

## Placement Plan



### Child / young person's details

**Name**

Build Test

**Date of birth**

05/12/2002

**Age**

15

**Gender**

Female

☒ **Disabled****Ethnicity**

White

**Religion**

Islam (Muslim)

**Communication needs (including language)**

X

**Current legal status**

Detained in LA accommodation and PACE

**Any information regarding legal status / immigration status**

X

**What is the current care plan?**

X

**Reason for child / young person being looked after?**

X

### Plan dates

**Date of Care Plan**

06/12/2017

**Is the child/young person subject to a Child Protection Plan?**☐ Yes☒ No**Date of this placement plan**

06/12/2017

**Date of PEP**

06/12/2017

**Date of health assessment / plan**

06/12/2017

**If any of the above have not been completed, who will complete them and in what timescale?**

X

**Has a delegated responsibility form been completed with the parent / carer?**☐ Yes☒ No☐ Not appropriate**If yes, date completed**

06/12/2017

**If not, when will this be completed**

06/12/2017

**If the young person has been detained, will this be used as a detention placement plan?**

☐ Yes

☐ No

Detention status

06/12/2017

**Has a copy of the Placement Plan been provided to the Carer?**

☐ Yes

☒ No

Date this will be sent

06/12/2017

## Details of involved professionals

### Professional(s)

Designation	Name	Agency	Telephone	Email
test worker	Mosaic Test5	Care Records System and Configuration		

What support services are available to carer(s) outside of office hours, who can be contacted and how?

X

## Placement details

Date of placement

08/05/2017

If a series of short breaks, the period covered by this placement

X

## Placement details for regulated placements

Type of placement/  
accommodation  
(include mainstream,  
kinship arrangements,  
temporary approvals)

K2 Homes and hostels

### Carer(s) details

Name	Telephone	Address
test	test	test

Give details of any agreed backup / respite care arrangements

X

Is additional resource / support required to meet the child's need in this placement?

X

## Placement details for unregulated placements

Type of placement/  
accommodation  
include, hostel  
supported  
accommodation  
or supported  
lodging / rented  
accommodation.

X

### Is this a House of Multiple Occupation (HMO)?

☐ Yes

☒ No

Are there any  
concerns about the  
suitability of this  
accommodation?  
Please give details.

X

If this accommodation  
arrangement is  
not considered a  
suitable placement,  
then clearly record  
the alternative  
placements that have  
been offered.

X

If this accommodation  
arrangement is not  
considered a suitable  
placement, then  
clearly record the  
support / monitoring  
is being provided to  
manage the concerns.

X

The type of accommodation and suitability needs to be recorded in their Person Details screen for 17 years and above.

## All about the child / young person

Give a 'pen picture' of the child / young person

X

What immediate information does the carer require to be able to look after the child / young person (consider the child's routine, likes, dislikes, favourite toy etc)?

X

Summary of child's background and placement history and implications for the placement

X

Details of the child's identity, ethnicity/racial origin, language/communication, religion/beliefs, disability, sexuality, culture (lifestyle, clothing, food) and any other identity needs

X

Details of the child's social / leisure activities that need to continue within the placement Details of arrangements made should include venues, dates, times, who is responsible for making sure the child is able to participate and financial arrangements.

X

**Is the young person a parent?**

☐ Yes

☒ No

## Contact arrangements

Detail current or proposed contact arrangements including foster carers role in contact, e.g. supervision of contact or transport. Include details of any Court Orders relating to contact.

