**London Borough of Merton Council**

**Merton Children’s Social Care & Youth Inclusion**





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Long Term g

**This Practice Guidance should be read with the Merton Children’s Social Care and Youth Inclusion Service Permanency Strategy**

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# **Strengths and Relationship-based Practice**

Merton’s practice model places relationship-based social work, honesty and collaboration with children and their families at the heart of what we do.

We believe that families are where most children thrive and wherever safe and possible we support children to remain within their family network. All children require legal and emotional permanency to develop and achieve and most children are provided with this by their parents.

Where Merton Children’s Social Care is involved, we will work openly with families to identify family strengths and bring about changes to secure permanency for their children. For most children this will be with their parents.

Our ‘Think Permanency’ approach starts right at the beginning of our involvement; with social workers engaging and involving families to think about how their child’s permanency needs can be met.

We understand that children need permanency securing quickly. To achieve this, we will work alongside families to make a main plan to achieve this and one or more contingency plans so there is no delay if the main plan changes – we call this parallel planning.

# **What is Permanence?**

Permanence is a framework of emotional, physical and legal conditions that gives a child a sense of security, commitment, identity and continuity of care throughout their childhood and into adult life taking into account any cultural issues as they arise.

Permanence for children has three particular aspects:

1. **Legal** - e.g. staying with birth parents who have Parental Responsibility; Adoption; Court Orders such as a Child Arrangement Order or Special Guardianship Order;
2. **Psychological** - when the child feels attached to an adult who provides a stable, loving and secure relationship;
3. **Physical or environmental** - a stable home environment within a familiar neighbourhood and community where the child's identity needs are met.

# **Children Need Permanence**

Most children live and grow up with their parent(s) so they have permanence from day one. Children who come into care, or are at risk of coming into care, have often experienced adversity and abuse and urgently need the stability permanence provides for them to recover, develop and achieve.

**In Merton, we believe all children should be living in a permanent care arrangement within a maximum of 14 months of the need being identified.** A child’s potential need for permanency would be identified through:

* Pre-birth assessment
* Public Law Outline (PLO: Legal Planning)
* Care proceedings starting
* Children entering care

# **Helping Children to Achieve Permanency**

The key aspects to quickly achieving permanency for children are:

* Timely and well evidenced social work assessments which identify children’s permanency needs
* Social workers who position (and re-position) themselves to engage and involve parents and the wider family network in Family Group Conferences (facilitated by an independent trained professional in managing FGC) and Family Network Meetings (facilitated and reviewed by the Social Worker or their Team Manager) from the beginning of their involvement
* Early and Parallel Planning is important. It starts from the first point of meeting a family and exploring their support network with them. Social work practice should give children the best opportunity to remain within their family network or be able to move straight to their alternative permanent home. Reducing the number of moves and primary carers for children, whatever their age, supports improved wellbeing, development and behaviour.

# **What Parallel Planning Means**

Parallel Planning means having several options for children’s permanence that you and others are working on at the same time. This reduces delay for children if one of the options doesn’t work out because you’re ready with one of the other options.

**Practice Example**

*Bruce is 18 months old and living at home with her mum. There are worries about mum’s mental health and how she cares for Bruce when she feels unwell. Nursery are often worried that Bruce is hungry and dirty. The Health Visitor and the social worker are worried about the home conditions and mum’s emotional responses to Bruce. Bruce and her mum have been supported by a Child Protection Plan for 6 months but the Core Group are worried the care of Bruce is not improving. A* ***Family Group Conference*** *and* ***Legal Planning Meeting*** *have been held and the* ***Public Law Outline*** *started. At the* ***initial Permanency Planning Meeting,*** *chaired by the child’s Team Manager, the* ***Parallel Plan*** *for Bruce was agreed as:*

