|  |
| --- |
| **SCHEDULE 4 ASSESSMENT**  **Placement of Child with a Connected Person** |
| **Care Planning, Placement and Case Review Regulations 2014 Schedule 4** |

|  |
| --- |
| **The purpose of this form is to:**   * Enable the Trust to determine whether this care arrangement will safeguard and promote child welfare and meet their needs as set out in their placement and care plans, * Provide the basis on which a decision can be made to give the connected person 16 weeks temporary approval as a Sandwell Children’s Trust foster carer * Provide the basis on which a decision can be made to complete the ‘Form C’ connected person’s assessment tool, **and/or,** * Where applicable, satisfy the provisions in Regulation 24 of the Care Planning, Placement and Case Review Regulations 2014 by evidencing that appropriate checks have been made to ensure an emergency placement meets fostering standards, * **Please note: The Regulation 24 certificate at the end of this form must be signed by the Fostering Head of Service and Director of Operations *before* an emergency friends and family placement can be made.**   A connected person means a relative, friend of, or another person connected with the looked after child. |

|  |  |
| --- | --- |
| Date of IVA Visit |  |

|  |  |
| --- | --- |
| Name of Social Worker | Child’s Social Work Team |
|  |  |

|  |  |
| --- | --- |
| Name of Social Worker | Sandwell IFA Team |
|  |  |

|  |  |
| --- | --- |
| Name(s) of those present at interview (if there are two prospective carers, both should be present |  |

1. Details of child (ren) requiring placement  
   (Section 1 - 18 To be completed by the Child’s Social Worker)

|  | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| --- | --- | --- | --- |
| **LCS ID** |  |  |  |
| **Forename(s)** |  |  |  |
| **Surname** |  |  |  |
| **Other names used** |  |  |  |
| **Current address:** |  |  |  |
| **Local Authority Area** |  |  |  |
| **Date of birth** |  |  |  |
| **Place of birth** |  |  |  |
| **Gender** |  |  |  |
| **Ethnicity** |  |  |  |
| **Religion** |  |  |  |
| **Language(s)** |  |  |  |
| **Nationality** |  |  |  |
| **Immigration status** *If appropriate.* |  |  |  |
| **Name of Mother** |  |  |  |
| **Name of Father** |  |  |  |
| **Does father hold parental responsibility?** |  |  |  |
| **Name of any other person with PR (and relationship reason for PR)** |  |  |  |

2. Legal Status

**Please include below details of any order applied for or made by a court**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| **Type of Order** |  |  |  |
| **Legal status (to include PLO)** |  |  |  |
| **Name of Court** |  |  |  |
| **Date Order made**  *If not yet made please note scheduled date of application hearing.* |  |  |  |

1. Placement Details

(This section must be completed by the Child’s Social Worker *before* the

assessment is sent for Team Manager comments).

|  |
| --- |
| Date placement made or likely to be made with Connected Person:  *If placed out of hours in an emergency, please provide date and name of senior manager on call who made decision to place.* |
|  |
| Date and outcome of PNC checks completed: *mandatory before placement can be made.* |
|  |
| Date and outcome of any statutory checks completed: *mandatory before placement can be made.* |
|  |

1. Reasons for proposed placement

|  |
| --- |
| **Why is the child unable to live with a birth parent currently? What are the identified risks? What is required from the carer to keep the child safe from these risks?**  *Describe the carers capacity to protect the child/ren from harm and danger paying specific attention to any person who presents a risk to them.* |
|  |

1. Birth mother

|  |  |
| --- | --- |
| **Surname** |  |
| **First names** |  |
| **LCS ID** |  |
| **Are these the names used at the time of the child’s birth? If no, what were they?** |  |
| **Other names (including familiar names)** |  |
| **Date of birth** |  |
| **Place of birth** |  |
| **Current address** |  |
| **Date address confirmed** |  |
| **Local authority area** |  |
| **Nationality *(include immigration status if appropriate)*** |  |
| **Ethnicity** |  |
| **Religion** |  |
| **Languages spoken** |  |
| **Name of current partner** |  |

