Dundee City Council Social Work

Unique Reference Number | 9 | 1 | 0 | 1 | 8 | 4 | 4 | 4 | | |

Looking After Children in Scotland:
Good Parenting, Good Outcomes

ESSENTIAL CORE RECORD AND PLACEMENT AGREEMENT

Wherever possible, the Essential Core Record and Placement Agreement should be completed before a child/young person is first looked after away from home by a local authority or changes placement. In the case of an emergency admission, it should be completed and the agreements at the end of the form signed prior to leaving a child or young person in placement. It contains essential information and agreements for carers as specified in Schedule 3 of the Fostering of Children (Scotland) Regulations 1996 and Part 3 of the Residential Establishments - Child Care (Scotland) Regulations 1996. It should be updated regularly and checked for accuracy before each review. The top copy is for the child/young person's file, one copy should be left with the carer when placing the child/young person and the other copy is for the parent or the young person if aged 16 or over. Place the cardboard between the pink copy and the white page beneath it to prevent copying through too many layers.

This form is particularly designed to be used with a child or young person looked after away from home by a local authority but can be used more widely.

PERSONAL DETAILS

When recording the child/young person's forename(s) and family name, please state the names recorded on his/her birth certificate. If the child/young person is known by a different name(s) also record this name(s).

1 Forename(s): *William*

Family Name: *Tarbett*

Known as:

Questions marked by an asterisk provide information required for annual statistical returns to the Scottish Office on form CLAS.

2 *Gender: Male [✓] Female [ ]

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

4 Date this form first completed: Day [ ] Month [ ] Year [ ]

Date of latest update: Day 0 7 Month 0 1 Year 2 0 0 3

5 Social Worker's Name: *Ingrid von Arnim*

The supervising authority/agency is the authority/agency that provides the direct social work service to the child/young person. Sometimes eg because of distance, this may be different to the responsible authority by whom the child/young person is looked after.

Supervising authority/agency: *Dundee City Council Social Work Dept*

Area/team and address (Please include post code): *Cihldrens Services, 6 Kirkton Road, Dundee, DD3 0BZ*
Telephone (incl STD Code): *01382 436000*

Outside office hours carers should call (incl STD code): *Out of Hours 01382 436430*

This form contains confidential information which should only be shared in accordance with the Data Protection Act 1998

6 Responsible authority (if different from supervising authority/agency)

If the responsible authority is different from the supervising authority/agency, have details of the arrangements between authorities been agreed and recorded?

Yes [ ] No [ ]

If no, when will this be completed?

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

7 Placement address (incl post code)

[redacted]

8 Date of Placement Day [3][0] Month [0][3] Year [2][0][0][0]

"lacement type:

,ase use the following categories: with friend(s)/relative(s), with foster carer(s), with prospective adopter(s), other community (specify), local authority home, voluntary home, residential school, secure accommodation, other residential (specify).

9 *Placement Type *long-term fostering with local authority approved foster carers*

If this placement is provided as part of a series of short term (respite) placements please tick [ ]

Does the child/young person have a respite and/or holiday placement as well as a main placement?

Yes [✓] No [ ]

If yes, what is the placement(s) type?

respite placement

The home address is the place where the child/young person normally lived before being looked after away from home by the local ·uthority.

10 Child/young person's home address (incl post code)

As per placement address

Name(s) of principal carer(s) at this address and status eg parent(s), relative(s) or friend(s)

[redacted] - *foster carers*

11 *What is the ethnic origin of the child/young person? Tick the appropriate box

White	[✓]	Chinese	[ ]
Black - Caribbean	[ ]	Mixed ethnicity	[ ]
Black African	[ ]	Specify	
Black - other	[ ]	Other ethnic group	[ ]
Indian	[ ]	Specify	
Pakistani	[ ]	Not known	[ ]
Bangladeshi	[ ]		

12 What, if any, is the religious persuasion of the child/young person?

None

Please give brief details of any religious practices to be observed.

None

13 Languages spoken at home

First Language	Other Language(s)
English	

14 Can the child/young person speak English?

Yes [✓] No [ ] Some [ ]

Will an interpreter be needed?

Yes [ ] No [✓]

If the child/young person uses a form of communication other than speech (eg Makaton, British Sign Language, picture/symbol system, electronic system), please specify.

