# THE MORAY COUNCIL

**Disruption Meeting Minute**

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| **Date of Meeting:** |  |
|  |  |
| **Name of Child:** | **Date of Birth:** |
|  |  |
| **Name of Carers:** | **Dates of Placement:** |
|  |  |
| **Name of Placing Social Worker:** |  |
|  |  |
| **Name of Linkworker:** |  |
|  |  |
| **Present at Meeting:** |
|  |
| 1. **Comment on information shared prior to placement**
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| 1. **Comment on arrangements leading up to placement and how the child/children settled**
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| 1. **Positive aspects of placement**
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| 1. **Difficulties experienced and how these were addressed**
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| 1. **Reasons for placement coming to an unplanned end**
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| 1. **Particular issues/concerns regarding the child**
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| 1. **Comment on support provided by Placing Social Worker**
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| 1. **Comment on support provided by Link Social Worker**
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| 1. **Comment on the role of the Foster Carer**
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| 1. **Other relevant comments**
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| 1. **Summary of main issues**
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| 1. **Action required**
 |
| **Signed:** | **Date:** |