# A picture containing drawing Description automatically generated**Checklist for Social Workers and Team Managers**

Effective Permanence Planning seeks to provide children and young people with secure, stable relationships in family settings that demonstrate warmth and loving support through childhood and into early adulthood. This provides children and young people with a sense of security, continuity, commitment, identity and belonging that will anchor them as adults. Even where older children and young people may not wish, or not able to be, in fostering or adoptive families, there is a need to achieve placement stability and longevity which provides a similar sense of security, warmth and belonging.

Practitioners and Team Managers will be initiators of a timely and focused response to the permanency needs of children and young people at the outset of social work intervention. The assessments undertaken and plans drawn up should always feature a dedicated lens on the long term aims and aspirations for children’s care. There is a clear expectation that wherever possible the consideration of care options should be as follows.

PARENTAL

CONNECTED

ADOPTION

FOSTERING

RESIDENTIAL

Where children and young people cannot be looked after by their parent/s, operational teams including Fostering & ART will keep the needs of the child or young person central to our planning by focusing on the three strands of effective permanency.

• Physical permanency is rooted in good quality assessments that enable the child’s needs to be understood and appropriate placements identified with carers who have the skills and resilience to meet children and young people’s needs. By reducing the number of placements moves because of poor matching, children and young people are more likely to be matched to a stable and secure home setting.

• Emotional permanency is rooted in children being offered the stable setting which allows them to build long term relationships with carers, with school and friendship networks and committed professionals.

• Legal permanency is achieved through timely application to the Courts for Orders that will secure the child or young person’s future with relatives, adopters or through care status.

Team Managers should ask the questions set below to steer effective Early Permanency Planning.

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| Have family solutions within the extended family/connected persons been explored if a child or young person cannot or should not be cared for by their parent/carers. Permanency conversations as part of CP assessment and planning. |  |
| Even where children or young people cannot be cared for by their parent/s/carers at this time, what is your plan for rehabilitation and what are the likely timescales for successful reunification? |  |
| If rehabilitation is not immediately achievable, please arrange a Permanency Planning Meeting & Legal Planning Meeting to inform decision-making at this point. |  |
| Where a placement is identified, whether with family, connected persons or foster carers is there the potential for it to be a matched long-term home for the child, in the absence of rehabilitation to parental care?  If not, what are the benefits for the child in being placed and what alternatives are available? |  |
| The placement should offer emotional warmth, security and a sense of being owned and belonging for the child or young person- how is this evidenced? |  |
| The placement should offer long term stability and continuity of care. Are there any known barriers to achieving this and what are the expectations of the carer, the parent/s and the child/ young person in supporting this? |  |
| How have the wishes and feelings of the child, where they are of an age and understanding to provide them, been incorporated within the permanency planning. How have these been evidenced? |  |
| The placement should wherever possible support the child or young person’s identity in terms of ethnicity, language, religious belief and culture and always be able to respond to issues around sexuality and gender identity. How is this supported in the permanency plan and what steps need to be taken to provide additional supports in these areas where necessary? |  |
| Where there are siblings does the placement have the capacity to keep siblings together into the long-term? |  |
| Where it is appropriate the permanency planning considers the child or young person’s need to maintain contact with their parent/s/carers, siblings and other important people in their life. Will the placement actively support these arrangements? |  |
| Where a “forever family” is not available within the child or young person’s extended birth family; what Life Story work has begun to enable the child/young person to know and understand their family history and the reasons why they are being cared for outside of their birth family? |  |
| Does the permanency planning take account of the child or young person’s need for stability and consistency of education? How is this evidenced? |  |
| The young person has the option for Staying put and the carer/s are clear that the young person is a welcome part of their family beyond the age of eighteen. How is this evidenced? |  |
| For older children, will the placement provide support and assistance as the young person moves towards independence at a time of their choosing and what safeguards are in place to ensure this transition plan is safe and realistic? |  |

Team Manager Considerations:

• Permanency Planning Meetings should be held prior to entry into care and consideration given to fostering and adoption attending in order to support timely care planning.

• The key priority is to ensure the primary carer is providing a secure attachment to the child, with a focus on the child’s needs this will prevent drift.

• Ensure that appropriate legislative frameworks are in place for placements that may be categorised as ‘family arrangements. These should be a considered in light of the statutory guidance provided by DFE: The Children Act 1989 Guidance and Regulation Volume 2: Care Planning, Placement and Case Review placements 2015 . Where there are safeguarding concerns, and Local Authority are involved in changes to a child’s residency, and there are no adults with Parental Responsibility; the social worker will ensure the viability and placement authorisation and management decision making at the appropriate level, is clearly recorded along with timescales. Appropriate panel oversight should be sought.

• Where the plan is for a return home, plans should specify the purposeful work to be undertaken so that it is safe for the child to return home. Outcomes to be achieved with timescales should be noted.

• That parallel planning should be actively considered at all stages of permanency planning.

• A Permanency Planning should be held following a legal planning meeting to ensure placement options are considered. Placement Arrangement meetings should be held, if possible, prior to entry into care.

• Together and Apart assessments must form part of the work to review the relationships for brothers and sisters prior to their entry into care where possible, and not later than the 2nd review. Permanency planning begins at the earliest stages of the child’s journey but following accommodation a comprehensive Permanence Plan must be available by the 2nd LAC Review at four months. If the social worker does not provide a Permanency Plan at this stage that contains management oversight and sign-off an Escalation will be actioned by the allocated IRO who will set a tight timescale for compliance.

• Children and young people’s situations change over time and the Permanency Plan should be regularly reviewed and new Plans made to meet the assessed needs of the child or young person and the placements continued ability to meet them. As the child journeys through the different operational teams the respective team managers and the IRO have key parts to play in ensuring that a child or young person’s need for permanency is being met. Both the Team Manager and the IRO have an oversight and challenge role in ensuring the child’s needs are being met by the quality of the services and supports being provided.