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| **Assistant Area Director Agreement for a child(ren’s) placement with Connected Persons Foster Carers (temporarily approved under Regulation 24 of the Care Placement, Planning and Review Regulations) to be maintained outside of Regulations** |

It is the responsibility of the child(rens) Social Worker to complete this form and submit to the Assistant Director for agreement. This should be used when the child(ren’s) temporary placement with connected persons foster carers has exceeded the maximum period of 24 weeks without a recommendation / decision for full approval.

**The following documents should be attached:**

* Temporary Approval Assessment Form for Connected Persons and Authorisation for Temporary approval.
* Appendix A: Immediate Placement agreement
* Appendix B: Continued Authorisation approval
* Kent County Council Fostering Panel Minutes (where applicable)

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| 1. **Name(s) of child(ren) to be placed:** | | | | | |
| **Child’s Full Name** | **Liberi No** | **Date of Birth** | **Gender** | **Ethnicity** | **Legal Status** |
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| 1. **Connected Person Foster Carers:** | | | | | | |
| **Full Names of Carers** | | **Date of Birth** | **Liberi No** | | **Relationship to child(ren)** | |
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| **Other Household Members** | |  | | |  | |
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| **Address of Carers** |  | | | | | |
| **Telephone** 🕿 |  | | | **Email** | |  |
| **Child’s Social Worker:** | |  | | | | |
| **Team:** | |  | | | | |
| **Fostering Social Worker:** | |  | | | | |
| **Team:** | |  | | | | |

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| 1. **TEMPORARY APPROVAL INFORMATION (16 weeks)** | |
| **Date temporary approval foster placement started:** |  |
| **Name of person who agreed temporary approval:** |  |
| **Date temporary approval was agreed:** |  |
| **Date original temporary approval due to end (16 weeks):** |  |
| **TEMPORARY APPROVAL EXTENSION INFORMATION (additional 8 weeks)** | |
| **Date fostering panel considered request for extension of temporary approval:** |  |
| **Name of person who agreed extension of temporary approval:** |  |
| **Date extension of temporary approval was agreed:** |  |
| **Date temporary approval due to end (24 weeks):** |  |

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| 1. **Reason/s for the placement to be held outside of regulations *(i.e. timescales not met due to required checks and references not returned)* and why it is in the best interests of the child(ren) to remain with the connected persons foster carers:** | | | |
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| 1. **Proposed Plans for the child(ren) including permanency and legal planning:** | | | |
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| **Name:** | | **Signature:** | **Date:** |
| **Child’s Social Worker** | |  |  |
| **Fostering Social Worker** | |  |  |
| **Team Manager:** | |  |  |
| **As the Assistant Area Director - Nominated Person**  **I agree/do not agree for the following child(rens) placement to be maintained with the above connected persons foster carers outside of the Fostering Regulations for the following reasons:** | | | |
| **Comments:** |  | | |
| **Date of extension of placement outside of fostering due to end:** |  | | |
| **Signed:** |  | | |
| **Print Name:** |  | | |
| **Date:** |  | | |