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

**Permanence Support Plan**

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| **Child** | Full Name: | DOB |
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| **Foster carer** | Full Name: | DOB |
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| **Local authority** | Telford & Wrekin Council |
| **Address** | Darby HouseLawn CentralTelfordTF3 4JA |
| **Telephone** | 01952 380353 |
| **Date of proposed plan to start** |  |
| **THE SOCIAL WORKER IS RESPONSIBLE FOR CO-ORDINATING AND MONITORING THE DELIVERY OF THE SERVICES IN THE PLAN.** |

The long term fostering support plan is based on the assessed support needs of the child and the foster carer and of the birth relatives in relation to contact as detailed on the attached forms, and updated as necessary.

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| **IDENTIFIED PRE PLANNING REQUIREMENTS TO ACHIEVE LONG TERM MATCH** |
| **Children & Young persons** **identified needs for support** | **Case Managers** **actions and timescales** | **Foster Carers** **identified needs for support** | **Supervising Social Worker/ Support Worker****actions and timescales** |
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| **Safeguarding considerations-contact, missing, CSE, self-harm, substance misuse, Peers, relationships with other children, relationships with other children/adults in the home** |
| **Support needs of child** |  |
| **Services to be provided** |  |
| **Person / agency responsible** |  |
| **Frequency, duration and start date** |  |
| **Aim and plan for review** |  |

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| **HEALTH-Complex disability, CAMHS, please specify** |
| **Support needs of child** |  |
| **Services to be provided** |  |
| **Person / agency responsible** |  |
| **Frequency, duration and start date** |  |
| **Aim and plan for review** |  |

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| **EDUCATION – provision and personal development requirements, additional support, transport, after school club** |
| **Support needs of child** |  |
| **Services to be provided** |  |
| **Person / agency responsible** |  |
| **Frequency, duration and start date** |  |
| **Aim and plan for review** |  |

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| **EMOTIONAL AND BEHAVIOURAL DEVELOPMENT- psychologist, therapeutic support, counselling, anger management** |
| **Support needs of child** |  |
| **Services to be provided** |  |
| **Person / agency responsible** |  |
| **Frequency, duration and start date** |  |
| **Aim and plan for review** |  |

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| **FAMILY AND SOCIAL RELATIONSHIPS- contact requirements eg letterbox, supervised, venue etc** |
| **Support needs of child** |   |
| **Services to be provided** |  |
| **Person / agency responsible** |  |
| **Frequency, duration and start date** |  |
| **Aim and plan for review** |  |

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| **IDENTITY- Life story, identity, cultural** |
| **Support needs of child** |  |
| **Services to be provided** |  |
| **Person / agency responsible** |  |
| **Frequency, duration and start date** |  |
| **Aim and plan for review** |  |

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| **RESPITE/DAY CARE SUPPORT REQUIREMENTS**-**evening, weekend, school holidays, leisure activities,** |
| **Support needs of child** |  |
| **Services to be provided** |  |
| **Person / agency responsible** |  |
| **Frequency, duration and start date** |  |
| **Aim and plan for review** |  |

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| **FINANCE- Fees, allowances, respite, transport, clothing, education, therapy, exceptional circumstances etc.** |
| **Support needs of child** |  |
| **Services to be provided** | .  |
| **Person / agency responsible** |   |
| **Frequency, duration and start date** |  |
| **Aim and plan for review** |  |

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| **ADDITIONAL SUPPORT- Training for foster carers** |
| **Support needs of child** |  |
| **Services to be provided** |  |
| **Person / agency responsible** |  |
| **Frequency, duration and start date** |  |
| **Aim and plan for review** |  |

The plan is subject to annual reviews via the Children in Care Process.

I have read and understood the support plan.

**Foster Carer………………………………………………………………………**

**Date……………………………………………………………………………….**

**Respite Carer……………………………………………………………………..**

**Date……………………………………………………………………………….**

**Birth Parent(s)…… ..……………………………………………………………..**

**Birth Parent(s)…… ..……………………………………………………………..**

**Date……………………………………………………………………………….**

**Support Worker………………………………………………………………….**

**Date……………………………………………………………………………….**

**Fostering Social Worker………………………………………………………..**

**Date………………………………………………………………………………….**

**Fostering Team Manager…….………………………………………….**

**Date……………………………………………………………………………………**

**Case Manager………………………………………………………………………….**

**Date……………………………………………………………………………………….**

**Case Manager’s Team Manager……………………………………………………………**

**Date…………………………………………………………………………………………**

**Service Delivery Manager …………………………………………………………………**

**Date: …………………………………………………………………………………………..**