

# Placement Plan for Fostering Placements

INCLUDING DELEGATED AUTHORITY DECISION SUPPORT TOOL

|                                  |  |                          |  |
|----------------------------------|--|--------------------------|--|
| <b>Date of placement meeting</b> |  | <b>Date plan updated</b> |  |
|----------------------------------|--|--------------------------|--|

## Section A

### Details of child/young person

|  |  |
|--|--|
| <b>Name/Name known by</b>                              |  |
| <b>ID number</b>                                       |  |
| <b>Date of birth/Expected DoB</b>                      |  |
| <b>Gender</b>  |  |
| <b>Ethnicity</b>                                       |  |
| <b>Language spoken</b>                                 |  |
| <b>Religion</b>  |  |
| <b>Disability/Special needs</b>                        |  |
| <b>Legal status</b>                                    |  |
| <b>Foster carer's name(s)</b>                          |  |
| <b>Ethnicity</b>                                       |  |
| <b>Address and contact number (withhold if needed)</b> |  |
| <b>Birth parent's name</b>                             |  |
| <b>Address and telephone number</b>                    |  |
| <b>Birth parent's name</b>                             |  |

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|                                     |  |
|-------------------------------------|--|
| <b>Address and telephone number</b> |  |
|-------------------------------------|--|

1. Reproduced with kind permission of The Fostering Network.

## Details of key people

| Role                                | Name | Address | Contact number/email |
|-------------------------------------|------|---------|----------------------|
| Social worker                       |      |         |                      |
| Social work manager                 |      |         |                      |
| Supervising social worker           |      |         |                      |
| Fostering manager                   |      |         |                      |
| Independent Reviewing Officer (IRO) |      |         |                      |
| Independent visitor                 |      |         |                      |
| Personal adviser                    |      |         |                      |
| Any other significant person/s      |      |         |                      |

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| Role | Name | Address | Contact number/email |
|------|------|---------|----------------------|
|      |      |         |                      |
|      |      |         |                      |

## Placement details

|   |
|---|
| <b>Reason for child/young person being looked after</b>   |
|   |
| <b>Details of any previous placements: dates, details and reason for move</b>   |
|   |
| <b>Date of current placement</b>  |
|   |
| <b>What is the plan for the child, including permanence planning?</b>   |
|   |
| <b>How does this placement fit within the plan?</b>   |
|   |
| <b>How long is the placement anticipated to last?</b>   |
|   |
| <b>Has a risk assessment been completed for this child/young person? Are there any issues arising from this? If so, has a risk assessment management plan been developed and shared with the carer?</b> |
|   |

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**Is the child/young person an unaccompanied asylum-seeking or refugee child? Is the foster carer aware of specific needs issues arising from this? (Complete further section on p11.)**

**What information has the foster carer already received about the child? What further information is needed? How will this be provided?**

**What information has the parent/s received about the placement? Is any further information needed?**

## Living together

**What written/verbal information has the child/young person received about the foster care household, e.g. welcome book, foster carer profile?**

**What further information is needed?**

**Has the Children's Guide been given?**

**Understandings of carer and child/young person in the following areas:  
Routines in the household, including living together safely and comfortably**

**Meal times**

**Bed times**

## Self care skills/Preparing for independence

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|  |
|--|
| <b>What is the child/young person able to do/take responsibility for?</b>  |
|  |
| <b>What areas need to be developed?</b>  |
|  |
| <b>How will this be achieved?</b>  |
|  |
| <b>What arrangements have been agreed regarding pocket money, personal allowances, savings or applying for any DLA payments?</b> |
|  |
| <b>Has there been discussion/agreement about whether the young person can have a house key?</b>                                  |
|  |

## Social and leisure activities

|  |
|--|
| <b>What are the child/young person's current interests and what might they like to develop?</b>  |
|  |
| <b>What are the child/young person's current activities and what might they like to develop?</b> |
|  |
| <b>Will the child/young person be included in the foster family's current activities? How?</b>   |
|  |
| <b>Practical arrangements – finance, transport:</b>  |
|  |

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**Are there any toys or equipment that the child/young person would like to bring to the foster home? If so, who will arrange this?**

## Holidays and alternative care arrangements

**What are the alternative care arrangements for the child/young person on a planned or emergency basis?**

**Holidays – arrangements for the child/young person to accompany the carers and actions required, e.g. does the child/young person have a passport? If not, who will be responsible for obtaining this?**

## Health: details of key people

| Role                               | Name | Address | Telephone number |
|------------------------------------|------|---------|------------------|
| Current GP                         |      |         |                  |
| Local GP if transfer required      |      |         |                  |
| Current dentist                    |      |         |                  |
| Local dentist if transfer required |      |         |                  |

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| Role   | Name | Address | Telephone number |
|--|------|---------|------------------|
| Any other relevant contact, e.g. consultants, hospitals, CAMHS |      |         |                  |
|  |      |         |                  |
|  |      |         |                  |

## Details of health issues

|   |
|---|
| <b>Summary of any health issues, medical conditions or disabilities, including allergies</b>                                    |
|   |
| <b>Details of current medication</b>  |
|   |
| <b>Details of any existing or outstanding medical/dental appointments</b>   |
|   |
| <b>Details of health documents made available to foster carer</b>   |
|   |
| <b>Have delegated authority issues regarding health been agreed (see Section B Health) and consent documents been provided?</b> |

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|--|
|  |
|--|

**NB Any actions identified which will be required in implementing the Health Plan should be reflected in the Care Plan.**

## Emotional and behavioural development

|   |
|---|
| <p><b>Summary of child/young person's needs regarding their emotional and behavioural development</b></p>   |
|   |
| <p><b>What situations does the child/young person find most difficult to cope with? Are there any "trigger factors" that the foster carer needs to be aware of?</b></p> |
|   |
| <p><b>What has worked best in the past to manage these situations?</b></p>  |
|   |
| <p><b>What interventions or strategies have been discussed or agreed?</b></p>   |
|   |
| <p><b>Views of child/young person</b></p>   |



# Placement Plan for Fostering Placements

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**NB Any actions identified should be reflected in the Care Plan.**

SAMPLE

# Placement Plan for Fostering Placements

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## Education-related contacts

| Institution/Role  | Name | Address | Contact number/email |
|---|------|---------|----------------------|
| Child/young person's nursery, school or college   |      |         |                      |
| Designated teacher  |      |         |                      |
| Class teacher/tutor   |      |         |                      |
| Person at school/college to be used as contact point for carer  |      |         |                      |
| Any other educational provision   |      |         |                      |
| Any other person providing education or training  |      |         |                      |
| Has the nursery, school or college been informed that the child/young person has become looked after/changed placement? Who will do this? |      |         |                      |

# Placement Plan for Fostering Placements

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## Educational needs

|   |
|---|
| <b>Summary of child/young person's educational needs</b>  |
|   |
| <b>How is the foster carer going to encourage and develop the child/young person's learning?</b>                                |
|   |
| <b>Details of any Education and Healthcare Plan (EHCP) and provisions</b>   |
|   |
| <b>Has the foster carer received a copy of the child's last PEP? Date of next PEP meeting</b>                                   |
|   |
| <b>Details of transport arrangements</b>  |
|   |
| <b>Arrangements if child is not in full-time education or is excluded from educational provision</b>                            |
|   |
| <b>Have delegated authority issues regarding education been agreed? (refer to Section B Education)</b>                          |
|   |
| <b>NB Any actions identified that will be required in implementing the education plan should be reflected in the Care Plan.</b> |

# Placement Plan for Fostering Placements

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## Identity

|   |
|---|
| <p><b>Summary of child/young person's identity needs (regarding gender, sexual orientation, trans status, religion, ethnicity, culture, language, geography or community )</b></p>    |
| <p> </p>  |
| <p><b>Does the child/young person actively participate in any religious activities?</b></p>   |
| <p> </p>  |
| <p><b>Details of any place of worship, times of attendance, or any religious practices to be observed</b></p>   |
| <p> </p>  |
| <p><b>Details of any personal care or dietary needs that need to be addressed</b></p>   |
| <p> </p>  |
| <p><b>For child/young person who does not speak English or where English is not their first language, what arrangements are required to enable them to have language support?</b></p> |
| <p> </p>  |
| <p><b>What are the plans for life story work or memory work? What is the role of the foster carer or social worker in doing this?</b></p>   |
| <p> </p>  |
| <p><b>Is there anything the child/young person wants to tell us about what is important to them – how they see themselves?</b></p>  |
| <p> </p>  |
| <p><b>Is there anything the parent wants to tell us about what is important to them – how they see the child/young person?</b></p>  |

# Placement Plan for Fostering Placements

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|  |
|--|
|  |
| <p><b>Are there areas regarding identity where the child's needs cannot be met by the carers or within the placement? How will these gaps be filled to ensure the child/young person develops a positive understanding of his/her heritage, e.g. identified training, support or information needs of the carer?</b></p> |
|  |
| <p><b>NB Any actions identified that will be required in meeting identity needs should be reflected in the Care Plan.</b></p>  |

|  |
|--|
| <p><b>If the child/young person is an unaccompanied asylum seeker, complete the following: What stage are they at in the asylum process?</b></p> |
|  |
| <p><b>Who will be responsible for identifying a solicitor for them?</b></p>  |
|  |
| <p><b>Who will accompany the child/young person to interviews at the UK Border Agency and undertake the role of the responsible adult?</b></p>   |
|  |
| <p><b>Who will be the point of contact with the UK Border Agency case owner?</b></p>   |
|  |

# Placement Plan for Fostering Placements

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## Contact

|  |                  |              |                                     |
|--|------------------|--------------|-------------------------------------|
| <b>Reasons for proposed contact arrangements</b>   |                  |              |                                     |
|  |                  |              |                                     |
| <b>Are there any court orders relating to contact? For what reason?</b>  |                  |              |                                     |
|  |                  |              |                                     |
| <b>Person</b>  | <b>Frequency</b> | <b>Venue</b> | <b>Arrangements for supervision</b> |
|  |                  |              |                                     |
|  |                  |              |                                     |
|  |                  |              |                                     |
|  |                  |              |                                     |
| <b>What agreements are there about contact outside formal arrangements between the child and others (including the use of social media and mobile phones)?</b> |                  |              |                                     |
|  |                  |              |                                     |
| <b>Has delegated authority regarding contact arrangements been agreed (refer to Section B Contact)?</b>  |                  |              |                                     |
|  |                  |              |                                     |
| <b>If anything prevents contact taking place, what actions should the foster carer or social worker take?</b>  |                  |              |                                     |
|  |                  |              |                                     |

# Placement Plan for Fostering Placements

INCLUDING DELEGATED AUTHORITY DECISION SUPPORT TOOL

**NB Any actions identified that will be required in implementing the contact plans should be reflected in the Care Plan.**

**Details of any person whom the child/young person should not have contact with:**

| Name | Relationship | Reasons |
|------|--------------|---------|
|      |              |         |
|      |              |         |
|      |              |         |

|  |                           |
|--|---------------------------|
| <b>Arrangements for child/young person's social worker to visit, frequency, where will the child be seen</b> | <b>Date of next visit</b> |
|  |                           |

|  |                           |
|--|---------------------------|
| <b>Visiting arrangements for supervising social worker, frequency (including unannounced visits)</b> | <b>Date of next visit</b> |
|  |                           |

|  |
|--|
| <b>Arrangements for contact by IRO prior to LAC review meeting</b> |
|  |

|   |
|---|
| <b>Arrangements for any other people to visit as required, e.g. guardians</b> |
|   |

|   |
|---|
| <b>Does the child/young person know how they can contact their social worker? How will this be facilitated?</b> |
|   |

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## Support for carers

|  |
|--|
| <b>Details of out of hours service, address, contact details and availability</b>  |
|  |
| <b>In the event of the social worker not being available, who is the person to contact?</b>  |
|  |
| <b>In the event of the supervising social worker not being available, who is the person to contact?</b>  |
|  |
| <b>In the event of any areas of dispute, who is the person to contact?</b>   |
|  |
| <b>In addition to the agreed financial allowances paid to foster carers, are there any other financial requirements or provision of equipment needed and have these been agreed?</b> |
|  |



# Placement Plan for Fostering Placements

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**Action sheet – transfer actions identified through the plan into the Care Plan**

| Action | Person responsible | Date to be achieved |
|--------|--------------------|---------------------|
|        |                    |                     |
|        |                    |                     |
|        |                    |                     |
|        |                    |                     |
|        |                    |                     |
|        |                    |                     |
|        |                    |                     |
|        |                    |                     |
|        |                    |                     |

## Information checklist for foster carer

|          |   |
|----------|---|
| Yes / No | <b>Copy of care plan</b>  |
| Yes / No | <b>Copy of court order</b>  |
| Yes / No | <b>Copy of placement information</b>  |
| Yes / No | <b>Copy of most recent LAC review</b>   |
| Yes / No | <b>Chronology</b>   |
| Yes / No | <b>Copy of Foster Carer's Charter (NB will need those of both placing agency and approving agency if different)</b> |
| Yes / No | Placing agency's privacy notice to comply with the data protection legislation                                      |
|          | <b>Other</b>  |
| Yes / No |   |
| Yes / No |   |

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## Signature page

| Role                         | Name | Signature | Date |
|------------------------------|------|-----------|------|
| Social worker                |      |           |      |
| Manager                      |      |           |      |
| Supervising social worker    |      |           |      |
| Fostering manager            |      |           |      |
| Foster carer/s               |      |           |      |
| Parent/s                     |      |           |      |
| Child/Young person           |      |           |      |
| Any other significant people |      |           |      |
|                              |      |           |      |
|                              |      |           |      |

## Section B

### Delegated Authority – Decision Support Tool

# Placement Plan for Fostering Placements

## INCLUDING DELEGATED AUTHORITY DECISION SUPPORT TOOL

This Decision Support Tool is to assist social workers, parents, foster carers and young people to talk to each other about delegated authority. It can help to prepare for the initial placement planning meeting and each subsequent review when the Placement Plan is considered. It is an aid to good practice in working with delegated authority. **It does not replace or replicate the Placement Plan which is the legal requirement for this purpose. The required content of the Placement Plan is set out in Schedule 2 of the Care Planning, Placement and Case Review Regulations 2010; relevant statutory guidance is in Chapter 2 of the Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review.**

The Decision Support Tool is supported and explained further in the Fostering Network's Handbook, *Supporting Placement Planning*. It is based on consultations which suggest that the areas covered are those where it is particularly important to have clarity. The aims are to ensure that the Placement Plan:

- is viewed as a living document that can change over time;
- covers all the areas necessary for every child;
- is as clear and inclusive of parents and foster carers as possible.

The Decision Support Tool is not a definitive list of tasks and responsibilities: over the life of a child's placement with foster carers, other areas will inevitably arise and require clarification and not all of the elements that are included will apply to every young person. In addition to preparing for planning meetings and reviews, its other uses are:

- to assist supervising social workers to prepare fostering applicants for the tasks in foster care and to assess their needs in relation to the Training, Support and Development Standards for Foster Care;
- for child care social workers to use with parents who need additional support to understand delegated authority. The leaflet *Information for Parents about Delegated Authority* may also help with this.

Clarifying who is best placed to take everyday decisions depends on many factors: the young person's age, views, legal status and care plan; the parents' views; and the experience and the views of the foster carers. Collaboration and consultation are essential for successful partnership working.

The Care Planning, Placement and Case Review Guidance 2015 para 3.195 sets out that 'When deciding who should have authority to take particular decisions, the most appropriate exercise of decision-making powers will depend, in part, on the long term plan for the child, as set out in the child's permanence plan. For example, where the plan is for the child to return home, the child's parents should have a significant role in decision-making; where the plan is for long term foster care, the foster carers should have a significant say in the majority of decisions about the child's care, including longer term decisions such as which school the child will attend. Whatever the permanence plan, the carer should have delegated authority to take day-to-day parenting decisions. This enables them to provide the best possible care for the child'.

# Placement Plan for Fostering Placements

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## Child / Young person

### 1 Medical and health

| Consent / agreement / task  | Who has authority to give consent / agreement or undertake the task <sup>1</sup> | Notes (incl. notifications, prior consultation / recording requirement / conditions) | Date |
|---|--|--|------|
| 1.1 Signed consent to emergency medical treatment inc. anaesthesia  |  |  |      |
| 1.2 Consent – routine immunisations   |  |  |      |
| 1.3 Planned medical procedures  |  |  |      |
| 1.4 Medical procedure carried out in the home where the person administering the procedure requires training (e.g. child with disability / illness) |  |  |      |
| 1.5 Dental – signed consent to dental emergency treatment incl. anaesthetic   |  |  |      |
| 1.6 Dental – routine treatment inc. anaesthesia   |  |  |      |
| 1.7 Optician – appointments, glasses  |  |  |      |
| 1.8 Consent to examination / treatment by school doctor   |  |  |      |

# Placement Plan for Fostering Placements

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| Consent / agreement / task  | Who has authority to give consent / agreement or undertake the task <sup>1</sup> | Notes (incl. notifications, prior consultation / recording requirement / conditions) | Date |
|---|--|--|------|
| <b>1.9 Administration of prescribed / over the counter medications</b>                    |  |  |      |
| <b>1.10 Permission for school to administer prescribed / over the counter medications</b> |  |  |      |
| <b>1.11 Referral / consent for YP to access another service e.g. CAMHS</b>                |  |  |      |

1. More than one person could have authority to give a particular consent / agreement or undertake a particular task, e.g. both the parent and foster carer may be attending parents' evenings. If this is the case, the individuals' respective roles should be clarified in the "Notes" column.