1. Birth father

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| **Surname** |  |  |  |
| **First names** |  |  |  |
| **LCS ID** |  |  |  |
| **Are these the names used at the time of the child’s birth? If not, what were they?** | Yes/No | Yes/No | Yes/No |
| **Other names (including familiar names)** |  |  |  |
| **Date of birth** |  |  |  |
| **Place of birth** |  |  |  |
| **Current address** |  |  |  |
| **Local authority area** |  |  |  |
| **Nationality (include immigration status if appropriate)** |  |  |  |
| **Ethnicity** |  |  |  |
| **Religion** |  |  |  |
| **Languages spoken** |  |  |  |
| **Name of current partner** |  |  |  |
| **If the identity or whereabouts of the father is not known, provide information about him that has been ascertained and from whom, and the steps that have been taken to establish paternity.** |  | | |

1. Parental responsibility

|  |  |
| --- | --- |
| **Provide details of whether the child’s parents were married to each other at the time of the child’s birth or have they subsequently married?** | |
|  | |
| **Date of marriage** |  |
| **If the parents were not married, please indicate if birth father has parental responsibility and how this was acquired?** | |
|  | |
| **If the child’s parents have been previously or are currently married or civilly partnered to another person, please give dates/details.** | |
|  | |
| **Is there any other person who holds parental responsibility for the child?** *(please include date acquired and details)* | |
|  | |

1. Birth parent’s relationship

|  |
| --- |
| **Please describe the past and present relationship between the birth parents** |
|  |

1. Sibling’s details (Not included in this assessment)

|  | **SIBLING 1** | **SIBLING 2** | **SIBLING 3** |
| --- | --- | --- | --- |
| **Forename(s)** |  |  |  |
| **Surname** |  |  |  |
| **LCS ID** |  |  |  |
| **Other names used** |  |  |  |
| **Date of birth** |  |  |  |
| **Name of current carer** |  |  |  |
| **Current address:** |  |  |  |
| **Local Authority Area** |  |  |  |
| **Place of birth** |  |  |  |
| **Gender** |  |  |  |
| **Ethnicity** |  |  |  |
| **Religion** |  |  |  |
| **Name of Mother** |  |  |  |
| **Name of Father** |  |  |  |
| **Are they looked after by a local authority if so which? Are they adopted?** |  |  |  |

1. Child – *please duplicate above for each child part of this assessment i.e. 10a, 10b*

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| Please give a physical description and personality of the child | |
|  | |

1. Health

|  |
| --- |
| **Describe the child’s health history, current needs and what is required to meet these.** |
|  |

1. Education

|  |
| --- |
| Detail the child’s current school and educational needs |
|  |
| Does the child have an Education and Health Plan in place? |
| Yes/No (if yes provide details) |

1. Emotional and Behavioural Development

|  |
| --- |
| **Describe the child’s emotional and behavioural development, their needs arising from this and what is required to meet those needs.** |
|  |

1. Identity

|  |
| --- |
| **Describe the child’s identity and what is required to meet needs arising from this. Provide information about the child’s religious persuasion and including details of baptism, confirmation or equivalent ceremonies** |
|  |

1. Family and Social Relationships

|  |
| --- |
| **Describe the child’s current and historical relationship with family members and others.** |
|  |
| **What are the current arrangements for contact between the child and family members and others who the local authority consider relevant? Who is responsible for arranging and supporting these arrangements?** |
|  |
| Which members of the extended family are significant to the child and what is the nature of these relationships?  *Provide details of any other adults who will have regular contact with the child*  *What support can they offer to the connected person and the child?*  *Describe the relationship between the child and any other adults and children in the household.* |
|  |

1. Wishes and feelings of the child

|  |
| --- |
| **What are the child’s wishes and feelings in relation to any proposed plans including plans for contact (as set out above) and in relation to their religious and cultural upbringing? Please include the date on which the child’s wishes and feelings were ascertained.** |
|  |

1. Views of the Birth Family

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give the wishes and feelings of each parent regarding the proposed plan, which might include:**   1. **special guardianship;** 2. **the child’s religious and cultural upbringing** 3. **contact with the child, and the date on which the wishes and feelings**   **of each parent were last ascertained.** | | | |
|  | | | |
| An assessment of the wishes and feelings of any of the child’s relatives, or any other person the local authority consider relevant regarding the child and the dates on which those wishes and feelings were last ascertained | | | |
| **Name** |  | **Relationship** |  |
|  | | | |
| **Name** |  | **Relationship** |  |
|  | | | |

