**Children’s Safeguarding & Specialist Services and Early Help**

**Permanency Planning Considerations Tool**

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| **Childs Name:** |  | **D.O.B:** |  | **Protocol ID:** |  |
| **Team:** |  | **Date:** |  |  |  |
| **Social Worker signature:** |  | | **Team Manager signature:** |  | |

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| 1. **Child’s health, educational, developmental and likely support needs including emotional health and**   **attachments/parenting needs:**  Analysis, action and timescales |
| 1. **Plan to return home:**   Analysis, action and timescales |
| 1. **Relatives / connected persons able to care permanently for the child / eligible for an SGO:**   Identification of possibilities, assessments actions and timescales |
| 1. **Plan for adoption:**   Suitability for adoption, action and timescales |
| 1. **Long term fostering / residential placement:**   Analysis, action and timescales |
| 1. **Current legal planning:**   Analysis, action and timescales |
| 1. **Current / planned assessments including specialist / independent assessments:**   Actions and timescales |

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| 1. **Child’s wishes and views.**   **Explanation given to the child about the plan (if age appropriate)**  Actions and timescales |
| 1. **Birth parents wishes and views including explanation of the plan:**   Actions and timescales |
| 1. **Siblings to be placed together or apart:**   Analysis, need for “Together or Apart Assessment”, action and timescales |
| 1. **Contact with siblings and / or birth family:**   Analysis, need for “Contact Assessment”, action and timescales |
| 1. **IRO views** |

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| 1. **Children’s Guardian views** |
| 1. **Identity / Life story work / book**   Analysis, action and timescales |