***Primary Option:*** *Mum to be supported to improve her parenting so that Bruce and Mum can stay together*

***Second Option:*** *Connected Carer assessment of Bruce’s paternal aunt*

***Third Option:*** *Connected Carer assessment of Bruce’s nursery worker*

***Fourth Option:*** *Adoption*

*The Child’s social worker, Special Guardianship Team and Adopt London South are working on all of the options at the same time by:*

|  |  |  |
| --- | --- | --- |
| ***Child’s Social Worker*** | ***Special Guardianship Social Worker*** | ***Adopt London South Social Worker*** |
| *Supporting Mum to access mental health support* | *Assessing the paternal aunt as both an SGO and connected carer* | *Preparing a profile of Bruce to share with Adopt London South family finders* |
| *Providing parenting skills intervention and an updated parenting assessment* | *Assessing Bruce’s nursery worker as both an SGO and connected carer* | *Tracking Bruce’s potential need for permanence /family finding* |
| *Writing Bruce’s Child Permanence Report (CPR)* | *Initiating statutory and DBS checks for the paternal aunt* |  |
| *Talking with Mum and family members to get information for Bruce’s life story book* | *Initiating statutory and DBS checks for the nursery worker* |  |
| *Arranging for Bruce to have an adoption medical* |  |  |

*The* ***second Permanency Planning Meeting****, chaired by the child’s Team Manager, reviews the* ***Parallel Plan****. Bruce became looked after last week after her mum was detained under the Mental Health Act. Bruce moved to live with the nursery worker under temporary approval as a* ***Connected Carer (Regulation 24)*** *as her assessment, so far, is positive. Care proceedings have been started. The assessment of the paternal aunt is negative.*

*The* ***Parallel Plan*** *is changed to reflect:*

*Primary Option: Bruce to be cared for by the nursery worker under an SGO*

*Second Option: Bruce to be adopted*

*Third Option: Bruce to be supported to return to her Mum’s care*

# **Early Permanence:**

Early Permanence is where a child moves straight from their birth parent(s) to their future permanent carers. These arrangements can be made for a child of any age – not just babies. Early Permanency Planning for children at risk of coming into care, including adolescents, supports family finding for long-term foster carers and foster-to-adopt. Reducing the number of moves and carers children have is better for them.

*A homelessness project support worker has referred Ana who is pregnant with her fourth child. She is currently street homeless and using crack cocaine on a daily basis. Ana's older children have been adopted due to the impact Ana’s drug use, criminal activity and lifestyle had on her capacity to parent and protect them.*

*The First Response social worker identifies from the presenting information and history there is a high risk that Ana’s baby will not be able to safely remain in her care. In addition to the Child & Family (C&F) Assessment, the social worker notes the need for early permanence planning and recommends a referral for a FGC, a legal planning meeting and an Initial PPM.*

*Ana finds it difficult to share information about the baby’s father and says there is no point in an FGC as she has no-one safe in her family network. The social worker’s review of the history and older children’s records confirms Ana’s analysis of her family. A combined Legal Planning Meeting and Initial Permanency Planning Meeting were held within 10 days of the C&F Assessment starting.*

*It was agreed that care proceedings would be initiated as soon as the baby was born with a plan for removal from Ana’s care. The parallel Permanency Plan was:*

***Primary Option:*** *Adoption through foster-to-adopt*

***Second Option:***  *Adoption*

***Third Option:***  *Reunification to Ana’s care.*

*The child’s social worker completed a Child Permanence Report for the unborn baby. The Adopt London South Social Worker explored the adopters of Ana’s older children and shared a profile of the unborn baby with potential foster-to-adopt carers.*

*A suitable foster-to-adopt carer was identified and the Adopt London South social worker completed a matching report. The Adopt London South social worker met with Ana to explain foster-to-adopt and to share some details about the proposed carers. Ana wanted to care for her baby but agreed her baby should be placed with the foster-to-adopt carers if the Court decided the baby couldn’t stay in her care when it was born.*

*The Service Manager for Adopt London South and Head of Service for Merton’s Fostering and Placements Service reviewed the Child’s Permanence Report and the matching report for the foster-to-adopt carers and agreed that Ana’s baby should be placed with the foster-to-adopt carers under a fostering arrangement. Ana’s baby was placed with the foster-to-adopt carers when he was 3 days old.*

