

Assessment – Documents	Regulation 24/25	Connected Person Full Assessment	Form F Mainstream Assessment	Annual Reviews	Permanency Matches	Post Allegation	Tick Box to Indicate completed
<b>WHO NEEDS TO ATTEND PANEL</b>	FSW & CSW	Fostering SW Prospective Carers Childs SW	Fostering SW Prospective Carers	Fostering SW Carers	Carers SSW & CSW, Foster Carers	Carers SSW / CSW	
REQUEST FORM	YES						
FORM F			YES				
FAMILY AND FRIENDS / CONNECTED PERSONS ASSESSMENT REPORT FORM (Fostering Network Doc)		YES (complete sections required for full fostering assessment, with focus on section G)					
Referral to LADO						Yes	
Minutes from Allegation Management Meeting						YES	
Investigation / Standards of Care Report						Yes	
MATCHING report					Yes		
STATUTORY assessment					Yes		
Evidence of LONG-TERM approval					Yes		

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DELEGATED AUTHORITY		Yes			Yes		
Latest REVIEW / Form F					Yes		
BAAF PERMANENCE Report			Yes, if being approved for long-term		Yes		
FORM FR (A)	N/A			YES			
FORM FR (B)				YES			
CHILD SOCIAL WORKER FEEDBACK		YES (included in assessment Form)		YES	YES (included in Matching Form)		
CHILDREN IN CARE FEEDBACK		YES (included in assessment Form)		YES	YES (included in Matching Form)		
CHILDREN WHO FOSTER FEEDBACK		YES (included in assessment Form)		YES	YES (included in Matching Form)		
CHRONOLOGY		YES	YES	YES (WHERE APPLICABLE)		YES and chronology of allegations	
SUMMARY OF MEDICAL ADVISORS REPORT		YES (but included in assessment Form)	YES (but included in Form F)		Yes (included in reports) no older than 3 years		

SKILLS TO FOSTER FEEDBACK		YES (but included in assessment Form)	YES (but included in assessment Form)				
PERSONAL DEVELOPMENT PLAN FOR ALL REGISTERED CARERS IN THE HOUSEHOLD		YES	YES	YES			
CARER PROFILES Social Work		NO (photo included in assessment)	YES	YES			
Carer Profiles Child family friendly		NO (photo included in assessment)	Yes				
PREVIOUS PANEL MINUTES				YES	YES	Yes, if applicable	
REFEREE INTERVIEWS (x2 for each candidate) AND INTERVIEWS WITH ADULT CHILDREN, EX-PARTNERS, OR OTHERS INTERVIEWED.		YES	YES				
REFERENCE FROM PREVIOUS AGENCY IF FOSTERED WITHIN THE LAST 12 MONTHS		YES	YES				

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GENOGRAM		Yes	YES				
ECO-MAP		Yes	YES				
PARENT & CHILD REPORT			YES (WHERE APPLICABLE)				
IFRO REPORT				YES			
EVIDENCE of AGREEMENT for LONG TERM FUNDING for an IFA PLACEMENT					YES		
<b>SUPPORT Documents</b>							
Health & Safety checklist		Yes	Yes	Yes			
Fire Safety Plan		Yes	Yes	Yes			
Smoking Risk Assessment		Yes	Yes	Yes			
Dog Assessment (Vet Report for more than 2 dogs per household)		Yes	Yes	Yes			

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Pet Assessment		Yes	Yes	Yes			
Fire Arms Assessment		Yes, if applicable	Yes, if applicable	Yes, if applicable (updated every 12 months)			
Other Relevant Safety Assessment (swimming pools, hot tub, farms)		Yes	Yes	Yes			
Household Safer Care Plan		Yes	Yes	Yes			
Child Specific Safer Care Plan		Yes		Yes			
Foster Carer Agreement				Yes			
Supervision Support Contract				Yes			
IRO Feedback		Yes		Yes			
Financial Assessment		Yes	Yes				