X

What are the arrangements for notifying any changes in contact arrangements

X

## Contact for child / young person

Person	Frequency	Type	Arrangements
test	test	test	test

## People with whom the contact is restricted / forbidden

Name	Relationship	Reasons	Authority
test	test	test	test

## Emotional and behavioural development and self-care skills

Emotional and behavioural issues

X

Management strategies (including roles and responsibilities and support in place / required, mitigation of any impact on other children in the placement). Detail which action will be carried out by whom and by when

X

Details of the child / young person's self-care skills programme

X

**Is a SIBS Placement Agreement required?**

☐ Yes

☒ No

**Is a Promoting Positive Behaviour Plan required?**☐ Yes☒ No**Health**

Summary of health plan or, if not available, who is arranging the assessment / plan and by when? If there is no plan, please give details of what medical history is known

X

GP name:

X

GP surgery and address:

X

GP Telephone Number:

X

NHS Number

X

Name/address/phone number of optician

X

Date of last optician visit

06/12/2017

**Current medication**

Name of medication	Dosage	Frequency	How administered
test	test	test	test

Details of outstanding medical or dental appointments

X

Who is responsible for ensuring attendance at appointments?

X

**Are the Child's immunisations up to date?**☐ Yes☒ No

Known allergies and / or medical conditions

X

Special equipment required, who will provide and how the carer will be trained to use it

X

Specific dietary needs or restrictions for health (including weight management)

X

For arrangements regarding delegation and exercise of responsibility for consent to medical examination and dental examination or treatment, see Consent to Medical Treatment and Placement form

Any changes to these arrangements MUST be recorded on a new Consent to Medical Treatment and Placement form

Has a copy of the Health Assessment been given to:

**Foster Carer**

☐ Yes ☒ No

**Young person**

☐ Yes ☒ No

**Birth Parent/Person with Parental Responsibility**

☐ Yes ☒ No

**Education****School**

Name

X

Address

X

Telephone

X

LAC designated teacher

X

Date started

06/12/2017

**Does the child have an Education, Health & Care Plan?**

☐ Yes ☒ No ☐ Unknown

Education History (details of current school provision, e.g. reduced timetables)

X

Awards / achievements

X

If the child / young person is not to continue to attend the current school please give reason and new arrangements

X

Has the school been informed that the child / young person has become Looked After or changed placement? If not, who will do this and when?

X

If the child / young person has a Statement of Educational Needs give details of the arrangements, contact person and responsible authority

X

Contact with school / establishment

X

How will the child / young person get to and from school?

How will the young person get to and from school? Is the young person suitable for independence travel training to school? Where applicable have the Social Worker and carer completed the application for assistance with school transport (where the child is eligible)?

X

Are there any issues concerning contact that the school should be aware of?

X

Are there any issues concerning attendance that the school should be aware of?

X

### Has the child any attendance or school place concerns?

☐ Yes

☒ No

Primary reason that a child is not attending school?

Holiday not authorised by the school or in excess of the period determined by the headteacher

How will Foster Carer support homework and after school activities?

X

### Is the child making the expected level of progress in School?

☐ Yes

☒ No

### Does the child / young person need to change school due to foster placement change?

☐ Yes

☒ No

## Visits

Arrangements made for the child / young person to visit prior to the placement commencing

X

Arrangements made for the child to be visited during the placement

X

Arrangements made for advice, support and assistance to be available to the child between visits

X

Arrangements made for the independent visitor to visit the child (If appropriate)

X

## Financial support

Arrangements for the financial support of the child / young person during the placement

X

Provision / equipment required

X

## Placement duration and ending

Expected duration of the placement

X

Contingency plan for any disruption or breakdown of placement

X

What are the arrangements for giving notice of intention to terminate the placement

X

## Additional information for placements with parents

Details of support and services to be provided to the parents during the placement

X

☒ Copy of Placement Plan provided to young person

**Parents have agreed to inform the authority of any relevant change in circumstances**

☐ Yes

☒ No

**Parents have agreed to ensure that any information relating to the child or child's family or any other person given in confidence in connection with the placement is kept confidential and that such information is not disclosed to any person without the consent of the responsible authority**

☐ Yes

☒ No

Circumstances in which the placement agreement and / or placement will be changed and / or ended

X

Circumstances in which it is necessary to obtain in advance the approval of the responsible authority for the child to live even temporarily in a household other than the parents household

X

## Additional information for placements made under Section 20

What aspects of day to day care have not been delegated to the carer?