*8 weeks after the care proceedings started the Agency Decision Maker made a ‘Should Be Placed for Adoption’ decision permitting an application for a Placement Order to be made. This was granted by the Court when Ana’s baby was 16 weeks old. As all the Child Permanence Reports, Matching and health assessments had been completed, the Fostering and Permanence Panel was able to consider the match when the baby was 18 weeks old. The Panel recommended the foster-to-adopt carers should be converted to the baby’s prospective adopters and the Agency Decision Maker agreed this.*

*The early permanence planning and work for Ana’s baby enabled him to live with his permanent alternative family from 3 days old and to be formally placed for adoption when he was 19 weeks old.*

**Foster-to-adopt:**

Foster-to-adopt is used to describe assessed and approved prospective adopters who are also approved as foster carers so that they can care for children they would like to adopt, as foster carers, before the Agency Decision Maker and Courts have formally decided a child can be placed for adoption.

Prospective adopters who are suitable to be foster-to-adopt carers are resilient and have good support networks to help them cope with the possibility that a child placed with them under a fostering arrangement might return to their parent(s) or another family member.

Foster-to-adopt carers most often foster babies where there have been previous children adopted and the family history and risks are such that adoption is more likely than not. Some prospective adopters agree to be foster-to-adopt carers so that the brother or sister of a child they have already adopted can join them. Foster-to-adopt arrangements can also be used for older children and brother and sister groups.

Due to the emotional impact on foster-to-adopt carers, it would not be appropriate to place a child in these arrangements if, in the example above, there were potentially suitable family members being assessed or the child’s mother had made significant changes since her older children were removed.

Before a foster-to-adopt carer can formally become a child’s prospective adopter, the same processes and decision-making by the Court, Fostering and Permanency Panel and Agency Decision Maker to agree the child can be adopted and that the prospective adopters are a suitable match, still have to take place.

The benefits of foster-to-adopt for children is that they do not have to change carer again once they have left their parent(s) care. Children can form strong relationships with their prospective adopters and develop shared experiences earlier than if they have lived with foster carers first.

You can find out more about foster-to-adopt at: <https://www.coram.org.uk/sites/default/files/resource_files/46%20Fostering%20for%20Adoption%20Guidance_2013.pdf>

A Guide for prospective adopters interested in foster-to-adopt can be found at: <https://www.first4adoption.org.uk/wp-content/uploads/2013/06/Fostering-for-Adoption-Becoming-a-Carer.pdf>

**Duty on social workers to inform fathers and wider family when considering adoption:**

While the court doesn’t determine Local Authority procedures Merton is guided by rulings about informing birth fathers and wider family when considering adoption. Merton will work within these guidelines when mothers/ fathers are “concealing births” or for “relinquished” children.

As soon as the local authority knows a mother, or mother and father, want their child to be placed for adoption without telling either the child's father or extended family the social worker and their manager should take the following action:

1. Notify CAFCASS immediately so that it can allocate a worker for the purpose of meeting with the mother, or mother and father, to discuss and where appropriate take consent for adoption.
2. Check for background information about the mother and extended family and for contacts with other relevant agencies, such as health, police and previous local authorities to assess whether they have any information about the family.
3. Allocated social worker, ideally accompanied by an adoption worker from Adopt London South, should complete at least one visit and preferably a series of visits to the mother, or mother and father, if she/they are willing. No assurance should be given that notice of the birth of the child will be withheld from the father and/or extended family members as it may be the duty of the local authority to disclose this. Discussion should include

• The decision to place the child for adoption, other possible options and implications of adoption for the child.  
• The reasons for not notifying the child's father, or extended family, where possible gathering details about the father's background and the paternal family.  
• The mother's background and information about her family.  
• Any cultural issues and how they have affected the decision made by the mother, or mother and father.  
•  Whether the mother, or mother and father, require any other form of support and how that might be achieved  
• The adoption counselling service and how to access it, confirmed in writing  
•  The legal process required to achieve adoption

The social worker and their team manager should critically examine all information and, where the mother states the identity of the father is unknown to her, they should carefully consider whether there is any basis for considering the statement might be false. If it is considered false consideration should be given as to why and if there is any reasonable way the identity of the birth father could be established.

