# **Unregulated Placement Approval**

This form should be completed by the Team Manager and signed off by the Service Manager/Head of Service, when seeking permission from the Director of Children and Family Services for a Looked After Child to remain in an unregulated placement when Regulation 25 approval of the carers is about to lapse, and the carers have not yet been approved at Fostering Panel or been granted an alternative legal order authorising them to care for the child/ren.

**Please refer to the Guidance on Approving, Reviewing and Monitoring Temporary Foster Placements when completing this form**

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| --- | --- | --- |
| **Name of Team Manager completing form** | **Team** | **Date** |
|  |  |  |
| **Signature** | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Children’s Details** | | | | | |
| **LL ID** | **Name** | | **Date of birth** | **Gender** | **Disability** | **Ethnicity** | **Legal Status** |
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| **Carer’s Details** | | | |
| **Name** | **Placement Address** | **Date of birth** | **Relationship to child/ren** |
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| --- | --- | --- | --- |
| **Other Household Members** | | | |
| Name | Placement Address | Date of birth | Relationship |
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| --- | --- | --- | --- |
| **Date child/ren placed** | **Date Reg 24 approval granted and ended** | **Date Reg 25 approval granted** | **Date Reg 25 approval ended/due to end** |
|  |  |  |  |

|  |  |
| --- | --- |
| Last discussed at Placement Panel | Next Placement Panel |
|  |  |

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| **Why is this placement going to be unregulated?** |
| ***Provide brief history of the placement, the Child/ren’s anticipated Care Plan and the timescale by which it is anticipated this will be formalised****.* |

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| **What is the contingency plan if the Care Plan is not Achieved** |
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| **Progress and Views of the child in placement** |
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|  |  |
| --- | --- |
| **Views of the IRO regarding placement** | |
| **Name of IRO** | **Date spoken to** |
|  | |

|  |  |
| --- | --- |
| **Views of the Service Manager / Head of Service** | |
| **Name of SM/HOS** | **Date** |
|  | |
| **Signature** | |

**Comments of Director of Children’s Services**

I consent that…………………………..may remain in the current placement because……………………………..

This consent will lapse on …………………….by which time it is anticipated that formal permanence will have been secured. A further Unregulated Approval Request will need to be completed in the event that this has not happened.

**[Insert name]** …………………………………………………………………………………

**[Insert signature]** ……………………………………………………………………………