**PLACEMENT PLANNING MEETING AGREEMENT**

CHILD’S DETAILS

|  |  |
| --- | --- |
| Name |  |
| Gender |  |
| Date of birth |  |
| CareFirst ID |  |
| Legal status |  |
| Ethnicity |  |
| Linguistic needs |  |
| Name of person/s with parental responsibilities |  |
| Name of foster carer |  |
| Address |  |

|  |  |
| --- | --- |
| Type of placement |  |
| Placement start date |  |
| Placement planning meeting date |  |
| Estimated length of placement |  |
| Reason why child became looked after/moved placement |  |
| Previous placements and why they ended |  |
| **Paperwork provided to carer** |  |
| Medical consent |  |
| Care plan |  |
| Court Order |  |
| Passport |  |
| Bank book |  |
| Birth certificate |  |
| Red book |  |
| Other |  |

|  |  |
| --- | --- |
| Does the child have any health conditions or known disabilities? If YES please detail |  |
| If YES, what needs arise from these? |  |
| Details of any known fears, phobia’s or allergies |  |
| Does the child take any medication? |  |
| Does the child require any special diet (including cultural requirements) or feeding routine?  If YES, details: |  |
| Are the child’s immunisations up to date? | **YES / NO** |
| Has the child been/needs to referred to any specialist services (e.g. CAMHS)  If yes, timescales and who will do this |  |
| Date of initial health check |  |
| Date of last dentist appointment |  |
|  |  |
| Date of last opticians appointment |  |
| Details of any future health appointments |  |
| Is the child/young person registered disabled? | **YES / NO** |
| Is the child/young person in receipt of DLA | **YES / NO** |
| **Heritage/Diversity**  **Ethnicity**  Does the child have any individual needs in respect of diet, religion, clothing, traditions, personal self-care, language, social community activities?  **Is this a matched placement?**  **Any identified placement support needs to ensure these are met?** |  |
| Does the child have adequate clothing at commencement of placement? If not who will purchase these? |  |
| Does the child participate in any hobbies, social or sporting activities?  If YES, please provide detail of activity time, location and who will transport them. |  |

CONTACT

|  |  |
| --- | --- |
| What arrangements are made for the child to have contact with their birth family and/or significant others?  Give detail of time, location and whether contact will be supervised. |  |
| Have any court orders been made, relating to this? | **YES/NO** |
| Is a Risk Assessment necessary?  If YES, please give detail | **YES / NO** |
| Will carers contact details and address be shared with birth family? | **YES/NO** |
| Who is transporting the child for contact? |  |

PROFESSIONALS

|  |  |
| --- | --- |
| Child’s Social Worker |  |
| Team |  |
| Telephone number |  |
| Email address |  |

|  |  |
| --- | --- |
| Practice Manager & Team Manager |  |
| Telephone number |  |
| Email address |  |

|  |  |
| --- | --- |
| Supervising Social Worker |  |
| Team |  |
| Telephone number |  |
| Email address |  |

|  |  |
| --- | --- |
| Practice Manager & Team Manager |  |
| Telephone number |  |
| Email address |  |

EDUCATION

|  |  |
| --- | --- |
| School/Nursery/Training/Work attended and hours |  |
| Who will transport the child/young person? |  |
| PEP date |  |

BEHAVIOUR AND RISK MANAGEMENT

|  |  |
| --- | --- |
| **Are there any safeguarding concerns presented by the child/young person regarding the following?** |  |
| Alcohol/substance misuse |  |
| Self-harming/Suicide attempts |  |
| Absconding behaviour |  |
| Physical aggression |  |
| Verbal aggression |  |
| Bullying behaviour |  |
| Fire starting |  |
| Violent/Offending behaviour |  |
| Sexualised behaviour |  |
| Racist behaviour |  |
| Other |  |
| Proposed management strategies |  |
| Does any family member/associates present with any know risk? |  |
| Proposed management strategies |  |
| Is there an up to date Safer Caring Policy |  |
| Does the child/young person have any emotional or behavioural difficulties? |  |
| Proposed management strategies |  |

DELEGATED AUTHORITY

|  |  |
| --- | --- |
|  | Delegated to who |
| Routine immunisations |  |
| Planned medical procedures |  |
| Routine dental treatment |  |
| Optician appointments and glasses |  |
| Administration of prescribed/over the counter medications |  |
| Haircut |  |
| Signed consent for school day trips |  |
| Signed consents for school trips of up to 4 days |  |
| School photos |  |
| Attendance at parents’ evenings |  |
| Attendance at unplanned meetings re incidents or immediate issues |  |
| Overnight with friends (‘sleep overs’) |  |
| Holidays within the British Islands |  |
| Sports/ social clubs |  |
| Body piercing |  |
| Mobile phone |  |
| Use of social media |  |
| Attendance at a place of worship |  |

PLACEMENT SUPPORT AND SUPERVISION

|  |  |
| --- | --- |
| Frequency of child social worker visits and date of next visit |  |
| Date of last and next LAC review |  |
| Foster carers current approval |  |
| Is an exemption, variation of approval or risk assessment required |  |
| Frequency of supervision of foster carer’s |  |
| Placement recordings – frequency, how they will be distributed and who to. |  |
| Day care or respite required? |  |

FINANCE

|  |  |
| --- | --- |
| Amount of savings from previous placements?  Have/when will these be given to the current carer? |  |
| Agreed weekly amount of savings. |  |
| Does the child/young person have a bank account? If not, how will the carer save this money |  |
| Foster carer is aware that this needs to be given to the child at the end of placement. | **YES/NO** |
| Agreed weekly amount of pocket money. Will this be given directly to the child/young person? |  |
| Does the child/young person receive DLA?  If yes, how will this be divided into savings, money spent, used for maintenance?  How will this be recorded? |  |

CONCLUSION

|  |  |
| --- | --- |
| Any agreed actions from the placement planning meeting and timescales |  |

PARTIES TO THE ARRANGEMENT

This Placement Agreement is signed and agreed by the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Phone number/email address | Signature | Date |
| Supervising Social Worker |  |  |  |  |
| Foster Carers |  |  |  |  |
| Child’s Social Worker |  |  |  |  |
| Young person |  |  |  |  |
| Other(s): |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |