

Looking After Children in Scotland: Good Parenting, Good Outcomes

ESSENTIAL CORE RECORD AND PLACEMENT AGREEMENT

Wherever possible, the Essential Core Record and Placement Agreement should be completed before a child/young person is first looked after away from home by a local authority or changes placement. In the case of an emergency admission, it should be completed and the agreements at the end of the form signed prior to leaving a child or young person in placement. It contains essential information and agreements for carers as specified in Schedule 3 of the Fostering of Children (Scotland) Regulations 1996 and Part 3 of the Residential Establishments - Child Care (Scotland) Regulations 1996. It should be updated regularly and checked for accuracy before each review. The top copy is for the child/young person's file, one copy should be left with the carer when placing the child/young person and the other copy is for the parent or the young person if aged 16 or over. Place the cardboard between the pink copy and the white page beneath it to prevent copying through too many layers.

This form is particularly designed to be used with a child or young person looked after away from home by a local authority, but can be used more widely.

Personal Details

When recording the child/young person's forename(s) and family name, please state the names recorded on his/her birth certificate. If the child/young person is known by a different name(s) also record this name(s).

Questions marked by an asterisk (*) provide information required for annual statistical returns to the Scottish Office on form CLAS.

The supervising authority/agency is the authority/agency that provides the direct social work service to the child/young person. Sometimes, e.g., because of distance, this may be different to the responsible authority by whom the child/young person is looked after.

1.	Forename(s)	M'GOWAN		
	Family name	KEVIN		
	Known as	KEVIN		
2.	*Gender	Male ☒	Female ☐	
3.	*Date of Birth	Day 0 9	Month 0 4	Year 1 9 8 6
4.	Date this form first completed	Day	Month	Year
	Date of latest update	Day	Month	Year
5.	Social worker's name	HARRY SCOTT		
	Supervising authority/agency	SNUGGERIDGE SOCIAL WORK SERVICES		
	Area/team and address (Please include post code)	EAST AREA TEAM SCARROW STREET PORT GLASGOW PA14 5EY		
	Telephone (incl. STD code)	01475-714900		
	Outside office hours, carers should call (Incl. STD code)	0800 811 505		

**This form contains confidential information which should only be shared in accordance
with the Data Protection Act 1998.**

6. Responsible authority (if different from supervising authority/agency)

If the responsible authority is different from the supervising authority/agency, have details of the arrangements between authorities been agreed and recorded?

Yes ☒ No ☐ If no, when will this be completed? Day Month Year

7. Placement address (incl. post code)

KIBBIE RESIDENTIAL SCHOOL

Telephone (incl. STD code):

8. Date of placement

Day 1 0 Month 0 2 Year 2 0 0 0

9. * Placement type

RESIDENTIAL SCHOOL

If this placement is provided as part of a series of short-term (respite) placements, please tick. ☐

Does the child/young person have a respite and/or holiday placement as well as a main placement? Yes ☐ No ☒

If yes, what is the placement(s) type?

10. Child/young person's home address (Incl. post code)

8 FERGUS DRIVE
GREENOCK

Name(s) of principal carer(s) at this address and status, e.g., parent(s), relative(s) or friend(s)

MRS ALICE M'GOWAN MOTHER
MR PATRICK M'GOWAN FATHER

11. *What is the ethnic origin of the child/young person? Tick the appropriate box

White ☒
Black - Caribbean ☐
Black - African ☐
Black - other ☐
Indian ☐
Pakistani ☐
Bangladeshi ☐

Chinese ☐
Mixed ethnicity ☐
(Specify).....
Other ethnic group ☐
(Specify).....
Not known ☐

Placement type:
Please use the following categories: with friend(s)/ relative(s), with foster carer(s), with prospective adopter(s), other community (specify), local authority home, voluntary home, residential school, secure accommodation, other residential (specify).

The home address is the place where the child/young person normally lived before being looked after away from home by the local authority.

12. What, if any, is the religious persuasion of the child/young person?

Please give brief details of any religious practices to be observed.

13. Languages spoken at home

First Language

Other Language(s)

14. Can the child/young person speak English? Yes ☒ Some ☐ No ☐
Will an interpreter be needed? Yes ☐ No ☒

If the child/young person uses a form of communication other than speech (e.g., Makaton, British Sign Language, picture/symbol system, electronic system), please specify.

15. Describe the child/young person, e.g., height, build, hair and eye colour, and any specific physical characteristics.

16. Is the young person a parent? Yes ☐ No ☒

If yes, does s/he have parental responsibilities and parental rights? Yes ☐ No ☒

Child/ren's name(s) and date(s) of birth

If there is a social work file on the child/ren, where is it located?

Unique Reference Number(s)

Contact - if the young person is not living with his/her child/ren, give brief details of contact here.

Specific details of the statute and section under which the child/young person is looked after should be recorded on the Essential Background Record, Question 7.

Legal and Protection Issues

17. *What is the child/young person's current legal status? Please tick.

Accommodation under Section 25 ☐

Parental Responsibilities Order ☐

Supervision Requirement at Home ☒

Supervision Requirement away from Home
(Excluding Residential Establishment) ☐

Supervision Requirement away from Home
(In a Residential Establishment but excluding Secure) ☐

Supervision Requirement away from Home
with a Secure Condition ☐

Criminal Court Provision ☐

Child Protection Measure ☐

Warrant ☐

Freed for Adoption ☐

Other (Specify) SECTION 69(3) ☒

18. Is there an on-going child protection investigation or case conference pending?

Yes ☐

No ☒

Is the child/young person's name on the Child Protection Register?

Yes ☐

No ☒

If yes, which category?

Date of current registration: Day Month Year

Placement

19. Child/young person's routine

TO FOLLOW THE ROUTINES THAT ARE IN EXISTENCE

20. Why is the child/young person being placed with these carers now?

RESIDENTIAL ASSESSMENT REQUESTED BY CHILDREN'S HEARINGS. CONCERNS ABOUT SEVERE DEGRADATION IN BEHAVIOUR/ATTITUDE. CHILD PUTTING HIMSELF AT RISK AND FAMILY NOT COPIING.

Categories: physical injury, physical neglect, emotional abuse, sexual abuse, failure to thrive.

Please give details about bedtime, personal care, mealtimes, special comfort objects, likes and dislikes. Please ensure that care needs resulting from experience of abuse are identified.

E.g., significant risk, family crisis, place of safety, placement breakdown.

If this placement is being made because of a previous placement breakdown, please give brief details of the reasons for the breakdown.

E.g., short-term assessment, bridging placement, long-term placement.

21. What is the purpose of this placement?

RESIDENTIAL ASSESSMENT.

Anticipated length of placement? (please tick)

Under 6 weeks

☒

1 year to under 2 years

☐

6 weeks to under 6 months

☐

2 years to under 5 years

☐

6 months to under 1 year

☐

5 or more years

☐

E.g., bed wetting, violence/aggression, inappropriate sexual behaviour, anxiety/withdrawal, offending, substance abuse.

22. Does the child/young person display any behaviour which may be of concern to current carers?

Yes ☐ No ☐

If yes, please give brief details of the behaviour, what triggers it (if known), and how best to deal with it.

KEVIN HAS SHOWN AN AGGRESSIVE STREAK IN THE PAST. HE IS QUITE A DEEP BOY WHO DOES NOT TEND TO SHOW HIS TRUE FEELINGS.

Health

23. Has the child/young person had a health assessment prior to being looked after away from home?

Yes ☐ No ☐ If yes, date: Day ☐ ☐ Month ☐ ☐ Year ☐ ☐ ☐ ☐

If no, is one arranged? Yes ☐ Date: Day ☐ ☐ Month ☐ ☐ Year ☐ ☐ ☐ ☐

If not arranged, please explain.

The Arrangements to Look After Children (Scotland) Regulations, 1996 require local authorities to arrange medical examinations and written health assessments for all children before placement or, if this is not practicable, as soon as possible after a placement has been made.

The category multiple disabilities should be ticked where a child/young person has 2 or more of the disabilities on this list. Where a child/young person is both disabled and affected by disability, tick the box which describes the child/young person's disability.

24. *Does the child/young person have any disabilities?

(Answer this question for all children/young people.)

Tick one box

No disabilities, and not affected by disability ☐

No disabilities, but affected by disability of family member(s) ☐

Multiple disabilities ☐

Significant learning difficulties ☐

Mental health problem (Mental Health (Scotland) Act 1984) ☐

Autism ☐

Significant hearing impairment ☐

Significant language and communication disorder ☐

Significant physical or motor impairment ☐

Significant visual impairment ☐

Social, emotional and behavioural difficulties ☒

Other disability ☐

Give the name(s) of any disabling condition(s) listed above, details of the effects, age of onset and current treatment(s). For the disability of family member(s), specify the relative, the disability and the effects on the child/young person.

