**PLACEMENT PLAN**

**Regulation 9(3) FSR & NMS 31 2011; CPPR 2010 – Schedule 2**

A Placement Plan must be completed before making any Foster Care placement; (other than an emergency or immediate placement or if this is not practicable), when it must be completed within five working days of the start of the placement. It will require contributions from the child or young person, their birth parent/s – wherever possible, the foster carers, the child/young person’s allocated Social Worker and Supervising Social Worker. The completion of the initial Placement Plan may best be achieved through the co-ordination of a Placement Planning Meeting. The Placement Plan is part of the care Plan and must be reviewed at each statutory review. The Placement Plan should be completed in conjunction with the Delegated Authority Agreement.

(It is helpful to have a copy of the Delegated Authority guidance available for consideration when completing the Placement Plan.)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Placement Planning meeting: | | | | | | | | | | | | | |
| **Child’s Identity & Birth Family Details** | | | | | | | | | | | | | |
| Name of child/young person: | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | |
| Gender: | | | | | | | | | | | | | |
| Who has parental responsibility?  Start Date:  End Date:  Notes: | | | | | | | | | | | | | |
| Ethnicity:  Category:  Notes: | | | | | | | | | | | | | |
| Religion:  Category:  Notes: | | | | | | | | | | | | | |
| First language:  Category:  Notes: | | | | | | | | | | | | | |
| Diversity considerations  Please detail the ethnicity of family members. | | | | | | | | | | | | | |
| Summary of the Child's Cultural and Identity Needs: | | | | | | | | | | | | | |
| Registered Disability:  Category:  Notes: | | | | | | | | | | | | | |
| **Details of key people** | | | | | | | | | | | | | |
| Name of parent/ parents:  Contact numbers:  Address: | | | | | | | | | | | | | |
| Name of Carer/s:  Relationship to child:  Contact numbers:  E-mail address: | | | | | | | | | | | | | |
| Address of Placement:  Specify any confidentiality requirements: | | | | | | | | | | | | | |
| Details of other household members: | | | | | | | | | | | | | |
| Details of agreed respite care arrangements: | | | | | | | | | | | | | |
| Name of Supervising Social Worker:  Availability: 9.00am – 5.00pm Monday to Friday  Contact number: | | | | | | | | | | | | | |
| Name of child/young persons’ allocated Social Worker:  Availability: 9.00am – 5.00pm Monday to Friday  Contact number: | | | | | | | | | | | | | |
| Contact if Social work staff are not available: Out of hours EDT – telephone: | | | | | | | | | | | | | |
| Name of Independent reviewing Officer: ReviewingOfficers@brighton-hove.gov.uk  Availability: 9.00am – 5.00pm Monday to Friday  Contact details: 01273295973 | | | | | | | | | | | | | |
| Any other key contacts: | | | | | | | | | | | | | |
| Role of other workers: | | | | | | | | | | | | | |
| Has the relevant member of school staff been made aware of the placement or move of placement? Yes  No | | | | | | | | | | | | | |
| Details of any other workers involved, what work they are undertaking and expected duration: | | | | | | | | | | | | | |
| Is there an independent visitor appointed/or needed? | | | | | | | | | | | | | |
| What are thee arrangements for the independent visitor to visit the child/young person? | | | | | | | | | | | | | |
| Name of independent visitor:  Availability:  Contact number: | | | | | | | | | | | | | |
| Name of personal adviser (if child is an eligible child):  Availability:  Contact details: | | | | | | | | | | | | | |
| **Medical and Health** | | | | | | | | | | | | | |
| Name and address of child/young person’s registered Doctor(s)/ Consultant: | | | | | | | | | | | | | |
| Name and address of child/young person’s Dentist: | | | | | | | | | | | | | |
| Name and address of any other health specialist (specify role): | | | | | | | | | | | | | |
| Does the child have a health care assessment and plan? Yes  No  If not when will this be completed and given to the foster carers? | | | | | | | | | | | | | |
| Any known allergies & /or medical conditions, special equipment, dietary needs etc: Yes  No  If yes, provide treatment details: | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | |
| Name of Educational Establishment:  Person/Org:  Relationship:  Notes:  Phone:  Email:  Address: | | | | | | | | | | | | | |
| Name and address of any school at which the child/young person is registered or will be registered: | | | | | | | | | | | | | |
| Name of designated teacher at school (if applicable ):  Contact number: | | | | | | | | | | | | | |
| Name and address of any other source of education or training: | | | | | | | | | | | | | |
| SPECIAL CONSIDERATIONS: E.g. SEN, additional support/outside agencies, KS4 study/exam requirements, Y9/post16 options, SATs preparation: | | | | | | | | | | | | | |
| Arrangements for the child or young person to get to school/ college and back: | | | | | | | | | | | | | |
| Arrangements if school is closed or child has periods of sickness: | | | | | | | | | | | | | |
| **Contact** | | | | | | | | | | | | | |
| Is there anyone who should not have contact with the child? | | | | | | | | | | | | | |
| Any Court orders relating to contact: | | | | | | | | | | | | | |
| Transport arrangements: | | | | | | | | | | | | | |
| **Communication & recording** | | | | | | | | | | | | | |
| Details of information the carer is required to keep: | | | | | | | | | | | | | |
| Any circumstances or specific information that will be communicated to parents: | | | | | | | | | | | | | |
| **Any additional information:** | | | | | | | | | | | | | |
| **Placement History and Needs** | | | | | | | | | | | | | |
| Child’s Legal Status History: | | | | | | | | | | | | | |
| Date placed/ to be placed:  (If a series of short breaks, the period covered by this placement) | | | | | | | | | | | | | |
| Type of Placement. The 'Placement' column describes the type of placement (e.g. with family members, foster placement, residential etc): | | | | | | | | | | | | | |
| [**Placement History**](http://carefirst-test.brighton-hove.gov.uk/cfi/application_store/system/index.cfm?##) | | | | | | | | | | | | | |
| Date Started: | | Date Ended: | | | | | Placement: | | Carer Details: | | | | |
| **Expected duration of placement** | | | | | | | | | | | | | |
| **What is the Overall Aim of the Care Plan?** | | | | | | | | | | | | | |
| **Tick as applicable** | | | | **YES** | | **NO** | **Tick as applicable** | | | | **YES** | | **NO** |
| Return to birth family within one month | | | |  | |  | Long term foster placement until independence | | | |  | |  |
| Eventual return to birth family | | | |  | |  | Remain with birth family without shared care | | | |  | |  |
| Return to birth family within six months | | | |  | |  | Adoption | | | |  | |  |
| Other e.g. parallel planning | | | |  | |  | Special residential placement (e.g. hospital unit) | | | |  | |  |
| Protect from harm | | | |  | |  | Residential placement until independence | | | |  | |  |
| Long term placement with relatives / friends | | | |  | |  | Supported living in the community | | | |  | |  |
| Support child at home | | | |  | |  | Independent living | | | |  | |  |
| Remain with birth family with shared care | | | |  | |  |  | | | |  | | |
| Summary of relevant background information about the child's care history: | | | | | | | | | | | | | |
| **Matching factors, any identified gaps and how these are going to be addressed i.e. additional training, resource or support required** | | | | | | | | | | | | | |
| Summary of the Child's Cultural and Identity Needs: | | | | | | | | | | | | | |
| Briefly describe the child's physical characteristics. Guidance: Highlight any physical impairment(s) which may be significant in matching the child with appropriate carers: | | | | | | | | | | | | | |
| Briefly describe the child's personality: | | | | | | | | | | | | | |
| Interests, likes and dislikes: Interests, likes and dislikes Question hiddenBriefly describe the child's personality. Question hidden | | | | | | | | | | | | | |
| **Day-to-day arrangement** | | | | | | | | | | | | | |
| How will the child/young person be cared for and how will her/him welfare be safeguarded and promoted: | | | | | | | | | | | | | |
| **Additional information for placement with parents (only to be completed in specific circumstances)** | | | | | | | | | | | | | |
| Details of support and services to be provided to the parents during the placements? | | | | | | | | | | | | | |
| Parents have agreed to inform B & H of any relevant change in circumstances? | | | | | | | | | | | | | |
| Parents have agreed to ensure that any information relating to the 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? | | | | | | | | | | | | | |
