**LONDON BOROUGH OF ENFIELD**

**Fostering Panel Report**

## Regulation 25 Request for 8 Week Extension of Temporary Approval following Expiry of Regulation 24 Placement

|  |  |
| --- | --- |
| Name/s of Child/ren |  |
| DOBs |  |
| Gender |  |
| Ethnicity |  |
| Religion |  |
| Disability |  |
| Legal Status |  |
| Date Child/ren became LAC |  |

|  |  |
| --- | --- |
| Name/s of Carer/s |  |
| DOBs |  |
| Gender |  |
| Ethnicity |  |
| Religion |  |
| Relationship to Child/ren |  |
| Address |  |

|  |  |
| --- | --- |
| Date Child/ren became LAC |  |
| Date of Viability Assessment |  |
| Date Reg. 24 placement agreed |  |
| Date of 16-week expiry |  |
| Date of 24-week expiry  (unregulated placement) |  |

|  |
| --- |
| **Reason for Delay**  *(e.g. court dates, delay with statutory checks, lack of engagement by carers)* |
|  |

|  |
| --- |
| **History of Case**  *(Include reason for child/ren becoming Looked After and proposed care plan)* |
|  |

|  |
| --- |
| **Issues arising from the Viability Assessment – Strengths and Vulnerabilities**  *(Include positives of the placement and identify any risk factors. What is the carer/s ability to meet the child/ren’s needs and protect them from harm and danger? Include any persons or situations that present risks)* |
|  |
| **Sleeping Arrangements (identify any risk factors)** |
|  |

|  |
| --- |
| **Education Arrangements and carer/s ability to promote child/ren’s learning and development. Include a summary of child/ren’s school attendance.** |
|  |

|  |
| --- |
| **Health Arrangements including carer/s ability to meet the child/ren’s physical, disability and medical needs (if required)** |
|  |

|  |
| --- |
| **Emotional Wellbeing and carer/s ability to provide positive and loving day to day care to the child/ren** |
|  |

|  |
| --- |
| **Support and Monitoring of the Placement** |
|  |

|  |  |
| --- | --- |
| **Child/Young Person’s Views on the placement** | |
|  | |
| **Name** | **Signature** |
| Child/ren’s Social Worker  Name:  Date: |  |
| Children’s Social Work Team Manager  Name:  Date: |  |
| Fostering Supervising Social Worker  Name:  Date: |  |
| Fostering Team Manager  Name:  Date: |  |

**FOSTERING PANEL**

|  |
| --- |
| **Any Issues identified by the Fostering Panel** |
|  |

|  |
| --- |
| **Fostering Panel Members’ Views** |
|  |

|  |
| --- |
| **Recommendation to Agency Decision Maker** |
|  |