LAC4

Unique Reference Number

Looking After Children

PLACEMENT AGREEMENT: PART 1

For a child or young person looked after away from home by a local authority

*Forenames: William

*Family Name: Tarbett

*Gender: Male ✓ Female

*Date of Birth: Day 0 9 Month 0 7 Year 1 9 9 1

1 **Placement Address**

[redacted]
Dundee
[redacted] Telephone [redacted]

2 **Name of foster carer/key worker/relative or friend with whom the child/young person is placed**

[redacted]

3 **Relationship, if any, to child/young person**

Foster Carers

4 **Current legal status of child/young person (eg accommodation/supervision requirement)**

Section 70 (Away from Home)

5 **Please tick box if child/young person is on the Child Protection Register** ☐

6 **Have the carers been given the child/young person's Essential Information Record**

✓ Yes, Parts 1 & 2 ☐ Yes, Part 1 only ☐ Not yet

If this has not yet been completed, when will it be done

Day ☐☐ Month ☐☐ Year ☐☐☐☐

Outside Office Hours, carers should contact

Name Out of Hours

Position Telephone 436430

This form contains confidential information which should not be shared without the agreement of the responsible authority, and the persons concerned.

7 **What other significant information is needed about the child/young person's routine in order to give satisfactory immediate care?**

None - issues fully discussed with carers and at Matching Panel prior to placement.

8 **Why is the child/young person being placed with these carers now? Please give details of the child/young person's history prior to this placement and indicate what purpose it is expected to serve.**

Background information given via Form E and current reports.

Purpose : to provide William with a safe and secure family environment.

9 **Did a previous placement breakdown** Yes [ ] No [✓]

If so, please explain

10 **Does the child/young person display any behaviour patterns that have been of concern to current or previous carers**

Yes [✓] No [ ]

If so, please explain

Some sexualised behaviour was present at early stages of previous placement. This was monitored carefully. Full discussions have taken place with carers prior to placement of William.

11 **How long is this placement expected to last?**

Until independence. This is a long-term placement.

12 **What immediate arrangements have been made for contact?**

Not applicable - see Placement Agreement Part 2.

Does the child/young person want anyone else to know where they are? If so, please give details and indicate who will contact him or her.

Name	[redacted]
Relationship	*Brother and Sister*
Address	*(1)* [redacted] *(2)* [redacted] Post Code Telephone
To be contacted by	*William*

13 **The child/young person may go to stay with the following people for the periods specified until further permission has been given**

Name	
Relationship	
Address	Post Code Telephone
Frequency	

Name	
Relationship	
Address	Post Code Telephone
Frequency	

14 **Is there any person whose contact with the child/young person is restricted or forbidden?**

Name	
Relationship	
Address	Post Code Telephone

Has the court or hearing made any order, direction or condition restricting contact?

Yes [ ] No [✓]

Where applicable, please give details and indicate whether carers have a copy of any order, direction or condition.

15 **Has the child/young person had a pre placement medical?**

Yes [ ] No [✓]

If no, has one been arranged **Dr Dewar to follow up** Yes [ ] No [ ]

If yes, please give date Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]

16 **Who has the authority to give consent to medical examination and treatment, including dental care?**

Emergency examinations and treatment

Name	*Linda Robertson*
Position	*Mother*
Telephone	*Contact via Social Work Department*

Routine examinations and treatment

Name	*Linda Robertson*
Position	*Mother*
Telephone	*Contact via Social Work Department*

17 **Please list any health concerns the carers should be aware of eg allergies**

Previous history of asthma, but none recently. Please see placement agreement Part 2.

17a **Is the child/young person receiving any medication or other treatment? If so, what medication/treatment is he/she receiving, what is the dosage, what is the frequency and are there any other instructions?**

William is not on any medication.

18a **Have the carers been given a copy of the Care Plan?**

Yes [✔] No [ ] Not Yet [ ]

If no/not yet, when will it be completed?

Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]

18b **When will the carers help to complete a copy of the day to day arrangements (Placement Agreement Part Two)**

Already completed [ ] Today [✔] As soon as possible [ ]

Please make arrangements now and give date

Day [1][1] Month [0][4] Year [2][0][0][0]

19 **Please check that the name and address of the social worker have been recorded on the Essential Information Record, Part One**

How frequently will he/she visit the placement?

Every 2 weeks and will respond as necessary outwith these times.

Please answer Question 20 if the child/young person is placed under the Fostering of Children (Scotland) Regulations 1996

20 **Family Placement/Link Worker**

Name *Brenda Kidd*

Address *Family Placement, 6 Kirkton Road, Dundee*

Post Code *DD3 OBZ* Telephone *436058*

How frequently will he/she visit the placement?