15 Describe the child/young person eg height, build, hair and eye colour, and any specific physical characteristics.

William is approximately 5ft tall and stockily built. He has short dark brown hair and brown eyes.

16 Is the young person a parent? Yes [ ] No [✓]

If yes, does s/he have parental responsibilities and parental rights?

Yes [ ] No [ ]

Child/ren's name(s) and date(s) of birth

If there is a social work file on the child/ren, where is it located?

Unique Reference Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Unique Reference Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Contact - if the young person is not living with his/her child/ren, give brief details of contact here.

LEGAL AND PROTECTION ISSUES

Specific details of the statute and section under which the child/young person is looked after should be recorded on the Essential Background Record, Question 7.

17 *What is the child/young person's current legal status? Please tick.

Accommodation under Section 25	☐	Supervision Requirement away from home with a Secure Condition	☐
Parental Responsibilities Order	☐	Criminal Court Provision	☐
Supervision Requirement at Home	☐	Child Protection Measure	☐
Supervision requirement away from home (excl Res Establishments)	✓	Warrant	☐
Supervision requirement away from home (In a Res Establishment but excluding Secure)	☐	Freed for Adoption	☐
Other	☐	(Specify)	

18 Is there an ongoing child protection investigation or case conference pending?

Yes ☐ No ✓

Is the child/young person's name on the Child Protection Register?

Yes ☐ No ✓

If yes, which category

Categories: physical injury, physical neglect, emotional abuse, sexual abuse, failure to thrive.

Date of Current Registration

Day ☐☐ Month ☐☐ Year ☐☐☐☐

PLACEMENT

Please give details about bedtime, personal care, mealtimes, special comfort objects, likes and dislikes. Please ensure that care needs resulting from experience of abuse are identified.

19 Child/young person's routine

Wiliam is a young person of 11 years old who prefers routine. On weekdays he attends school with his foster brothers, taken by taxi. After school he may attend the local afterschool club or return home directly, depending on the working pattern of Mr and Mrs [redacted]. On occasions the boys will be taken swimming during the week after tea, which is usually around 5.30 - 6pm. Each child has his own room and generally plays in it, or watches TV downstairs during the evening. Lights out are around 9.30 - 10pm.

At the weekends there is less routine, but the family often engages in activities such as swimming, iceskating or shopping together. The children may go to the village to play football in the park with their village friends.

Eg, significant risk, family crisis, place of safety, placement breakdown.

20 Why is the child/young person being placed with these carers now?

William was placed with Mr and Mrs [redacted] nearly three years ago as a planned, long-term placement following approval by the adoption and fostering panel for permanent placement. William was previously with temporary foster carers while attempts were made to make a permanent adoptive placement. Such a placement was not possible.

If this placement is being made because of a previous placement breakdown, please give brief details of the reasons for the breakdown.

Eg, short term assessment, bridging placement, long term placement.

21 What is the purpose of this placement?

Long-term fostering

Anticipated length of placement? (Please tick)

Under 6 weeks		1 year to under 2 years	
6 weeks to under 6 months		2 years to under 5 years	
6 months to under 1 year		5 or more years	✓

Eg bed wetting, violence/aggression, inappropriate sexual behaviour, anxiety/ withdrawal, offending, substance abuse

22 Does the child/young person display any behaviour which may be of concern to current carers?

Yes ✓ No

If yes, please give brief details of the behaviour, what triggers it (if known), and how best to deal with it

Physical and verbal aggression, limited duration but of great intensity, often triggered by feeling that he is being ignored, or in competition with his foster brothers and school friends. This behaviour is best dealt with by (a) minimising/ignoring if possible (b) having a routine for dealing with it ie to room etc (c) providing outlets for anger - punch bag, physical sports (d) repeated discussion to encourage more appropriate socialisation and functioning. William can also be moody and cheeky. He is best left to his own devices at this time, but does appreciate the opportunity to talk about his feelings later.

HEALTH

The Arrangements to Look After Children (Scotland) Regulations, 1996 require local authorities to arrange medical examinations and written health assessments for all children before placement or, if this is not practicable, as soon as possible after a placement has been made.

