  |  |  |
| Personal references |  |  |  |
| Education/employer references |  |  |  |
| Ex-partner references |  |  |  |
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| Other checks |  |  |  |

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| **For continuation of unregulated placements** – weekly visits are required | | |
| **Date of visit** | **Announced** | **Completed by** |
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| **DATE NEXT UNREGULATED REPORT IS DUE:** |  |

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| **Agency Decision Maker’s approval** |
| I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ remaining in placement, despite this being unregulated, with the placement being monitored by weekly social work visits until such time as the placement can be fully approved. I will review this decision every 4 weeks until regulation.  Given the children’s experiences, I am of the view that their need for consistent care, which is assessed as being safe despite the lack of regulation, exceeds the need to meet the regulatory requirements of fostering, which would necessitate their move to an unfamiliar temporary placement. |

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| Authorisations and signatures | | |
| SSW ‘s name | Signature | Date sent to Agency Advisor |
|  |  |  |
| Agency Decision Maker | Signature | Date signed |
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