Every 2 weeks and will respond as necessary outwith these times.

21 **If the social worker is not available, whom (eg team leader/duty officer) should the carers contact?**

Name ~~*Robin Duncan*~~ Telephone *436030*

22 **Do the carers know the level of financial support they will receive, and the arrangements for payment?**

Yes ✔ Not applicable ☐ Not yet, but arrangements will be made within one working day ☐

23 **Have arrangements been made for them to receive extra equipment if appropriate?**

Yes ☐ Not applicable ✔ Not yet, but arrangements will be made within one working day ☐

Please give details of any special equipment needed

24 **Have the carers, the child/young person's parents, or those with parental responsibilities and parental rights, been given the dates and venues of any reviews and planning meetings concerning this child/young person?**

Carers

Yes ✔ No ☐ None arranged yet ☐

Parents, or those with parental responsibilities and parental rights

Yes ☐ No ☐ None arranged yet ☐

If no, or none arranged yet, information will be given before:

Day ☐☐ Month ☐☐ Year ☐☐☐☐

AGREEMENTS

1 **Social Worker/Duty Social Worker**

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

Signature	Name	Date
[redacted]	INGRID VON ARNIM	11/04/05
Signature	Name	Date

2 **Residential Worker**

I agree to look after _____ (Child/young person) at the placement address

Signature	Name	Date

3 **Approved Foster Carer(s)**

I/we agree to look after WILLIAM TARGETT (child/young person) at the placement address and to comply with all aspects of the foster care agreement as stated in Schedule 2 or, in an emergency placement, Regulation 13 of the *Fostering of Children (Scotland) Regulations 1996*. I/we have received written information concerning these regulations. I/we also agree to co-operate with all arrangements made by DUNDEE CITY COUNCIL (local authority/other agency) for him/her

Signature	Name	Date
[redacted]	[redacted]	11/04/05
Signature	Name	Date
[redacted]	[redacted]	11/04/05

4 **Relative(s)/friend(s) (immediate placements by local authorities)**

I/we agreed to look after _____ (child/young person) at the placement address for a period not exceeding six weeks, unless subsequently approved and issued with a foster care agreement between myself/ourselves _____ (local authority/other agency). I/we agree to carry out all the duties as specified in Regulation 14 of the *Fostering of Children (Scotland) Regulations 1996*. 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) for him/her.

Signature	Name	Date
Signature	Name	Date

5 **Relative(s)/friend(s) (placement made by a Children's Hearing)**

I/we agreed to look after _____ (child/young person) at the placement address.
I/we agree to carry out all the duties as specified in Regulation 14 of the *Fostering of Children (Scotland) Regulations 1996*. 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) for him/her.

Signature	Name	Date
Signature	Name	Date

If a parent or young person does not speak English easily, you may need the help of an interpreter in completing these arrangements.

6-7 - Further comments: local authorities sometimes have to take actions which do not accord with the wishes and feelings of all the members of the families concerned. Parents and children and young people may wish to record their reservations, even if they agree that a period of looking after or accommodation is the only feasible option at present.

6 **Child/young person**

Where the local authority has been asked to provide accommodation. Parents and children/young people of sufficient age and understanding also need to be party to the agreement, although there is no legal requirement for them to sign it.

(If the young person concerned is 16 or over, and being accommodated without parental agreement, he/she should be encouraged to sign this agreement)

I agree to be accommodated by DUNDEE CITY COUNCIL (local authority/other agency) at the above address.

Signature	Name	Date
	WILLIAM TARDIT	11/10/00

Further comments

7 **Parent/person with parental responsibilities and parental rights**

I/we agree to my/our son/daughter _____ (child/young person) being accommodated by _____ (local authority/other agency)

Signature	Name	Date
Signature	Name	Date

Further comments

It is important to be sure that parents are aware of the issues concerning medical consents before they sign the agreement. Agencies need to know if parents object to particular immunisations or other specific medical treatments.

8 **Parental agreement to medical treatment**

I/we agree to _____ (local authority/other agency) arranging the following medical treatment (including dental treatment) for _____ (child/young person) while he/she is looked after by them.