25. Does the child/young person have any other health conditions not covered above?

Give the name(s) of the condition(s), details of the effects, age of onset and current treatment(s).

26. Does the child/young person have any outstanding medical appointments?

Yes ☐ No ☐

If yes, please state the date, time, address, purpose and name and designation of the health professional concerned.

E.g., ADHD/hyperactivity, HIV/AIDS, allergies, asthma, coeliac disease, diabetes, glue ear, hepatitis B or C, sickle cell anaemia, thalassaemia, skin conditions.

Allergies could include penicillin, animals, house dust, pollen, foods, particularly peanuts, cigarette smoke and insect stings.

You will need to think about issues of confidentiality in relation to some conditions such as HIV/AIDS and must consult agency policy on recording

27. Is the child/young person receiving any other treatment(s) or medication for current infection or injury?
If so, what dosage, frequency or other instructions?

28. Does the child/young person have specific dietary needs or restrictions for health or cultural reasons?

Yes ☐ No ☒

If yes, please specify.

29. Does the child/young person use any special equipment? Yes ☐ No ☒

If yes, please specify the equipment. If it is not with the child/young person, what action will be taken to deliver it to the carer(s)?

Does the carer need any specialist training in relation to special equipment?

Yes ☐ No ☐ Not Applicable ☒

If yes, please detail the training required, e.g., instruction from health visitor/hospital nurse.

30. Who is the child/young person's general practitioner?

Name

Address

Telephone (incl. STD code):

Who is the child/young person's health visitor/school nurse?

Name

Address

Telephone (incl. STD code):

E.g., spectacles, hearing
aid, tube feeding aids,
Braille materials, splints,
special footwear, special
cup or bottle.

Education

Please ensure that all schools the child/young person has attended are recorded on the Essential Background Record at Question 24.

31. If the child is of school age, school attended immediately prior to being looked after away from home.

School name

GORROCK HIGH SCHOOL

Contact person name and position, e.g., head teacher, guidance teacher, class teacher:

Ms CHRIS ROBERTSON HEADTEACHER.

Address

GORROCK HIGH SCHOOL
FINNIE TERRACE
GORROCK

Telephone (incl. STD code):

01475 - 715000

Class/year, e.g., P3, SI

S2

Intended school if different from above.

School name

E.g., transport, negotiation re attendance or alternative arrangements if excluded or truanting.

Do any immediate arrangements need to be made to help the child/young person to attend school or change school?

NO.

32. If the child is below school age or over school leaving age, has s/he been attending any other provision, e.g., playgroup, nursery, college, training, work? Please give details and outline any immediate arrangements needed.

Family Details

33. Mother's name Known as Date of birth Day Month Year

(If exact date not known, please give year)

If deceased, tick box ☐ and give date if known: Day Month Year

Address if different from the child/young person's home address, recorded in Question 10. (Include postcode)

If same address tick box ☒

Does the mother have parental responsibilities?

Yes ☒ No, Order under Section 11 ☐ No, Order under Section 86 ☐

What is the ethnic origin of the mother?

What is the mother's first language?

Can the mother speak English?

Yes ☒ No ☐ Some ☐

Can the mother understand English?

Yes ☒ No ☐ Some ☐

Will an interpreter be needed? If so, tick box

☐
34. Father's name Known as Date of birth Day Month Year

(If exact date not known, please give year)

If deceased, tick box ☐ and give date if known: Day Month Year

Address if different from the child/young person's home address, recorded in Question 10. (Include postcode)

If same address tick box ☒

Does the father have parental responsibilities?

Yes, is/was married to mother ☒ Yes, agreement with mother ☐No, never married to mother ☐ No, Order under Section 11 ☐ No, Order under Section 86 ☐

What is the ethnic origin of the father?

What is the father's first language?

Can the father speak English?

Yes ☒ No ☐ Some ☐

Can the father understand English?

Yes ☒ No ☐ Some ☐

Will an interpreter be needed? If so, tick box

☐

Please use the same ethnic origins as in Question 11.

Please use the same ethnic origins as in Question 11.

If any are looked after away from home their current placement address should be recorded here. Ensure that addresses are up-dated if siblings move.

36. Brothers and sisters

Name	Date of Birth	Address	Relationship (full, half, step)	Tick if Looked After Away from Home
GARY M'SOWAN		8 FARGUS DRIVE Soudock	BROTHER	
WENDY M'SOWAN		8 FARGUS DRIVE Soudock	SISTER	

Contact

These could be immediate arrangements for contact with, for instance, parents, brothers and sisters, grandparents, previous carers or friends.