## 2 Education

| Consent / agreement / task                                  | Who has authority to give consent / agreement or undertake the task <sup>1</sup> | Notes (incl. notifications, prior consultation / recording requirement / conditions) | Date |
|---|--|--|------|
| <b>2.1 Signed consent for school day trips</b>              |  |  |      |
| <b>2.2 Signed consents for school trips of up to 4 days</b> |  |  |      |
| <b>2.3 Signed consents for school trips of over 4 days</b>  |  |  |      |
| <b>2.4 School trips abroad</b>                              |  |  |      |

# Placement Plan for Fostering Placements

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| <b>Consent / agreement / task</b>   | <b>Who has authority to give consent / agreement or undertake the task<sup>1</sup></b> | <b>Notes (incl. notifications, prior consultation / recording requirement / conditions)</b> | <b>Date</b> |
|---|--|---|-------------|
| 2.5 Using computers at school   |  |   |             |
| 2.6 School photos   |  |   |             |
| 2.7 Attendance at parents' evenings   |  |   |             |
| 2.8 Attendance at PEP meetings  |  |   |             |
| 2.9 Attendance at unplanned meetings re: incidents or immediate issues                |  |   |             |
| 2.10 Registering at a school  |  |   |             |
| 2.11 Changing a school  |  |   |             |
| 2.12 Referral / consent for YP to access another service (please specify the service) |  |   |             |
| 2.13 Personal health and social education   |  |   |             |

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## 3 Personal, leisure and home life

| Consent / agreement / task   | Who has authority to give consent / agreement or undertake the task <sup>1</sup> | Notes (incl. notifications, prior consultation / recording requirement / conditions) | Date |
|--|--|--|------|
| 3.1 Passport application can only be applied for by someone holding PR |  |  |      |
| 3.2 Overnight with friends ("sleep overs")                             |  |  |      |
| 3.3 Holidays within the UK   |  |  |      |
| 3.4 Holidays outside the UK  |  |  |      |
| 3.5 Sports / social clubs  |  |  |      |
| 3.6 More hazardous activities e.g. horse riding, skiing, rock climbing |  |  |      |
| 3.7 Haircuts / colouring   |  |  |      |
| 3.8 Body piercing <sup>2</sup>   |  |  |      |

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|   |  |  |  |
|---|--|--|--|
| <b>3.9 Tattoos<sup>3</sup></b>  |  |  |  |
| <b>3.10 Mobile phone</b>  |  |  |  |
| <b>3.11 Part time employment</b>  |  |  |  |
| <b>3.12 Accessing social networking sites e.g. Facebook, Twitter, MSN</b> |  |  |  |
| <b>3.13 Photos or other media activity</b>                                |  |  |  |

2. In English law, it is illegal for under-16s to have their genitals pierced. It is also illegal for females under 16 to have their breasts pierced, although this does not apply to males under 16.

3. It is illegal for anyone under the age of 18 to have a tattoo.

### 4 Faith and religious observance

| <b>Consent / agreement / task</b>                                  | <b>Who has authority to give consent / agreement or undertake the task<sup>1</sup></b> | <b>Notes (incl. notifications, prior consultation / recording requirement / conditions)</b> | <b>Date</b> |
|--|--|---|-------------|
| <b>4.1 New or changes in faith, church or religious observance</b> |  |   |             |
| <b>4.2 Attendance at a place of worship</b>                        |  |   |             |



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## 5 Identity and names

| Consent / agreement / task  | Who has authority to give consent / agreement or undertake the task <sup>1</sup> | Notes (incl. notifications, prior consultation / recording requirement / conditions) | Date |
|---|--|--|------|
| 5.1 Life story work   |  |  |      |
| 5.2 New or changes in “nicknames”, order of first names, or preferred names |  |  |      |

## 6 Contact

| Consent / agreement / task                                  | Who has authority to give consent / agreement or undertake the task <sup>1</sup> | Notes (incl. notifications, prior consultation / recording requirement / conditions) | Date |
|---|--|--|------|
| 6.1 Transport can only be applied for by someone holding PR |  |  |      |
| 6.2 Arranging   |  |  |      |
| 6.3 Facilitation  |  |  |      |
| 6.4 Formal supervision                                      |  |  |      |

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## 7 Other areas or categories

| Consent / agreement / task | Who has authority to give consent / agreement or undertake the task <sup>1</sup> | Notes (incl. notifications, prior consultation / recording requirement / conditions) | Date |
|----------------------------|--|--|------|
|                            |  |  |      |
|                            |  |  |      |
|                            |  |  |      |

## 8 Additional notes or questions

SAMPLE