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