1. Contact Arrangements

|  |
| --- |
| **Details of arrangements for birth parent(s)**  *Detail any risks. What support is needed* |
|  |

1. Applicant(s) Details

(Section 19 – 36 To be completed by the Connected Person Social Worker)

|  |  |
| --- | --- |
| First Applicant LCS ID |  |
| Family Name of Prospective Foster Carer 1 |  |
| Previous Name |  |
| Fore Name(s) |  |
| Other “known by” Names |  |
| Date of birth |  |
| Place of birth/Nationality |  |
| Ethnicity |  |
| Immigration Status |  |
| Language(s) |  |
| Religion |  |
| Is the applicant registered as disabled? |  |
| National Insurance ID Number (if appropriate) |  |
| Full Postal Address |  |
| Length of time at address – if less than 3 years please list all previous addresses |  |
| Home Phone Number  Mobile Phone Number |  |
| Email Address |  |
| Is this the applicant/s permanent place of residence? Give details |  |
| Local Authority area |  |

|  |  |
| --- | --- |
| Second Applicant LCS ID |  |
| Family Name of Prospective Foster Carer 2 |  |
| Previous Name |  |
| Forename(s) |  |
| Other “Known by” Names |  |
| Date of Birth |  |
| Place of birth/Nationality |  |
| Ethnicity |  |
| Immigration Status |  |
| Language(s) |  |
| Religion |  |
| National Insurance ID Number (if appropriate) |  |
| Is the applicant registered as disabled? |  |
| Postal address (if different from above) |  |
| Length of time at address – if less than 3 years please list all previous addresses |  |
| Email address |  |
| Home Phone Number  Mobile Phone Number |  |
| Is this the applicant/s permanent place of residence? Give details |  |
| Local Authority Area |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Nature of relationship with child (e.g. grandparent, aunt, foster carer etc.)** |  |  |

1. Who else lives in the household?

*Please indicate where other household members are in an intimate/sexual relationship.*

Children under 18

| **Family name** | **Forename/s** | **Sex**  **M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

21. Adults (including grown-up children) living in the household

*\*indicates that they are subject to CRB disclosure*

| **Family name** | **Forename/s** | **Sex**  **M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

22. Adults (including grown-up children) living elsewhere/deceased

*\*indicates that they are subject to CRB disclosure*

| **Family name** | **Forename/s** | **Sex**  **M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

23. Child (from a previous relationship) living elsewhere

*\*indicates that they are subject to CRB disclosure*

| **Family name** | **Forename/s** | **Sex**  **M/F** | **Date of birth** | **Ethnic descent** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- | --- |
| None |  |  |  |  |  |

24. Health of Applicants

|  |  |
| --- | --- |
| **Applicant 1** | |
| **Has the prospective carer/s or any member of their household had any of the following health issues? If yes, please provide details.** | |
| Alcohol/Drug dependency |  |
| Diabetes |  |
| Hypertension |  |
| Epilepsy |  |
| Anxiety |  |
| Depression |  |
| Arthritis |  |
| Self-Harm/Suicidal Ideation |  |
| Mobility issues (include details of any Occupational therapist Assessment undertaken) |  |
| Smoke cigarettes/recreational drugs |  |
| Any other health/mental health concerns |  |
| Are the applicants taking any prescribe/over-counter medication? If yes - details of medication/reason. |  |
| If yes, please give details and include other illness not mentioned above.  Please state if the applicant(s) are in receipt of Disability Living Allowance and what this is for |  |
| Are there any health issues which would impact with their ability to care safely for the child/ren |  |
| Applicant 1 Name/address of GP |  |

|  |  |
| --- | --- |
| **Applicant 2** | |
| **Has the prospective carer/s or any member of their household had any of the following health issues? If yes, please provide details.** | |
| Alcohol/Drug dependency |  |
| Diabetes |  |
| Hypertension |  |
| Epilepsy |  |
| Anxiety |  |
| Depression |  |
| Arthritis |  |
| Self-Harm/Suicidal Ideation |  |
| Mobility issues (include details of any Occupational therapist Assessment undertaken) |  |
| Smoke cigarettes/recreational drugs |  |
| Any other health/mental health concerns |  |
| Are the applicants taking any prescribe/over-counter medication? If yes - details of medication/reason. |  |
| If yes, please give details and include other illness not mentioned above.  Please state if the applicant(s) are in receipt of Disability Living Allowance and what this is for |  |
| Are there any health issues which would impact with their ability to care safely for the child/ren |  |
| Applicant 2 Name/address of GP |  |