	Yes	No
Emergency medical examinations and treatment (including anaesthetics)		
Any medical examinations deemed to be necessary by the local authority		
Routine medical treatment,including immunisation		
The issue of consent to medical treatment has been explained to me		

Signature	Name	Date
Signature	Name	Date

9 **Signature**

Name of person completing the form (BLOCK CAPITALS PLEASE)

AGENDA KID [illegible]

Job Title

RESOURCE WORKER

Date

11/10/00

Unique Reference Number										

Looking After Children

PLACEMENT AGREEMENT: PART 2: Day to Day Arrangements

For a child or young person looked after away from home by a local authority

Forenames	*William*
Family Name	*Tarbett*
Gender	Male ✓ Female
Date of Birth	Day *0 9* Month *0 7* Year *1 9 9 1*
Placed with	[redacted]
Address	[redacted] *Dundee* [redacted]

ROUTINES

1a Child/young person's routine

Get up *school days 7.30 a.m., has breakfast and gets dressed.*
Leaves for school *by 8.45 a.m.*
Lunch *: combination - either school, packed lunch or home.*
William will know on Monday of that week's routine and will be reminded every morning.
Returns from school *3.15 p.m. or if attending Ardler Out of School Care Club, returns 5.15 p.m. (2 or 3 times per week). William will be collected by either* [redacted]
On return *- gets changed out of school clothes, has tea, and does his homework. William will then have time for play, then a bath or shower before bed.*
Bedtime *weekdays lights off 9.00 p.m. - weekends flexible.*

1b Placement routine

Chores *: William is expected to keep his room tidy, to help in the house if asked, and to keep himself clean and tidy.*
If going out *: William will let* [redacted] *know where he is going.*
Sanctions *: told off, withdrawal of treats, grounding, discuss issues.*

1c Will the child/young person receive money direct from the carer?

Pocket money *: If William is home at lunchtime, he will get 50p to spend at shops. William will also get £1 - 2 per day at weekends.*
Clothing money *: £15 per week will be saved from Fostering Allowance towards William's clothing.*

HEALTH

2 **Have the carers been given a copy of the most recent written assessment of the state of health of the child/young person?**

Yes [ ] No [✓]

What arrangements will need to be made to meet the child/young person's physical and emotional health care needs. Who will be responsible for carrying them out? What will be the role of the parent(s) or those with parental responsibilities and parental rights? Are there any needs which cannot be met at present? If so, what plans will be made to meet them in the future? Please make sure all the following issues are covered:

a Current medical, surgical or psychological investigations, treatment or rehabilitation (eg include speech therapy or physiotherapy)
b Dental Care
c Eye tests/hearing tests
d Health promotion (eg diet, exercise, smoking, drugs and alcohol)
e Will any additional arrangements be required to meet needs arising from a child/young person's disability (eg equipment)/

(a) ***Medical Care***

[redacted] *will be moving William to their own family GP. He is currently registered with a GP at Wallacetown. New GP Peter Fox or Christine Taig, Stobswell Medical Centre.*

(b) ***Dental Care***

Debbie will register William with their own family dentist. [redacted] *will contact* [redacted] *for name of previous dentist.*

New Dentist

Mr Pirie at Donaldson's, Princes Street, Dundee. A routine dental appointment is due and [redacted] *will arrange this when she registers William.*

(c) ***Eyes/Hearing***

Routine testing done through school.

(d) ***Health Promotion***

Carers will be promoting a healthy diet. William eats well, and enjoys playing outside. Football and swimming lessons are being encouraged.

(e) ***Ongoing Medical Care Needs***

Dr Dewar is overseeing William's overall medical care because of ongoing medical conditions and will maintain liaison with Social Work Department, Education and Occupational Therapy.

EDUCATION

3 **What arrangements will be made to meet the child/young person's educational requirements? Who will be responsible for carrying them out? What will be the role of the parent(s), or those with parental responsibilities and parental rights? Are there any needs which cannot be met at present? If so, what plans will be made to meet them in the future? Please make sure all the following issues are covered.**

a Arrangements to secure continuity of education and/or reintroduce the child/young person into the school system if there has been a break in attendance.

b Arrangement to provide additional educational assistance.

c Arrangements for making/reviewing individualised education programmes, a Record of Needs and Future Needs Assessment.

(a) ***School***

William is now registered at Macalpine Primary School and his placing request is through.

Head Teacher - Mr Donaldson
Class Teacher - Miss Henderson

Additional Educational Assistance

At a meeting held at Longhaugh on 28.03.00, William's future needs were clearly specified and recommendations made and these will be sent to Macalpine Primary School.

William currently has an IEP and Learning Support.

Dr Dewar, [redacted] *and Ingrid are overseeing William's educational plan.*

IDENTITY

4 **What arrangements will be made to meet needs arising from the child/young person's gender, sexuality, disability, ethnic/racial origin, language/ communications, religion or culture? Who will be responsible for carrying them out? What will be the role of the parent(s) or those with parental responsibilities and parental rights? Are there any needs which cannot be met at present? If so, what plans will be made to meet them in the future? Please make sure all the following issues are covered.**

a Ethnic/racial origin: eg needs which may arise from a child/young person living away from home
b Language/communications: eg issues which may arise from a child/young person being placed with carers who do not speak his/her first language, or do not use his/her method of communication.
c Religion: eg observance, festivals and holidays
d Culture: eg diet, clothing and lifestyle
e Disability: eg disability awareness, special needs, personal identity and self esteem
f Gender: needs which may arise from the child/young person's gender and/or issues which carers of the same/opposite gender needs to be aware of
g Sexuality: eg if adolescent, is the young person's sexual orientation openly expressed.
h Any other identity issues

(a) ***Racial Origin***
William is White Scottish and placed with a White Scottish family.

