

Placement Information Record



Client Details			
Name:			
ID:	D.o.B:	Age:	Gender:
Address:		Tel No:	
Worker:			
Team:			
Assessment Start Date:		Assessment End Date:	

Placement Details		
1.1.1	Reason for Placement	
1.1.2	Current Placement	
1.1.3	Is this Placement Record about the current placement?	Yes/No
1.1.4	Proposed start date of placement	
1.1.5	If this involves a series of short breaks how many months does this placement cover?	
1.1.6	Proposed Placement Address and Phone Number	
1.1.7	Proposed Placement Type	

Placement Details cont.....	
2.1.1	Is there anyone to whom the child/young person's address should not be given?
2.1.2	If yes, please provide details including name, address and relationship to child.
2.1.3	Name of foster carer/key worker/relative providing care?
2.1.4	If the child is placed with foster carers, relatives or friends, record the names of those in the household and their relationship to child and carer.
2.1.5	Date Background Information Record given to carer?
2.1.6	Additional comments.
2.1.7	What arrangements were/will be made for child visiting prior to the placement commencing?

Social Work Support							
3.1.1	Details of out of hours support.						
3.1.2	<table border="1"> <thead> <tr> <th>Social Worker</th> <th>Telephone</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Social Worker	Telephone	Address			
Social Worker	Telephone	Address					

Social Work Support cont.....	
3.1.3	How frequently will the social worker visit the placement?
3.1.4	Family Placement Worker
3.1.5	How frequently will the family placement worker visit the placement?
3.1.6	Date carers informed of financial support they will receive and the arrangements for payment?
3.1.7	Have the carers been given the dates and venues of all reviews and planning meetings concerning this child?
3.1.8	Have the child's parents been given the dates and venues of all reviews and planning meetings concerning this child?
3.1.9	If no, when will this information be given?

Placement Routines	
4.1.1	Child/young person's routines communication
4.1.2	Child/young person's routines mealtimes
4.1.3	Child/young person's routines bedtimes
4.1.4	Will these routines be followed in the placement?
4.1.5	If not, why and what will be the key changes for the child/ young person?

Emotional/Behavioural Development	
4.2.1	Does the child/young person display any behaviour patterns including abusive incidents to self or others that have been of concern to carers?
4.2.2	If yes, please explain why (please provide dates of any incidents where possible)
4.2.3	How are these behaviours managed?
4.2.4	Is the child receiving support to deal with these issues?
4.2.5	Are there additional resources required to assist the carers in meeting the needs of the child?

Health	
4.3.1	Please give details of all disabilities and medical conditions.
4.3.2	Non food allergies
4.3.3	Dietary issues
4.3.4	How are these managed, eg does the child/young person require an epipen?
4.3.5	Please provide details of any medication the child/young person is using.
4.3.6	Give details of any outstanding dental or medical appointments.

Health cont...		
4.3.7	Has the child/young person had a health assessment?	
4.3.8	If no, who is responsible for arranging the health assessment?	
4.3.9	Who holds the child/young person's Personal Health Record?	
4.3.10	If it is the carer, when did/will they receive a copy?	
4.3.11	Who will take the child/young person for routine medical and dental treatment?	
4.3.12	Who will take the child/young person to any outstanding medical or dental appointments?	
4.3.13	If costs are incurred how will these be met?	
4.3.14	Date carers receive(d) essential equipment required.	
4.3.15	Please give details of equipment and training required, how it will be provided, which agency will provide the essential equipment and who will fit it?	
4.3.16	Date Health Care Plan was/is to be completed	
4.3.17	Can the child/young person remain registered with their own GP?	
4.3.18	If no, who will register them with a local medical practice and when?	
4.3.19	Can the child/young person remain registered with their own dentist?	
4.3.20	If no, who will register them with a local dental practice and when?	
4.3.21	Has a Consent to Medical Treatment form been completed?	

Education			
4.4.1	<table border="1"> <tr> <td>School/educational establishment currently attended</td> <td>Telephone:</td> </tr> </table>	School/educational establishment currently attended	Telephone:
School/educational establishment currently attended	Telephone:		
4.4.2	If the child/young person was unable to continue at their previous educational establishment, please provide any relevant information on the implications of this change and note if the relevant educational establishments have been informed.		
4.4.3	How will the child get to the educational establishment?		
4.4.4	Who is responsible for making arrangements for the child's education and informing the relevant educational establishment that the child is looked after or has changed the placement?		
4.4.5	Who will liaise with the school on a day to day basis?		
4.4.6	What will the carers' role and the parents' role be in relation to receiving correspondence and attending open evenings etc and how will they keep each other informed?		
4.4.7	<table border="1"> <tr> <td>Permission for the child/young person to go on school day trips will be given by:</td> <td></td> </tr> </table>	Permission for the child/young person to go on school day trips will be given by:	
Permission for the child/young person to go on school day trips will be given by:			
4.4.8	<table border="1"> <tr> <td>Permission for the child/young person to go on longer school trips will be given by:</td> <td></td> </tr> </table>	Permission for the child/young person to go on longer school trips will be given by:	
Permission for the child/young person to go on longer school trips will be given by:			
4.4.9	How will any costs associated with the child's education be met and by whom?		