25. The Applicants Relationships

|  |
| --- |
| Current adult relationships that are the basis of the household (by marriage, civil partnership, co-habitation).  *If the applicants are not living together, state the significance of their relationship and whether they should be interviewed as part of the assessment and whether a PNC and DBS will be required. Is there any experience of domestic abuse?* |
|  |
| Past adult relationship(s) to include any children from these relationships, their whereabouts, whether they should be interviewed as part of the assessment, was there any domestic abuse? |
|  |

26. Other Adults in the Household

|  |
| --- |
| Other adults in the household  *Is there anything in the history or lifestyle of each member of the applicants’ household (including those less than 18 years) that might be adversely impacted as a result of this placement arrangement?* |
|  |

27. Accommodation

|  |
| --- |
| Accommodation (including an evaluation of its suitability for children)  *The assessment should ensure and evidence that the accommodation and home environment is suitable with regard to the age and developmental stage of the child; health and safety report needs to be attached.*  *Detail of pets - name, breed, age, health. Any identified risks/action to mitigate risk. Has a Pet questionnaire been completed?* |
|  |

28. Parenting Capacity

|  |
| --- |
| Experience of caring for children?  What is the prospective carer’s previous childcare experience including caring for their own child/ren and/or experience via employment? Do they maintain positive relationships with their adult children? |
|  |

29. Local Authority Involvement

|  |
| --- |
| **Has there been any previous or current involvement with Children’s Services? What has been the applicant’s ability to work in partnership with professionals?** |
|  |

30. Motivation

|  |
| --- |
| **What is the applicant’s motivation for putting himself or herself forward to care for the child?** *What is the carer’s relationship with the child? When did the applicant last see the child? Has the child ever stayed overnight with the applicant? How often does the applicant see the child? Are there any disadvantages to the child arising from the applicant’s motivation? Are there any discrepancies between the applicants stated motivation and any other information from any other source? In what way does the assessing social worker think that the applicant’s motivation will benefit the child?* |
|  |

31. Understanding of Children’s Service Involvement

|  |
| --- |
| Knowledge and understanding of why the child is known to children’s services Are they aware of past current/ difficulties with parents caring for the child/ren? What has been their involvement/support (emotional, practical, financial etc.)? What is their ability to safeguard/protect the child/ren? What is their ability to manage current and future risk that parents may pose? |
|  |

32. Understanding of Child’s needs

|  |
| --- |
| **Knowledge and understanding of the child’s specific needs** *What is the carer understanding of and ability to meet the child’s current and likely future needs, particularly, any needs the child may have arising from harm that the child has suffered? This should consider health, education, behaviour, emotional and identity. Have they considered the impact of challenging behaviour on other children in the household? Please explain how the carers would meet the child/ren’s needs long term.* |
|  |

33. Contact

|  |
| --- |
| **Attitude to and ability to manage contact with parents, both now and in the future**  *What is their understanding of contact****,*** *their relationship with birth parents(s), are they able to promote positive contact between child/ren and parents and if so how, are they willing to supervise contact (in or outside of their home environment)? What support have they identified would be required to ensure positive outcome for the children?* |
|  |

34. Financial

|  |
| --- |
| **Financial Assessment of the Household Income and Employment** |
| *Details of working patterns – current and proposed availability to care for child/ren. What changes to employment or additional support needed to care for the child/ren and associated cost implications? Applicant’s financial circumstances - Sufficient income to meet child’s needs, financial impact of child joining the family* |

|  |  |  |
| --- | --- | --- |
| Occupation | Applicant 1 | Applicant 2 |
| Does the carer work? |  |  |
| What are the working hours? |  |  |
| Do they intend to change their working pattern in the future? |  |  |
| Have they ever been de-registered from a professional body? |  |  |