X

## Additional information - recording and sharing

Details of any specific information the carer is required to keep a record of

X

Safeguarding responsibilities of the carer and local authority

X

## Outline communication arrangement between the carer and local authority

X

## Outline the carer's responsibilities for notifying the child's social worker and local authority of any significant changes in the child's circumstances

X

## Has the young person been given LAC information?

☐ Yes☒ No

If yes, date given

06/12/2017

If no, when will these be provided

06/12/2017

## Copy of placement plan provided to:

## Foster carer / residential worker

☒ Plan provided

Date

06/12/2017

Name

X

Signature

## Parent

☐ Plan provided

## The above information is correct to the best of my knowledge and belief

Social Worker's Name

Lindi Rawden

Allocated Team:

Team Address:

Signature

Date

06/12/2017

## Summary of Delegated Authority

The Local Authority cannot restrict a parent's exercise of their PR unless there is a Care Order or an Emergency Protection Order in place.

## HEALTH AND MEDICAL MATTERS

Delegated authority to foster carer about ...

**Consent to register with GP/Dentist/Optician**☐ YES☒ NO**Routine medical treatment (G.P. opticians and dentist), as prescribed by a health professional**☐ YES☒ NO**Giving non-prescribed medication**☐ YES☒ NO**Planned health treatment incl. health assessments Note: the parent or social worker need to sign the consent form. Planned hospital treatments where the child/young person requires anaesthetic, sedation or other invasive treatments must have parental or Operations Manager's consent**☐ YES☒ NO**Referral to and attending appointments with another service e.g. CAMHS and other appointments to do with health and emotional well-being including LAC health assessment substance misuse services; speech and language etc.**☐ YES☒ NO**Emergency treatment recommended by medical or dental practitioner (not including general anaesthesia where parental consent or children's services consent must be obtained. Foster carers must not sign any consent to giving general anaesthetic to a Looked After child). Out of Hours providing time allows as indicated by the nature of the emergency, foster carers should contact EDT, however doctors may proceed without consent in life threatening situations.**☐ YES☒ NO**Immunisations. (This should not be an issue if consent is needed but unavailable in the short term communication with parent, subject to circumstances, or social worker should always be possible. School immunisations if missed should be available from the G.P.)**☐ YES☒ NO

Comment on the reasons why authority is not delegated - this may be due the child/young person being of sufficient age and understanding to make their own decisions Detail where further discussion with the social worker is necessary and/or where the social worker is to be notified

X

## EDUCATION AND EMPLOYMENT

Delegated authority to foster carer about ...

**Attending child minder/nursery ( Note: A 2 year old looked after child is entitled to 15 hrs. pre-school provision per week)**

☐ YES

☒ NO

**Registering with a school/ college -change of school/college**

☐ YES

☒ NO

**Arrange and/or provide school transport, and reclaim costs where applicable?**

☐ Yes

☒ No

**Agreeing alternative arrangements for the child to be collected from school (i.e. where a foster carer is unable to collect but has a “support carer” who can do so)**

☐ YES

☒ NO

**Attending educational meetings e.g. PEP meeting, appointment and open evenings at schools/college etc.**

☐ YES

☒ NO

**Meeting with school staff - day to day concerns or return to school meetings following suspensions**

☐ YES

☒ NO

**Accessing school activities and hobbies including sports**

☐ YES

☒ NO

**Agreeing for the child/young person to participate in relationship and/or sex education**

☐ YES

☒ NO

**Authorising school trips for the day**

☐ YES

☒ NO

**School residential trip up to 4 days**

☐ YES

☒ NO

**Extended school trip or foreign travel**

☐ YES

☒ NO

School photographs -Where parents remain actively involved with the decision making in respect of their children and/or where contact is on-going it is considered good practice for Foster Carers to order a photo for the child but also order a copy for parents and give parents the choice as to whether further copies are needed for other extended family members.

Comment on the reasons why authority is not delegated – this may be due the child/young person being of sufficient age and understanding to make their own decisions Detail where further discussion with the social worker is necessary and/or where the social worker is to be notified

X

## LEISURE AND HOLIDAYS

Delegated authority to foster carer about ...