This box need only be completed if the Day to Day Placement Arrangements are not being completed simultaneously.

Please consider parent's/people with parental responsibilities' views concerning any proposed contacts.

E.g., any court orders relating to contact made under Section 11 or any conditions or directions concerning contact made under Sections 55, 58, 60, 70, 73 or 86 of the Children (Scotland) Act 1995.

37. What immediate arrangements have been made for contact?

CONTACT FRIDAY LUNCHTIME TO SUNDAY.

Does the child/young person want anyone else to know where s/he is? If so, please give details.

Name(s)

Address(es)

Who will contact this person(s)?

38. Has a court, children's hearing or social work/services department made any order, direction, condition or decision restricting or terminating contact?

Yes

☐

No

☒

If yes, please give the name(s), address(es) and relationship(s) to the child of the person(s) concerned, and outline the order, direction, condition or decision.

If yes, tick box when carers have been given a copy of any order, direction or condition. ☐

39. Have the Day to Day Placement Arrangements been completed? Yes ☐ No ☐

If no, when will they be completed? Day ☐☐ Month ☐☐ Year ☐☐☐☐

Whenever this form is substantially up-dated, the social worker should re-check its accuracy and completeness and should complete question 40 again.

40. I have checked this Essential Core record, and the Placement Agreements which follow, for accuracy and completeness.
[If applicable] The following questions have not been fully completed because:-

Signed..... Name.....
(BLOCK CAPITALS)

Date Designation.....

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.

41. I/We, who have parental responsibilities for KEVIN M. GOWAN (child/young person's name) agree to KIRKBRIDE SCHOOL BOARD (local authority) arranging the following surgical, medical 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 able to give his or her own consent.

	Yes	No
Emergency surgical, medical and dental examinations and intervention (including anaesthetics)	☒	☐
Routine medical and dental intervention/treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person	☒	☐
Planned surgical intervention/treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person	☒	☐
Routine immunisations deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person, including immunisations against-		
Hepatitis B	☐	☐
Tetanus	☐	☐
Diphtheria	☐	☐
Whooping Cough	☐	☐
Poliomyelitis	☐	☐
Hib	☐	☐
MMR (Measles, Mumps, Rubella)	☐	☐
BCG (Tuberculosis)	☐	☐

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 A. McGowan Name _____ Date _____

Signature _____ Name _____ Date _____

Witnessed by- Amy Sall Name Harriet Scott Date 10.2.2000

AGREEMENTS

Agreement of Carers

Approved foster carer(s) of the local authority agree to comply with all aspects of the Foster Care Agreement as stated in Schedule 2, or in an emergency placement Regulation 13 of the Fostering of Children (Scotland) Regulations 1996.

Relative(s) or friend(s), in the case of immediate placements made by local authorities agree to look after the child/young person at the placement address for a period not exceeding six weeks, unless subsequently approved and issued with a Foster Care Agreement between themselves and the local authority, and agree to carry out all the duties as specified in regulation 14 of the Fostering of Children (Scotland) Regulations 1996.

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 14 as above

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.

42. I/We, agree to look after KEVIN MCGOWAN (child/young person's name) at the placement address and to comply with all the relevant regulations from the Fostering of Children (Scotland) Regulations, 1996 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 INVERCLYDE (local authority), for the above named child/young person.

Name(s) and address

KIBBLE RESIDENTIAL SCHOOL
1 GONDIE STREET
PAISLEY

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

KEYWORKER.

Signature John Jones Date 10/2/00

Signature _____ Date _____

Agreement of Child/Young Person

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

Name

KEVIN MCGOWAN

Signature

Kevin McGowan Date 10.2.2000

Comments

Agreement of Parent(s)/Person(s) 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 agree to the child being accommodated although there is no legal obligation for them to sign an agreement.

44. I/We, agree to KEVIN M'GOWAN (child/young person) being accommodated
by RENEW (local authority) at the above address.

Name(s)

ALICE M'GOWAN

Signature

Date

Signature

Date

Comments

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.



The Looking After Children materials were originally developed and designed by researchers in England and Wales in collaboration with the Department of Health.

The forms have been amended for use in Scotland and meet the requirements of the Children (Scotland) Act 1995.



THE SCOTTISH OFFICE
Home Department