(b) ***Language***
William communicates readily with all family members and no problems have been identified.

(c) ***Religion***
William is Protestant, although non-practising. If William wanted to attend church in future, carers would identify a Protestant church nearby and support his attendance.

(d) ***Culture***
William is Dundonian, and his clothing and lifestyle reflects that of his peers.

(e) ***Disability***
There is a need to ensure that there is support for William in terms of self-esteem in relation to his disability.

Family Identity
Ingrid will be looking at photos with William. He is aware of his immediate family members and has contact with them.

Other Identity Issues
[redacted] *will explore with William what he would like to call them, and also what he would like them to introduce/explain William as to people who ask.*

CONTACT

5 **Please detail contact arrangements here**

For each of the following, please specify where the contact will take place, how often and at what time. Is contact to be supervised? If so, by whom? Is it to be face to face or by other means? Who will ensure that arrangements are carried out and transport organised if necessary? Will the Social Work Department/other agency need to provide practical or financial help? If so, what plans will be made to meet them in the future? Are the contact arrangements acceptable to all parties? *(Please note any disagreements)*

Please make sure issues concerning contact with all the following people are covered:

a Mother
b Father
c Brother(s) and sister(s) or other family member(s)
d Other person(s) with parental responsibilities and parental rights, other close relatives, previous carers and other person/people important to the child/young person (please specify)
e Friends

(a) ***Mum and Dad*** *Contact alternates 4 weekly, and is arranged 6 monthly in advance by Ingrid. A typed copy of contact will be sent to carers in advance. Maureen Petrie will arrange transportation from school or home and take to and from contact which is supervised.*

(b) *As above.*

(c) [redacted]
Contact is arranged by Social Work Department during school holidays, eg Easter, Summer, October and Christmas. Carers will try to facilitate informal contact between siblings and will also encourage indirect contact, eg letters and phone calls.

(c) [redacted] *came along to contact with dad. William seems to enjoy their company at contact.*

(d) [redacted] *previous carers - also children living at* [redacted]

Ingrid von Arnim will be responsible for monitoring contact through liaison with Maureen Petrie, and will be responsible for informing all concerned of any changes to contact and plans to increase/reduce same.

SOCIAL & LEISURE ACTIVITIES

6 **Please list the child/young person's current or proposed hobbies, special interests and leisure activities and give details of the arrangements made to continue these in the placement. Who will arrange transport? What will be the role of the parent(s)?**
Please give details of any further arrangements that need to be made, set target dates and decide who will be responsible for carrying them out.

Football
William enjoys football and carers are to enrol William in football training. [redacted] *will arrange to take him as often as their work commitments allow.*

Swimming
William is to start weekly swimming lessons at Craigie High School.

Activities
There is a Children's Youth Club on Monday evening (an 8 - 11 year old activity club) and William may attend.

Cubs
There are Cubs nearby if William wants to continue attending.

7 **Are there any significant resource implications of the above arrangements eg equipment, fares, subscriptions)? If so, what are the implications?**

None.

Carers will be responsible for funding activities from Fostering Allowance.

8 **Please identify any activities which cannot be continued in the current placement?**

None.

CONTINGENCY PLANNING

9 **What is the contingency plan if any of the arrangements for the placement fall through, or cannot be financed?**

Should the placement fail before the agreed date, [redacted] *or William agree to give at least four weeks notice to allow time for alternative plans to be made for William, or another long term or Mainstay placement.*

10 **This plan has been discussed with the following, who agree to its provisions, with the exception of any areas noted below**

	Name	Date
Child/Young Person	WILLIAM TARBETT	11/4/00
	Signature	
Mother	Name	Date
	Signature	
Father	Name	Date
	Signature	
Foster Carer/ Residential Worker	Name [redacted]	Date 11/4/00
	Signature [redacted]	
Social Worker	Name INGRID VON ARNIM	Date 11/4/00
	Signature Ingrid von Arnim	
Team Leader/ Senior Social Worker	Name	Date
	Signature	
Family Placement Worker	Name BRENDA KIDD	Date 11/4/00
	Signature Brenda Kidd	
Other (Please Specify)	Name MAUREEN PETRIE	Date 11/4/00.
	Signature M Petrie.	

Please note any areas of disagreement