1. Where the father is identified, the social worker should complete checks for background information with other relevant agencies, such as health, police and previous local authorities. If the person is of the view that he is the father and there is no immediate risk an assessment should be carried out on his ability to offer permanency.
2. The court and CAFCASS should be notified where:

- the father and/or extended family is not assessed as being able to offer permanency.

- the mother opposes notification to the father, if identified;   
- the mother knows the identity of the father but is unwilling to disclose this information;  
- the local authority has reason to doubt the reliability of the mother's claim that the identity of the father is unknown, or  
- the mother is opposed to any notification to her family or the father's family.

The Placement Team must be informed immediately and should begin the process of finding a suitable placement, preferably with 'foster for adoption' / early permanence carers.

The Adopt London South Family Finder should be also notified if there are no relevant family members so they can family find for Early Permanence.**Panel and Panel Responsibility:**

Panels are a group of people, some who are independent of Children’s Social Care or operational decision-making, that are led by an independent Chair. The law and regulations relating to fostering, adoption and permanence require Fostering and Adoption Agencies to have Panels, set out how these should operate and what information the Panel must be provided with to perform its function.

Some Panel members are care experienced or have previously fostered or adopted a child. Others are elected Councillors or members of the public with an interest in the work of the Panel. All Panel members are interviewed, reviewed and statutory checks are carried out prior to their appointment.

The function of the Panel is to scrutinise assessments for matching and planning for children, and of assessments of foster carers, connected carers and prospective adopters. They provide recommendations and advice for the Agency Decision Maker to consider when making their decision and do not make decisions about carers’ suitability for children’s placements.

The Fostering and Permanence (F&P) Panel relies on the quality of information and assessment social workers provide in the reports presented. Reports need to be provided at least 10 days before the Panel so they can be quality assured and allow sufficient time for all Panel members to read them in properly before the Panel is held.

You may need to attend Panel to present:

* a prospective foster carer for approval
* a proposed permanent match between a child with a plan for permanent foster care and a foster carer
* a review of an approved foster carer
* a request to extend a connected carers temporary approval from 16 to 24 weeks
* the assessment of a connected carer for approval as a foster carer for a specific child

# **The Agency Decision-Maker**

The Agency Decision Maker is a senior social work manager with sufficient knowledge and experience to make decisions about children’s permanency needs, the suitability of carers and matches and apply the relevant fostering and adoption legislation and regulations. These decisions are often referred to as ADMs.

The fostering and adoption law and legislation requires local authorities to have designated Agency Decision Makers and sets out what they are required to do. There are specific documents the Agency Decision Maker has to be provided with to inform their decisions.

As these are very important decisions requiring multiple reports and minutes to be read, the Agency Decision Maker requires 7 days to read and make their decision.

In relation to permanency, a decision from the Agency Decision Maker is required **BEFORE** the following can happen:

* Decision that a child’s Care Plan should be adoption
* Application to Court for a Placement Order
* A child can be placed with an unassessed connected carer (Regulation 24)
* A child can be placed with prospective adopters
* A child can be matched with a long-term foster carer
* A change to a previous decision the Agency Decision Maker made
* An application to discharge a Placement Order

In Merton the Assistant Director for Children’s Social Care and Youth Inclusion and the Head of Service for Children in Care and Resources are the designated Agency Decision Makers.

**Permanency is important to your Team and Service Area!**

The journey to permanence for children who may be at risk can start from when they are living with their parents; to being fostered; to being placed for adoption. The child’s journey to permanency is important to all Teams and Services within Children’s Social Care and Youth Inclusion.

Here’s a few examples of how you, your team and your service can play a part:

|  |  |  |  |
| --- | --- | --- | --- |
| **Involvement with Child** | **Service Areas** | **Permanency Thinking** | **Permanency Activities** |
| Early Help: | Early Help  MASH  First Response | Support to secure child’s permanence in their family  Support to family members caring for children under a private family arrangement | Triage of contact / referral to identify families requiring Early Help.  Family Group conference / family network meeting to help families identify their own support.  Helping families and involved professionals develop a family plan.  Signposting to Local Offer for children with disabilities.  Signposting to local and community services. |
| Child In Need: | MASH  Safeguarding and Care Planning  Children with Disabilities  14+ Service  Fostering Recruitment and Assessment  Fostering Supervision and Support | Social work intervention to help and support families to make and sustain changes that secures their child’s permanence.  Support to family members caring for children under a private family arrangement | Triage of contact / referral to identify families requiring statutory help and support.  Identification of child’s permanence needs in Pre-birth and C&F Assessments within 45 days.  Family Group Conference (organised and supported by independent coordinator) / Family Network Meeting (organised by social worker) to help families identify strengths and plan of support.  Child in Need planning, interventions and reviews.  Supporting families to access Local Offer for children with disabilities.  Supporting families to access local and community services.  Private application SGO assessments  Permanency Planning Meetings  Parallel /Contingency Planning |
| Child Protection: | MASH  Safeguarding and Care Planning  Children with Disabilities    14+ Service  Fostering Recruitment and Assessment  Fostering Supervision and Support  Access to Resources (Placements)  Adopt London South | Social work intervention to help and support families to make and sustain changes that safeguards their child and secures their permanence.  How can permanency for this child be secured within 14 months?  Identification of suitable family members who increase safety and / or could provide alternative care for the child.  Balancing risk, history, and capacity for sustained change and child’s timescales for achieving permanence.  Early permanence planning to enable children to move straight into foster-to-adopt and permanent fostering arrangements. | Triage of contact / referral to identify families and unborn babies requiring statutory help and protection.  Identification of child’s permanence needs in Pre-birth and C&F Assessments within 45 days.  Family Group conference / family network meeting to share concerns and help family identify a plan to safeguard the child / find alternative carers.  Child Protection planning, interventions and reviews.  Supporting families to access Local Offer for children with disabilities.  Supporting families to access local and community services.  Notification of Family Finding and need for Permanency Planning / Adopt London South  Permanency Planning Meetings  Parallel Planning  Legal Planning Meeting / Public Law Outline (pre-proceedings)  Preparation of Child Permanence Reports (CPRs)  Consent from parent and referral for Adoption medical  Initiation of Life story work with child and family  Viability Assessments of connected carers  Full assessments of connected carers  Initiation of care proceedings |
| Children in Care – Accommodated under S20 | Safeguarding and Care Planning  Children with Disabilities  Children in Care (Permanency)  Access to Resources (Placements)  Fostering Recruitment and Assessment  Fostering Supervision and Support  14+ Service  Adopt London South | How can permanency for this child be secured within 14 months?  Can permanency be achieved through rehabilitation to family? If so, what are timescales and support plan?  What are the parallel plans?  Identification of suitable family members who could provide alternative care for the child.  Is Parental Responsibility required to support permanency? | Identification of child’s permanence needs in Pre-birth and C&F Assessments within 45 days.  Family Group conference / family network meeting to share concerns and help family identify a plan to care for their child.  Looked After Child planning and reviews.  Consent from birthparent as to placement with Connected Carer and a referral that the child is Looked After Child / Adoption or SGO assessment of Connected Carer to take place.  Supporting child and family to access local and community services.  Access to Resources and the Long Term Fostering Family Finder who is located in ATR / Adopt London South  Permanency Planning Meetings  Parallel Planning  Legal Planning Meeting / Public Law Outline which is pre-proceedings.  Preparation of Child Permanence Reports (CPRs)  Life story work with child and family  Viability Assessments of connected carers  Full assessments of connected carers  Access to Resources, Long Term Fostering Family Finder identify potential carers and support  Matching with Long-term Foster carers  Initiation of care proceedings |
| Children in Care – Care Order | Safeguarding and Care Planning  Children with Disabilities  14+ Service  Children in Care (Permanency)  Access to Resources (Placements)  Fostering Recruitment and Assessment  Fostering Supervision and Support  Adopt London South  CAMHS | How can permanency for this child be secured within 14 months?  How can permanency best be met for this child?  What options are available?  What are the parallel plans? | Identification of child’s permanence needs in Child Permanence Report (CPR) and Court assessments  Family Group Conference / Family Network Meeting to share concerns and help family identify a plan to care for their child.  Looked After Child planning and reviews.  Referral for Looked After Child health assessment / Adoption medical  Supporting child and family to access local and community services.  Permanency Planning Meetings  Parallel Planning  Life story work with child and family  Viability Assessments of connected carers  Full assessments of connected carers  Family Finding  Matching with prospective adopters / long-term foster carers |

**I Need to…**

## **Include Children’s Permanency Needs in their Child & Family or Pre-birth Assessments**

The child’s social worker and their Team Manager should consider in the assessment of the child’s needs: risk factors, family strengths and parental capacity and how the child’s permanency needs will be met.