23 Has the child/young person had a health assessment prior to being looked after away from home?

Yes ✓ No

If yes, date: Day ☐☐ Month ☐☐ Year ☐☐☐☐

If no, is one arranged? Yes ☐

Date Day ☐☐ Month ☐☐ Year ☐☐☐☐

If not arranged, please explain.

William has had regular medicals undertaken either by the CMHO or his GP. Last full medical was 2001.

The category multiple disabilities should be ticked where a child/young person has two or more of the disabilities on this list. Where a child/young person is both disabled and affected by disability, tick the box which describes the child/young person's disability.

24 *Does the child/young person have any disabilities?
(Answer this question for all children/young people)

	Tick one box
No disabilities, and not affected by disability	
No disabilities, but affected by disability of family member(s)	
Multiple disabilities	
Significant learning difficulties	
Mental health problems (Mental Health (Scotland) Act 1984)	
Autism	
Significant hearing impairment	
Significant language and communication disorder	
Significant physical or motor impairment	
Significant visual impairment	
Social, emotional and behavioural difficulties	✓
Other disability	

Give the name(s) of any disabling condition(s) listed above, details of the effects, age of onset and current treatment(s). For the disability of family member(s), specify the relative, the disability and the effects on the child/young person.

William has a mild form of dyspraxia which impacts on his motor-visual coordination and his ability to concentrate mentally and physically at the same time for long periods. This is most noticeable in school, where work has to be planned to take account of his limited ability to concentrate and can easily tire him.

Eg, ADHD/hyperactivity, HIV/AIDS, allergies, asthma, coeliac disease, diabetes, glue ear, hepatitis B or C, sickle cell anaemia, thalassaemia, skin conditions.

Allergies could include penicillin, animals, house dust, pollen, foods, particularly peanuts, cigarette smoke and insect stings.

25 Does the child/young person have any other health conditions not covered above? Give the name(s) of the condition(s), details of the effects, age of onset and current treatment(s).

Infantile asthma: no longer evident and no medication.

You will need to think about issues of confidentiality in relation to some conditions such as HIV/AIDS and must consult agency policy on recording.

26 Does the child/young person have any outstanding medical appointments?

Yes ✓ No

If yes, please state the date, time, address, purpose and name and designation of the health professional concerned.

Awaiting orthodontic treatment. Confirm date(s) with [redacted]

27 Is the child/young person receiving any other treatment(s) or medication for current infection or injury? If so, what dosage, frequency or other instructions?

No

28 Does the child/young person have specific dietary needs or restrictions for health or cultural reasons?

Yes ☐ No ✓

If yes, please specify.

29 Does the child/young person use any special equipment?

Yes ☐ No ✓

Eg spectacles, hearing aid, tube feeding aids, Braille materials, splints, special footwear, special cup or bottle.

If yes, please specify the equipment. If it is not with the child/young person, what action will be taken to deliver it to the carer(s)?

Does the carer need any specialist training in relation to special equipment?

Yes ☐ No ☐ Not applicable ✓

If yes, please detail the training required eg instruction from health visitor/hospital nurse.

30 Who is the child/young person's general practitioner?

Name *Dr Christine Taig*

Address *Stobswell Medical Centre*
163 Albert Street, Dundee

Telephone (incl STD code): *01382 461363*

Who is the child/young person's health visitor/school nurse?

Name *N/A*

Address

Telephone (incl STD code):

EDUCATION

Please ensure that all schools the child/young person has attended are recorded on the Essential Background Record at Question 24.

31 If the child is of school age, school attended immediately prior to being looked after away from home.

School Name *current:* *Auchterhouse PS*

Contact person's name and position eg head teacher, guidance teacher, class teacher:

Address [redacted]

Class year eg P3, S1 *P7*

Intended school if different from above

School Name

Eg, transport, negotiation re attendance or alternative arrangements if excluded or truanting.

Do any immediate arrangements need to be made to help the child/young person to attend school or change school?

32 If the child is below school age, or over school leaving age, has s/he been attending any other provision eg playgroup, nursery, college, training, work? Please give details and outline any immediate arrangements needed.

FAMILY DETAILS

33 Mother's name: *Linda Archer*

Known as: *Linda Robertson*

Date of birth: Day *1 7* Month *0 6* Year *1 9 6 9*
(If exact date not known, please give year)

If deceased, tick box ☐ and give date if known:

Day ☐☐ Month ☐☐ Year ☐☐☐☐

Address if different from the child/young person's home address recorded in Question 10 (include postcode)

164 Alexander Street, Dundee DD3 7DA
Tel 07951 715588

If same address tick box ☐

Does the mother have parental responsibilities?

