CHILD'S PLAN

LOOKED AFTER CHILDREN DAY TO DAY CARE PLAN AND CONSENTS

This form, together with the Child's Plan and other relevant documents, will address the specific issues relevant to children and young people who are 'Looked After' by the local authority.

relevant to children	and young people	WIIO	ale Looke	d Aiter by the	IUC	a autionty.
Child's/Young Person's Name: Date of Birth:						
Placement address and Contact details:						
Carer(s)' Contact de	etails:					
Parent(s)' Name and	d Contact Details:					
Key Worker's Name and Contact Details:						
Comment	Reasons for C	hild/	Young Per	son becoming	Loc	oked After': Id's Plan. Please include the reasons
for this <i>particular</i> plac	cement at this specifi	ic time	e (refer to fu	ull assessment	in Ch	nild's Plan 2 and summary of e relevant to placement):
	-	Туре	of Placeme	ent: (Please tid	ck)	
Residential Care	Foster Care		Kins	hip Care		Other (Please specify)
		Le	gal Status	of Placement:		
Legal Status:			<u></u>	Any Condition		:
			Placeme	ent Aims		
Is this a short term or temporary placement?						
What is the expected or potential duration of placement?						
Is this a long term or permanent placement?						
Is there a plan to return the child/young person home?						
What is the expected or potential timescale for this?						
Please state the dat health needs assess					st re	questing a LAC medical and a
Social Worker reque	esting this:					

Carefirst Number:

Detailed aims of Placement:

Summary of what is to be achieved in each category while the child/young person is in this placement.

	,
Health:	i.e. include the ways in which child's emotional or physical health needs will be met. Who is responsible for medical care – routine and emergency? Contact details of GP? Any medication? Treatment? Dentist? Optician? Audiologist? Etc? What is the parent(s) and child's role in this? Please record if any needs cannot be met. If so, what plans will be made for this?
	Summary of BAAF report from LAC Nurse Specialist can be found in
What are the child's/young person's views?	
Education:	i.e. include what arrangements are in place to meet the child's educational/training/employment needs? What is the parent(s)' and child's role in this? Liaison with school staff? Transport arrangements? Please record if any needs cannot be met. If so, what plans will be made for this?
What are the child's/young person's views?	
Achievement:	i.e. is there an Individualised Education Plan or a Co-ordinated Support Plan in place? What is the young person's current level of academic achievement? How does this compare to his/her peers? How does this compare to his/her potential? What support is in place to assist the young person to achieve his/her potential? What is the child' and parent's role in this? Please record if there are any barriers to achievement and how these will be addressed.
What are the child's/young person's views?	
Contact/Family and Social Relationships:	i.e. include detailed contact arrangements – with whom? When? How often? (Un)Supervised? Transport arrangements? Financial assistance? Overnight stays? How will changes to contact be addressed? What is the parent(s)' and child's role in this? Please record if any needs cannot be met. If so, what plans will be made for this?
What are the child's/young person's views?	
Self identity:	i.e. include a description of needs arising from the child's religion or ethnicity; gender; sexuality; language and self image. How do the child's/young person's experiences impact on all of the above? What is the parent(s)' and child's role in addressing these? Please record if any needs cannot be met. If so, what plans will be made for this?
What are the child's/young person's views?	

Behaviour:	i.e. given the impact of the child's/young person's experiences, are there particular behaviours which need to be addressed (i.e. does he/she maintain eye contact, is his/her personal care an issue etc? If so, how will this be done? What is the parent(s)' and child's role in this? Please record if any needs cannot be met. If so, what plans will be made for this?
What are the child's/young person's views?	
Social Skills/Social Presentation:	i.e. given the above, please outline the impact on the child's social skills and presentation. What will be addressed and how? What are arrangements for pocket money or an allowance? What us the parent(s) and child's role in this? Please record if any needs cannot be met. If so, what plans will be made for this?
What are the child's/young person's views?	
Self Care Skills:	i.e. what arrangements will be made to assist or support the child/young person in their self care skills? Who will do this? What is the role of the parent(s) and child in this? Please record if any needs cannot be met. If so, what plans will be made for this?
What are the child's/young person's views?	
Social, leisure activities and hobbies:	i.e. what are the child's current or proposed interests and what are the arrangements for carrying these out? What is the role of the parent(s) and child in this? What are the resource or financial implications? Please record if any needs cannot be met. If so, what plans will be made for this?
What are the child's/young person's views?	i a this could include likes and dislikes about food, activities, asheel or another.
The child's/young person's likes and dislikes:	i.e. this could include likes and dislikes about food, activities, school or anything related to the placement.
What are the child's/young person's views?	

Involvement in decision-making:

The child's/young person's and relevant others' involvement in decision-making:	carer(s) be sought? By whom?	ld or young person, parent(s) or Is an advocate or children's rights Record if any needs cannot be met – s this?
What are the shild's (young person's		
What are the child's/young person's views?		
Lead Professional	and Responsible Person Conta	ct Details:
Name and contact details of social worker (Lead Professional):		
Name and contact details of responsible person in residential establishment <u>or</u> foster carer <u>or</u> kinship carer:		
Name and contact details of social work contact if named social worker is unavailable:	During office hours: Out with office hours:	
Issues re above n	oted arrangements or care pla	n details:
Record any issues or disagreements relating to Also record information relating to incident rep		
	Signatures:	
The arrangements in this form have been disc	ussed and agreed (except where	noted above):
Child/Young Person:	Signed:	Date:
Mother:	Signed:	Date:
Father:	Signed:	Date:
Residential Carer:	Signed:	Date:
Foster or Kinship Carer:	Signed:	Date:
Social Worker: Any other relevant person:	Signed: Signed:	Date:
Any other relevant person: Any other relevant person:	Signed:	Date:
Any other relevant person.	oigneu.	Date.
	Updates:	
Data Aman wang sata san data basa basa b	Updates:	
Date Arrangements updated and agreed:	Updates:	
Date Arrangements updated and agreed: Plan updated by: Date Lead Professional notified:	Updates:	

CONSENTS AND AGREEMENTS Consent to Medical Treatment

Parent(s) and people with parental responsibilities should, as far as possible, be consulted at the time that their child needs surgical, medical or dental procedures or treatment. However, it is important that the local authority is in a position to take appropriate medical action if a parent/person with parental responsibility cannot be contacted and/or found. This form allows the local authority to take such action in circumstances agreed by the parent(s)/person(s) with parental responsibilities.

I/We, who have parental re	•	child/young p name)	Jersons
agree to	The Chief Social Work Office consenting to the following stophalmic		
and dental procedures or tr	reatments for the above named child/young person w	hilst s/he is lo	ooked afte
them, if s/he is not deemed withhold his or her own	by an appropriately qualified medical practitioner to l	have capacity	y to give c
consent.			
		Yes	No
Emergency surgical, medic (including anaesthetics)	al and dental examinations and procedures		
	d opthalmic examinations and procedures deemed d medical practitioner to be in the best interests		
-	es deemed by an appropriately qualified name the best interests of the child/young person		
	emed by an appropriately qualified medical st interests of the child/young person, including		
	Hepatitis B		
	Tetanus		
	Pneumococcal Disease (PCV)		
	Diphtheria		
	Pertussis		
	Poliomyelitis		
	Meningitis C		
	Hib		
	Measles, Mumps, Rubella (MMR)		
	Cervical Cancer (HPV)		
	Tuberculosis (BCG)		
Darant/a) or poople with pe	rental responsibilities may wish to give their views ab	out any of th	o obovo
procedures or treatments.	irental responsibilities may wish to give their views ab	out any or the	e above
The nature of consent to M	edical Treatment has been explained to me;		
Signature	Name	Date	
Signatura			
Signature	Name	Date	

Where more than one person has parental responsibilities, only one consent is legally required. However, it will normally be good practice to seek the views of anyone else with parental responsibilities.