**Participating in “non-risky” activities e.g. dancing lessons, music lessons, football or rugger.**

☐ YES

☒ NO

**Participating in “risky” or potentially hazardous leisure activities e.g. riding, or skiing**

☐ YES

☒ NO

**Coming in times**

☐ YES

☒ NO

**Visiting friends**

☐ YES

☒ NO

**Overnight stays**

☐ YES

☒ NO

**Holiday with foster carers in the UK**

☐ YES

☒ NO

**Holiday abroad Children subject to care orders cannot be removed from the UK for more than a month without written consent of everyone with PR or leave of the Court.**

☐ YES

☒ NO

**Applying for a passport Only a person with PR can apply for a passport for a child under 16yrs**

☐ YES

☒ NO

Comment on the reasons why authority is not delegated – this may be due the child/young person being of sufficient age and understanding to make their own decisions Detail where

further discussion with the social worker is necessary and/or where the social worker is to be notified

X

## PERSONAL IDENTITY

Delegated authority to foster carer about ...

### Faith and religious observance

☐ YES

☒ NO

### Hair cuts

☐ YES

☒ NO

**Disability Living Allowance** The appointee for children Looked After on an on-going basis is their foster carer. The parents' or local authority's agreement to this is not required.

☐ YES

☒ NO

**Body piercings and tattoos - Tattoos are illegal for under 18yr olds advice about body piercings must always be sought from the child/young person's social worker**

☐ YES

☒ NO

Comment on the reasons why authority is not delegated - this may be due the child/young person being of sufficient age and understanding to make their own decisions Detail where further discussion with the social worker is necessary and/or where the social worker is to be notified

X

## KEEPING SAFE AND CONFIDENTIALITY

Delegated authority to foster carer about ...

### Use of the telephone/ownership of mobile phone

☐ YES

☒ NO

### Sex education within the foster home

☐ YES

☒ NO

**Photos and the media**☐ YES☒ NO

Comment on the reasons why authority is not delegated – this may be due the child/young person being of sufficient age and understanding to make their own decisions Detail where further discussion with the social worker is necessary and/or where the social worker is to be notified

x

**Signatures****Residential worker**

I agree to look after

Build Test

at

(placement address) x

Name

x

Signature

Date

**Approved Foster Carers**

I / we agree to look after Build Test at the placement address and to comply with all aspects of the foster care agreement as stated in Schedule 5 of the Fostering Services Regulations (England) 2011. I / we have received written information concerning these regulations. I / we also agree to co-operate with all arrangements made by (local authority / other agency) Coventry Social Services Dept

**Foster carer 1**

Name

x

Signature

Date

**Foster carer 2**

Name

x

Signature

Date

**Relative / Friend**

I / we agree to look after Build Test at the placement address for a period not exceeding sixteen weeks under Regulation 24 of the Care Planning, Placement and Case Review (England) Regulations 2010 and to comply with all aspects of the foster care agreement as stated in Schedule 5 of the Fostering Services Regulations 2011. I / we have received written information concerning these regulations.

I / we also agree to co-operate with all arrangements made by (local authority / other agency) Coventry Social Services Dept for him / her

**Relative / friend 1**

Name

Signature

Date

**Relative / friend 2**

Name

Signature

Date

**Child / young person**

(If of sufficient age and understanding and if the young person concerned is 16 or over and being accommodated without parental consent s/he should be encouraged to sign this agreement).

I agree to be looked after by

(local authority / other agency) Coventry Social Services Dept

at

X

Name

Signature

Date

**Parent(s) / Person with Parental Responsibility**

The parent(s) or person with parental responsibility should sign this agreement to confirm that they have read, understand and agree to the contents of this Placement Plan).

I have parental responsibility and I have recieved a copy of the placement plan and I agree to him/her being looked after by

(local authority / other agency) Coventry Social Services Dept

at

X

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

**Allocated worker**

Name

Signature

Date