Yes ✓ No, Order under Section 11 ☐ No, Order under Section 86 ☐

No, Freed for Adoption, Section 18 ☐

Please use the same categories of ethnic origins as in Question 11.

What is the ethnic origin of the mother? *White Scottish*

What is mother's first language? *English*

Can the mother speak English?
Yes ☐ No ☐ Some ☐

Can the mother understand English?
Yes ☐ No ☐ Some ☐

Will an interpreter be needed? If so, tick box ☐

34 Father's name: *David Tarbett*

Known as:

Date of birth: Day *0 8* Month *0 4* Year *1 9 4 7*
(If exact date not known, please give year)

If deceased, tick box ☐ and give date if known:

Day ☐☐ Month ☐☐ Year ☐☐☐☐

Address if different from the child/young person's home address recorded in Question 10 (include postcode)

7D Bonnethill Court, Hilltown, Dundee, DD3 7AZ
Tel 07901 980099

If same address tick box ☐

Does the father have parental responsibilities?

Yes, is/was married to mother ☐ Yes, agreement with mother ☐

No, never married to mother ✓ No, Order under Section 11 ☐

No, Order under Section 86 ☐ No, Freed for Adoption, Section 18 ☐

Please use the same categories of ethnic origins as in Question 11.

What is the ethnic origin of the father? *White Scottish*

What is father's first language? *English*

Can the father speak English?
Yes ☐ No ☐ Some ☐

Can the father understand English?
Yes ☐ No ☐ Some ☐

Will an interpreter be needed? If so, tick box ☐

You may wish to include here a grandparent, a step-parent, parent's cohabitee or a close friend. If a child/young person has been adopted but is still in contact with birth parent(s) and/or relatives, please give information here.

35 Other Significant People

Name	Address/Tel No	Relationship	Tick if person holds Parental Responsibilities
[redacted]	[redacted]	[redacted]	

If any are looked after away from home, their current placement address should be recorded here. Ensure that addresses are updated if siblings move.

36 Brothers and sisters

Name	dob	Address	Relationship (full, half, step)	Tick if Looked After Away from Home
[redacted]	[redacted]	[redacted]	[redacted]	

CONTACT

These could be immediate arrangements for contact with, for instance, parents, brothers and sisters, grandparents, previous carers or friends.

This box need only be completed if the Day to Day Placement Arrangements are not being completed simultaneously.

37 What immediate arrangements have been made for contact?

***Linda Robertson, David Tarbett (parents)**: once every 4 weeks individually with each parent*

[redacted] *During school holidays + telephone contact*
[redacted] ***During school holidays***

[redacted] *(sibs):* ***With mother if she brings the children to contact***

Please consider parent's/people with parental responsibilities' views concerning any proposed contacts.

Does the child/young person want anyone else to know where s/he is? If so, please give details.

Name(s)

Address(es)

Who will contact this person(s)?

Eg any court orders relating to contact made under Section 11 or any conditions or directions concerning contacts made under Section 55, 58, 60, 70, 73 or 86 of the Children (Scotland) Act 1995.

38 Has a court, children's hearing or social work/services department made any order, direction, condition or decision restricting or terminating contact?

Yes [✓] No [ ]

If yes, please give the name(s), address(es) and relationship(s) to the child of the person(s) concerned, and outline the order, direction, condition or decision.

Childrens Hearing has imposed a Supervision Requirement (away from home) with the condition that William should have supervised contact with each parent individually every 4 weeks for an hour.

If yes, tick box when carers have been given a copy of any order,direction or condition [✓]

39 Have the Day to Day Placement Arrangements been completed?

Yes [✓] No [ ]

If no, when will they be completed?

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

Whenever this form is substantially updated, the social worker should re-check its accuracy and completeness and should complete Question 40 again.

40 I have checked this Essential Core Record, and the Placement Agreements which follow, for accuracy and completeness. [If applicable] The following questions have not been fully completed because:

Signed	Ingrid von Arnim	Name	INGRID VON ARNIM (BLOCK CAPITALS)
Date	07.01.03	Designation	Social Worker