**35. Childcare Arrangements**

|  |
| --- |
| **How are the prospective carers proposing to manage childcare arrangements considering their working hours? If childcare is needed, who would provide this and how would this be funded?** |
| *Please include details on how the carers will get the child(ren) to and from school/nursery as funding for this cannot be provided.* |

**Recommendations and analysis of placement**

(To include the outcome of PNC/LA Checks, any risk assessment required, concerns as a result of PNC/LA checks, and if this arrangement meets national minimum fostering regulations and standards for temporary approval consideration by Registered Fostering Manager)

|  |
| --- |
| **36. Child’s Social worker to outline current Care Plan**  *Analyse how this placement will meet the needs appropriate for the age and abilities of this child/ren at this time* |
|  |

|  |
| --- |
| **37. Identify any potential areas of concern, which would impact on their ability to care for the children.** |
|  |

|  |
| --- |
| **38. Identify any issues requiring additional support, a risk assessment etc.** |
|  |

|  |
| --- |
| **39. Evidence of the suitability of this potential/placement.** |
|  |

|  |
| --- |
| **40. Joint recommendation (CSW and SSW) – based on applicant’s ability to meet the needs of the child(ren)** |
| *Pls note: If a fostering placement is preferred both social workers must explain why permanence via Special Guardianship Order or Child Arrangement Order is not appropriate for the child(ren) at this time.* |

|  |
| --- |
| **41. Fostering Social Worker**  Analyse how this placement will meet the needs appropriate for the age and abilities of this child/ren at this time |
|  |

|  |
| --- |
| **42. Identify any potential areas of concern, which would impact on their ability to care for the children.** |
|  |

|  |
| --- |
| **43. Identify any issues requiring additional support, a risk assessment, DBS, Checks outcome, etc.** |
|  |

|  |
| --- |
| **44. Recommendations for placement based on Fostering Regulations and NMS** |
| |  | | --- | | [**STANDARD 1 - The child’s wishes and feelings and the views of those significant to them**](https://www.minimumstandards.org/fost_one.html) | | [**STANDARD 2 - Promoting a positive identity, potential and valuing diversity through individualised care**](https://www.minimumstandards.org/fost_two.html) | | [**STANDARD 3 - Promoting positive behaviour and relationships**](https://www.minimumstandards.org/fost_three.html) | | [**STANDARD 4 - Safeguarding Children**](https://www.minimumstandards.org/fost_four.html) | | [**STANDARD 5 - Children Missing from Care**](https://www.minimumstandards.org/fost_five.html) | | [**STANDARD 6 - Promoting good health and wellbeing**](https://www.minimumstandards.org/fost_six.html) | | [**STANDARD 7 - Leisure activities**](https://www.minimumstandards.org/fost_seven.html) | | [**STANDARD 8 - Promoting educational attainment**](https://www.minimumstandards.org/fost_eight.html) | | [**STANDARD 9 - Promoting and supporting contact**](https://www.minimumstandards.org/fost_nine.html) | | [**STANDARD 10 - Providing a suitable physical environment for the foster child**](https://www.minimumstandards.org/fost_ten.html) | | [**STANDARD 11 - Preparation for a placement**](https://www.minimumstandards.org/fost_eleven.html) | | [**STANDARD 12 - Promoting independence and moves to adulthood and leaving c**](https://www.minimumstandards.org/fost_twelve.html)**are** | |

|  |
| --- |
| **45. Applicant(s) Signature, Comments and Declaration** |
| **Do you have any additional comments with regards to this assessment? Please continue on separate sheet if needed.**  **Declaration -** Please read the following information carefully before you give your consent.  It has been explained to me that the assessment report(s) completed by the social workers may be provided to the court and seen by all parties relevant to the court proceedings (inc; the children/ren’s parents, as well as legal representatives and social work professionals)  I hereby give consent for the report(s) to be placed before the court if the local authority is directed to do so.  **Signatures**  **Applicant 1**  **Name: ……………………………………………………………………………………….**  **Signature: …………………………………………………………………………………..**  **Date: …………………………………………………………………………………………..**  **Applicant 2**  **Name: …………………………………………………………………………………………**  **Signature: ……………………………………………………………………………………**  **Date: ………………………………………………………………………………………** |

