**FOSTERING PANEL CHECKLIST**

**CONNECTED PERSONS BRIEF REPORT**

**Carers Name/s:**

**Liberi Number/s:**

**Date of Panel:**

**Social Worker(s) Attending:**

**Connected Persons Foster Carer(s) Attending:**

|  |  |  |
| --- | --- | --- |
| **Connected Persons Approval** | **Notes** | **Tick box** |
| Panel Front Sheet |  |  |
| Connected Person Foster Carer Brief Report (Signed by Fostering and Child’s Social Worker, Fostering Team Manager and prospective Connected Persons) |  |  |
| Initial Connected Person Assessment Authorisation for Temporary Approval – Assistant Director Signature |  |  |
| Kent Fostering Risk and Vulnerability Chronology (signed by Assessing Social Worker, Team Manager and prospective Connected Persons) |  |  |
| Response to the report from the Connected Carers (if applicable) |  |  |

**NB: Please ensure all paperwork complete before submission to Panel Administrator**

Signed … …………………….Presenting Social Worker

Signed ……………………………… Team Manager

Date ……………………………………….

**Brief Report for Connected Persons**

|  |  |
| --- | --- |
| **Name of Connected Carer** |  |
| **Child’s name** |  |
| **Address** |  |
| **Start/End date of Temporary Approval** |  |
| **Fostering Social Worker** |  |
| **Child’s Social Worker** |  |
|  |
| **Brief Synopsis of why the placement was needed.** |
|   |
| **Brief synopsis of the Connected Carer’s Family Background**(summary of upbringing; life experiences; relationship with child and family) |
| **Family history****Safeguarding concerns****Health****Accommodation** |
| **Assessment to date and reasons for ending the assessment** (including strengths and vulnerabilities) |
| Progress of assessment:Strengths:Vulnerabilities: |
| **Summary and recommendation** |
|  |

**Signatures**

|  |  |  |
| --- | --- | --- |
| **Fostering Social worker** |  | **Date**  |
| **Fostering Team Manager** |  | **Date**  |

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