Contact Agreement Others	
5.2.1	Other significant personal relationships: (That are not resident at the child/young person's address)
5.2.2	Please detail any contact arrangements (eg type, frequency, transport arrangements and supervision) and how the contact plan will be supported.

Contact Orders	
5.3.1	Contact restricted by order?
5.3.2	Give details of the restrictions
5.3.3	No contact by court order?

Transracial/Transcommunity Recording	
6.1.1	Please record any identified training, support and information needs of the carer that have been assessed to ensure that the child develops a positive understanding of his/her heritage?
6.1.2	Please confirm if the placement is a transracial or transcommunity placement?

PIR Contact Agreement for Placement	
7.1.1	Permission for the child/young person to stay overnight with friends and family can be given by:
7.1.2	Give details of any current permissions given to stay with people
7.1.3	Is the young person a parent?

PIR Contact Agreement for Placement cont...	
7.1.4	If Yes, do they have parental responsibility?
7.1.5	Children's names?
7.1.6	If the young person is not living with their children, please provide brief details of contact arrangements.
7.1.7	If the child(ren) have a social worker, provide their name and contact details

Information to Child	
8.1.1	Has the child / young person been given advice appropriate to the placement regarding their placement including how to complain?
8.1.2	When was that advice given, if applicable?
8.1.3	Reason why advice was not given, if applicable, eg due to age?

Sharing Rooms	
9.1.1	Have the needs of the child involved been taken into account when deciding to make a placement?
9.1.2	Who assessed this?
9.1.3	What is their role?
9.1.4	Assessor's comments
9.1.5	Is the child/young person to share a bedroom?

Sharing Rooms cont....		
9.1.6	If Yes, has the placement been assessed as suitable for the child with respect to the potential for abusive behaviour when sharing bedrooms?	
9.1.7	When was the suitability of the placement assessed?	
9.1.8	Who carried out the assessment?	
9.1.9	What is their role?	
9.1.10	Assessors comments	
9.1.11	Is the home exempt from the requirement to provide the child/young person with a single bedroom or their own area in a double bedroom?	
9.1.12	If No, has a risk assessment been carried out?	
9.1.13	When was the risk assessment carried out?	
9.1.14	Who carried out the assessment?	
9.1.15	What is their role?	
9.1.16	Risk assessor's comments	

Agreements for Child/Young Person	
10.1.1	The information in the record is correct to the best of my knowledge and belief
10.1.2	SOCIAL WORKER – NAME (Please print)
10.1.3	Signature:
10.1.4	Date:
10.1.5	RESIDENTIAL WORKER – I agree to look after: (Child/Young Person)
10.1.6	At: (Enter Placement Address Details)
10.1.7	Name: (Please Print
10.1.8	Signature:
10.1.9	Date:
10.1.10	APPROVED FOSTER CARERS – I/we agree to look after: (Child/Young Person) at the placement address. I/we have received written information concerning the Regulations. I/we also agree to co-operate with the LA.
10.1.11	Name: (Please print):
10.1.12	Signature:
10.1.13	Name: (Please print):
10.1.14	Signature:
10.1.15	Date:

Agreements for Child/Young Person cont....	
10.1.16	<p>RELATIVE/FRIEND – I/we agree to look after:</p> <p>.....(Child/Young Person)</p> <p>at the placement address not exceeding six weeks unless subsequently approved and issued with a foster care agreement between myself/ourselves and the LA</p>
10.1.17	<p>I/we also agree to carry out all duties specified in Sec 11 (4) of the Foster Placement (Children’s) Regs 1991. I/we have received written information concerning these regs.</p> <p>I/we also agree to co-operate with arrangements made by LA for him/her.</p>
10.1.18	Name: (Please print):
10.1.19	Signature:
10.1.20	Name: (Please print):
10.1.21	Signature:
10.1.22	Date:
10.1.23	CHILD/YOUNG PERSON (If of sufficient age and understanding. If the young person concerned is 16 or over and being accommodated without parental consent s/he should be encouraged to sign this agreement).
10.1.24	<p>I agree to be looked after by.....</p> <p>(Local Authority)</p> <p>at.....Placement Address</p>
10.1.25	Name: (Please print):
10.1.26	Signature:
10.1.27	Date:

Agreements for Child/Young Person cont....	
10.1.28	PARENT/PERSON with parental responsibility
10.1.29	I /we agree to(Child/Young Person) being accommodated by(Local Authority/ other agency)
10.1.30	Name: (Please print):
10.1.31	Signature:
10.1.32	Name: (Please print):
10.1.33	Signature:
10.1.34	Date:
10.1.35	Have all sections of the Placement Information record been completed at the time the child/young person was placed with carers?
10.1.36	If no, when will it be completed?
10.1.37	Signed by Team Manager: (Please print and sign)
10.1.38	Date:

