

## 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.

<b>Child's/Young Person's Name:</b>	
<b>Date of Birth:</b>	
<b>Placement address and Contact details:</b>	
<b>Carer(s)' Contact details:</b>	
<b>Parent(s)' Name and Contact Details:</b>	
<b>Key Worker's Name and Contact Details:</b>	

#### Reasons for Child/Young Person becoming 'Looked After':

Summary of reasons for child/young person becoming 'Looked after' from Child's Plan. Please include the reasons for this *particular* placement at this *specific* time (refer to full assessment in Child's Plan 2 and summary of placement requirements in line with out-of-area commissioning contract, where relevant to placement):

#### Type of Placement: (Please tick)

Residential Care	<input type="checkbox"/>	Foster Care	<input type="checkbox"/>	Kinship Care	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>
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#### Legal Status of Placement:

<b>Legal Status:</b>	<b>Any Condition(s):</b>
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#### Placement Aims

<b>Is this a short term or temporary placement?</b>	
<b>What is the expected or potential duration of placement?</b>	
<b>Is this a long term or permanent placement?</b>	
<b>Is there a plan to return the child/young person home?</b>	
<b>What is the expected or potential timescale for this?</b>	

Please state the date of notification given to the LAC Nurse Specialist requesting a LAC medical and a health needs assessment: .....

Social Worker requesting this:.....

*Carefirst Number:*



<p><b>Behaviour:</b></p> <p><b>What are the child's/young person's views?</b></p>	<p>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?</p>
<p><b>Social Skills/Social Presentation:</b></p> <p><b>What are the child's/young person's views?</b></p>	<p>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?</p>
<p><b>Self Care Skills:</b></p> <p><b>What are the child's/young person's views?</b></p>	<p>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?</p>
<p><b>Social, leisure activities and hobbies:</b></p> <p><b>What are the child's/young person's views?</b></p>	<p>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?</p>
<p><b>The child's/young person's likes and dislikes:</b></p> <p><b>What are the child's/young person's views?</b></p>	<p>i.e. this could include likes and dislikes about food, activities, school or anything related to the placement.</p>

*Carefirst Number:*



**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 responsibilities for ..... (child/young person's name)

agree to ..... The Chief Social Work Officer of The Moray Council consenting to the following surgical, medical, ophthalmic

and dental procedures or treatments for the above named child/young person whilst s/he is looked after by

them, if s/he is not deemed by an appropriately qualified medical practitioner to have capacity to give or withhold his or her own

consent.

	<b>Yes</b>	<b>No</b>
Emergency surgical, medical and dental examinations and procedures (including anaesthetics)	<input type="checkbox"/>	<input type="checkbox"/>
Routine medical, dental and ophthalmic examinations and procedures deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person	<input type="checkbox"/>	<input type="checkbox"/>
Planned surgical procedures deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person	<input type="checkbox"/>	<input type="checkbox"/>
Routine immunisations deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person, including immunisations against:-	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal Disease (PCV)	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis C	<input type="checkbox"/>	<input type="checkbox"/>
Hib	<input type="checkbox"/>	<input type="checkbox"/>
Measles, Mumps, Rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Cancer (HPV)	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (BCG)	<input type="checkbox"/>	<input type="checkbox"/>

Parent(s) or people with parental responsibilities may wish to give their views about any of the above procedures or treatments.

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.

The nature of consent to Medical Treatment has been explained to me;

Signature ..... Name ..... Date .....

Signature ..... Name ..... Date .....

*Carefirst Number:*

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

[Empty box for Name(s) and address]

Position, e.g., foster carer(s)/relative(s)/friend(s)/keyworker/unit manager

[Empty box for Position]

Signature ..... Date .....

Signature ..... Date .....

Agreement of Child/Young Person

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.

43. I agree to be accommodated by ..... (local authority) at the above address

Name

[Empty box for Name]

Signature ..... Date .....

Comments

[Empty box for Comments]

**Looking After Children**

**PLACEMENT AGREEMENTS**

**Agreement of parent(s)/ persons with parental responsibilities**

Where the local authority has been asked to provide accommodation under Section 25 of the Children (Scotland) Act 1995, parents/those 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 is a lack of objection to s25 rather than a positive consent. However obtaining consent is good practice where it can be obtained.

I/We, agree to ..... (child/young person) being accommodated

by ..... (local authority) at the above address.

Name(s)

Signature ..... Date .....

Signature ..... Date .....

Parents/people with parental 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.

Comments

*Carefirst Number:*

**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)
- Personal care and personal hygiene, where appropriate
- Day to day school activities and trips and,

In particular:

- Team sports, athletics, swimming in a public pool or recognised safe beach area, or cycling

If there are any activities in which you do not wish your child to participate, please state here:

.....

I understand that, in the case of specific activities, such as adventure activities including: camping, hill walking, skiing, boating, etc, my separate consent will be sought. I understand that my child's social worker will discuss any activities out with the above with me.

Signed: ..... (Parent or person with parental responsibilities)

Date: .....

**Passports:**

I hereby consent to the Chief Social Work Officer applying for a passport for my child and I also consent to my child going abroad for a short term holiday, provided I am notified in advance:

Signed: ..... (Parent or person with parental responsibilities)

Date: .....

The Moray Council and its partner agencies must adhere to the Children (Scotland) Act 1995 in regard to involving parents and carers in decision-making about their child where possible, however, there may be occasions where we have been unable to gain consent but must act immediately. On these occasions, our duty of care is your child's best interests.

**For completion by Lead Professional:**

<b>Name:</b> (Please Print)	
<b>Signature:</b>	
<b>Role/designation:</b>	
<b>Agency:</b>	
<b>Agency Address:</b>	
<b>Contact Telephone Number:</b>	
<b>Contact Email Address:</b>	
<b>Date Report Submitted:</b>	

*Carefirst Number:*