| Any circumstances in which it is necessary to obtain advanced approval of the responsible authority for the child to live, even temporarily, in a household other than the parent’s household? | | | | | | | | | | | | | |
| Arrangements for requesting a change to the agreement? | | | | | | | | | | | | | |
| Details regarding circumstances in which the placement agreement and / or placement will be changed or ended? | | | | | | | | | | | | | |
| **Need and Risk Indicators – Child** | | | | | | | | | | | | | |
|  | **Current** | **Not**  **applicable** | **Predicted** | | **Previous** | |  | **Current** | **Not**  **applicable** | **Predicted** | | **Previous** | |
| Baby born with substance withdrawal |  |  |  | |  | | Fixed term school exclusion |  |  |  | |  | |
| Very young – highly dependent (birth – 5 years) |  |  |  | |  | | Permanent school exclusion |  |  |  | |  | |
| Cries frequently, difficult to comfort |  |  |  | |  | | Time out of school |  |  |  | |  | |
| Difficulties in feeding / toileting |  |  |  | |  | | Unaccompanied asylum seeking child |  |  |  | |  | |
| Physical disability or illness |  |  |  | |  | | Missing or absconding |  |  |  | |  | |
| Learning disability |  |  |  | |  | | Child sexual exploitation or trafficking |  |  |  | |  | |
| Self harmful behaviour |  |  |  | |  | | Child exhibiting sexually inappropriate behaviour |  |  |  | |  | |
| Alcohol misuse |  |  |  | |  | | Gang involvement |  |  |  | |  | |
| Drug misuse |  |  |  | |  | | Other unsafe behaviour |  |  |  | |  | |
| Mental health |  |  |  | |  | | Socially unacceptable behaviour |  |  |  | |  | |
| Impact of the age, developmental needs and child's general resilience on planned outcomes for the child.  *Guidance: Summarise the extent to which risks can be mitigated. This will relate to both the type of risk manifested and the attitude of parent / carer and child towards receiving help.* | | | | | | | | | | | | | |
| **Placement Support Arrangements** | | | | | | | | | | | | | |
| What are the visiting arrangements and frequency for child/ young person’s Social Worker i.e. child to be seen on their own? | | | | | | | | | | | | | |
| What will be put in place for advice, support and assistance to be available to the child/ young person between visits? | | | | | | | | | | | | | |
| What are the visiting arrangements and frequency for the Supervising Social Worker? | | | | | | | | | | | | | |
| Has child/ young person received their copy of the Children’s Young Person’s guide to Fostering? Yes  No  If not when will they receive this? | | | | | | | | | | | | | |
| What are B & H’s financial support arrangements to the child or young person during the placement? | | | | | | | | | | | | | |
| What are the arrangements regarding DLA (Disability Living Allowance)? | | | | | | | | | | | | | |
| Are there any additional arrangements/ issues that need to be covered in this Placement plan? | | | | | | | | | | | | | |
| Date of child/ young person’s LAC review: | | | | | | | | | | | | | |
| Any additional information about the arrangements for support to placement: | | | | | | | | | | | | | |
| **Agreed** | | | | | | | | | | | | | |
| Child/ young person’s signature: | | | | | | | | | | Date: | | | |
| Birth parent/s signature/s: | | | | | | | | | | Date: | | | |
| *It is an obligation on the foster carer/s to comply with the terms of the foster care agreement made under Reg 27(5)(b) FSR 2011* | | | | | | | | | | | | | |
| Foster carer/s signature: | | | | | | | | | | Date: | | | |
| *A child can be placed with a connected person – a relative or friend or other person connected to the child – for a period not exceeding 16 weeks unless subsequently approved as a foster carer Reg 24 CPPR 2011.* | | | | | | | | | | | | | |
| Connected person’s signature: | | | | | | | | | | Date: | | | |
| Child or young person’s Social Worker signature: | | | | | | | | | | Date: | | | |
| Supervising Social Worker’s signature: | | | | | | | | | | Date: | | | |
| Agreed by Practice Manager for the child/young person signature: | | | | | | | | | | Date: | | | |
| **Distributed to** | | | | | | | | | | | | | |
| Child/ young person: | | | | | | | | | | Date: | | | |
| Birth parent: | | | | | | | | | | Date: | | | |
| Foster carer: | | | | | | | | | | Date: | | | |
| Child’s Social Worker: | | | | | | | | | | Date: | | | |
| Supervising Social Worker: | | | | | | | | | | Date: | | | |
| Copy to carer’s file: | | | | | | | | | | Date: | | | |
| Copy on child/ young person’s file: | | | | | | | | | | Date: | | | |
| Copy to IRO: | | | | | | | | | | Date: | | | |