Looking After Children

PLACEMENT AGREEMENTS

AGREEMENTS

Agreement of Carers

Approved foster carer(s) of the Local Authority agree to comply with all aspects of agreements made with the Local Authority in terms of Regulation 24 and Schedules 4 and 6, or in an emergency placement made in terms of Regulation 36, all of the Looked After Children (Scotland) Regulations 2009.

Approved kinship carers of the local authority agree to comply with all aspects of agreements made with the local authority in terms of Regulation 12 and Schedule 5, or, in an emergency placement made in terms of Regulation 36, all of the Looked After Children (Scotland) Regulations 2009.

Relative(s) or friend(s), in the case of placements made by a children's hearing, agree to look after the child/young person at the placement address and carry out the duties as specified in Regulation 36 as above.

42.	I/We agree to look after(child/young person's name) at the placement address and
	to comply with all the relevant regulations from the Looked After Children (Scotland) Regulations 2009 or
	Residential Establishments Child Care (Scotland) Regulations, 1996. I/We have written information
	concerning these regulations. I/We also agree to co-operate with all the arrangements made
	by(local authority), for the above named child/young person.
	Name(s) and address
	Position, e.g., foster carer(s)/relative(s)/friend(s)/keyworker/unit manager
	SignatureDate
	SignatureDate
Agre	eement of Child/Young Person
43.	I agree to be accommodated by(local authority) at the above address
	Name

Where the local authority has been asked to provide accommodation under Section 25 of the Children (Scotland) Act 1995, children/young people of sufficient age and understanding 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 is being accommodated without parental agreement s/he should be encouraged to sign this agreement.

Children and young people may wish to record any reservations even if they agree that a period of looking after or accommodation is the only feasible option at present.

I agree to be accommodated by	(local authority) at the above address
Name	
Signature	Date
Comments	

Looking After Children

PLACEMENT AGREEMENTS

Agreement of parent(s)/ persons with parental responsibilities

Where the local authority has been I/We, agree to (child/young person) being accommodated asked to provide accommodation under Section 25 of the Children (Scotland) Act 1995, parents/those (local authority) at the above address. by with parental responsibilities must not object to the child being accommodated although there is no legal obligation for them to sign an agreement. Note: the legal position Name(s) is a lack of objection to s25 rather than a positive consent. However obtaining consent is good practice where it can be obtained. Signature Date Signature Date Parents/people with parental Comments responsibilities may wish to record any reservations even if they agree that a period of looking after or accommodation is the only feasible option at present.

Consent to Activities and Day to Day Care:

The Moray Council, and its partner agencies, recognise the importance of parents' involvement, as far as is possible, in the life of their child when he/she becomes 'looked after'. We all have a duty to safeguard and promote the health, welfare, safety and wellbeing of children and young people. In this regard, you are requested to sign the following statements of consent for your child.

I/We who have parental responsibility for (child's/young person's name), hereby consent to The Moray Council providing consent, where appropriate, to the following matters:

Personal grooming (including haircuts) and matters of presentation (including appropriate clothing and dress)

dress)Personal care and personal care and persona	onal hygiene, where appropriate ties and trips and,
In particular: • Team sports, athletics, s	swimming in a public pool or recognised safe beach area, or cycling
•	h you do not wish your child to participate, please state here:
	specific activities, such as adventure activities including: camping, hill walking, e consent will be sought. I understand that my child's social worker will discuss any me.
Signed:	(Parent or person with parental responsibilities)
Date:	
Passports:	
	ocial Work Officer applying for a passport for my child and I also consent to my child bliday, provided I am notified in advance:
Signed:	(Parent or person with parental responsibilities)
Date:	
parents and carers in decision-n	er agencies must adhere to the Children (Scotland) Act 1995 in regard to involving naking about their child where possible, however, there may be occasions where we nt but must act immediately. On these occasions, our duty of care is your child's
	For completion by Lead Professional:
Name:	
(Please Print) Signature:	
Role/designation:	
Agency:	
Agency Address:	
Contact Telephone Number:	
Contact Email Address:	
Date Report Submitted:	