|  |  |  |  |
| --- | --- | --- | --- |
| Was this a joint assessment? **Yes/No** | | | |
| Name of Connected Person Team Social Worker |  | Tel No. |  |
| Signature of Connected Persons’ Social Worker |  | Date |  |
| Name of Child Care Team Social Worker |  | Tel No. |  |
| Signature of Social Worker |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Managers Comments (Children’s Team)**  e.g. The Team Manager is satisfied that at this stage this is a thorough assessment and the proposed recommendation of the social worker will safeguard and promote the child’s welfare and meet all their needs  Please confirm recommendation for Fostering, Child Arrangement or Special Guardianship Order. If fostering is preferred, please explain why SGO or CAO is not appropriate at this time.  **Comments and observations** | | | |
|  | | | |
| **Name of Team Manager** |  | **Date:** |  |
| **Signature of Team Manager** |  |
| **Team & Location** |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Children’s Team Service Manager Comments:** | | | |
| **Child’s legal status confirmed? Yes/No ICO/s20?**  **Fostering? SGO? CAO? Reasons:** | | | |
| **Name of Service Manager** |  | **Date:** |  |
| **Signature of Service Manager** |  |
| **Location** |  | **Telephone No** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fostering Assessment Team Manager**  Please confirm recommendation for Fostering, Child Arrangement or Special Guardianship Order. If fostering is preferred, please explain why SGO or CAO is not appropriate at this time.  **Comments and observations** | | | |
|  | | | |
| **Name of Assessment Team Manager** |  | **Date:** |  |
| **Signature of Assessment Team Manager** |  |  |
| **Location** |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Registered Manager Comments**  e.g. The Registered Manager is satisfied that at this stage that the prospective carer meets the requirements of Fostering Regulations and Fostering National Minimum Standards. Please comment on whether a full fostering assessment (Form C) should be undertaken, detailing reasons for the comments.  Please confirm recommendation for Fostering, Child Arrangement or Special Guardianship Order.  **Comments and observations** | | | |
|  | | | |
| **Name of Registered Manager** |  | **Date:** |  |
| **Signature of Registered Manager** |  |  |
| **Location** |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fostering Head of Service QA and Comments**  e.g. The Registered Manager is satisfied that at this stage that the prospective carer meets the requirements of Fostering Regulations and Fostering National Minimum Standards. Please comment on whether a fostering Assessment should be undertaken, detailing reasons for the comments.  **Comments and observations** | | | |
|  | | | |
| **Name of Head of Service** |  | **Date:** |  |
| **Signature of Head of Service** |  |  |
| **Location** |  | **Telephone No:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please confirm recommendation for progression toward Fostering, Child Arrangement Order or Special Guardianship Order** | | | | | | |
| I recommend: | Fostering |  | Child Arrangement Order |  | or Special Guardianship |  |

**REGULATION 24 CERTIFICATE**

**Please note: If this arrangement is planned there is no need to seek further approval at this stage. However, if immediate placement is sought on an emergency basis under regulation 24 both the Head of Service for the child’s team and the Director of Operations must complete the following section before the child(ren) is placed.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Relevant Head of Service comments and decision:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **If approved agree** | **Fostering** | |  | **Child Arrangement Order** |  | **or Special Guardianship** | | | |  |
| **Proposed date placement can commence** | | | | | | |  |  | |  |
| **Agree/disagree exceptional (16 weeks) temporary fostering approval (Emergency)** | | | | | | | YES |  | NO |  |
| **Nature of exceptional agreement** | | |  | | | | | | | |
| **Name of Head of Service** | | |  | | **Date** | |  | | | |
| **Signature of Head of Service** | |  | | | **Telephone No.** | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please confirm recommendation for progression toward Fostering, Child Arrangement Order or Special Guardianship Order** | | | | | | |
| **I recommend:** | **Fostering** |  | **Child Arrangement Order** |  | **or Special Guardianship** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Operations Director of Children Services Decision:** | | | | | | | | |
|  | | | | | | | | |
| **I agree** | **Fostering** |  | **Child Arrangement Order** |  | **or Special Guardianship** | | |  |
| **Actual date placement can commence** | | | | | |  |  |  |
| **Name of Director** | |  | | **Date** | |  | | |
| **Signature of Director** | |  | | **Telephone No.** | |  | | |