Where there is a risk that the child may not remain in the care of their parent(s) or carer this should be included in the analysis with a recommendation for Permanency Planning to be started. The assessment should be completed by the social worker and approved by a Team Manager within 45 days.

Where the risk that a child may not remain in the care of their parent(s) or carer is identified during the 45-day assessment period, the social worker should make necessary referrals and hold a family network meeting immediately and should not wait until the end of the assessment timeframe.

## 

## **Complete Cultural Genograms and Ecomaps with Families**

The child’s social worker is responsible for completing a cultural genogram with the parent(s), child and wider family as part of their 45-day assessment. This is a helpful tool to engage families and understand the family networks, relationships, functioning and patterns. Cultural genograms play a crucial part in exploring alternative carers for parallel planning, providing family history information for Child Permanence Reports and informing Life Story work with children.

The child’s Team Manager should ensure a cultural genogram is included when they review assessments for approval.

A fictitious example of a cultural genogram is attached at **APPENDIX 1.**

Ecomaps are also necessary to explore who is supportive of the family and the child and young person in the wider network.

**Arrange Family Network Meetings and Family Group Conferences**

Family Group Conferences (FGC) are chaired by an independent co-ordinator and are managed by the family and the FGC co-ordinator. Family Network Meetings (FNM) are organised and chaired by the child’s social worker. FNM’s and FGC’s are strengths-based meetings designed to bring the family together so that they can develop a plan to support and increase safety for their child. The social worker’s concerns should be honestly and sensitively shared with the family so that they can develop realistic proposals to increase safety for the child and / or identify alternative carers.

These meetings should be held within 10 days of:

* A social worker identifying during the course of an assessment concerns that the child may not remain in the care of their parent(s) or carer
* A completed assessment identifying concerns that the child may not remain in the care of their parent(s) or carers
* A decision to proceed to an Initial Child Protection Conference
* The unplanned entry of a child to care
* Where a previous FGC or FNM has been held more than 3 months before and a key change in decision-making and planning for the child occurs, a further FGC or FNM must be held within 10 days of the new decision / change of plan.

The child’s social worker is responsible for gaining the parent(s)’ consent, making a referral and providing information for a FGC. Some families may prefer not to have the social worker organise these meetings and an independent co-ordinator would be asked to co-ordinate the family meeting under the FGC. The social worker would be invited to the FGC as a participant to ask questions about the family plan.

At the FNM and the FGC the chair is responsible for engaging the family, making arrangements for the meeting to be held, facilitating the meeting and the development of the Family Plan. If the social worker’s assessment is that alternative family care arrangements may be required, a specific request for the family to identify suitable back-up carers at the FNM or the FGC should be on the agenda for the meeting.

## **Include Permanency Actions in Care Plans and Child Protection Plans**

The child’s social worker is responsible for preparing and updating the child’s Care or Child Protection Plan with the outcome and actions agreed at Permanency Planning Meetings.

Care Plans should be updated 10 days after a Child Looked After Review and again 5 days before the next Child Looked After Review. Child Protection Plans should be updated 5 days before a Child Protection Review Conference.

## **Complete Child Permanency Reports (CPRs) and keep them up-to-date**

A CPR is a comprehensive report prepared by the child’s social worker. The social worker is responsible for describing the child; gathering and analysing information about their needs, experiences and family history; explaining why they need to be cared for outside of their birth family and making a recommendation about the long-term care arrangements for the child.

The child’s social worker is responsible for starting a CPR immediately after the Initial PPM or the Child Looked After review agrees any of the potential parallel options:

* Special Guardianship with an unassessed connected carer
* Long-term foster care
* Adoption

The CPR is a requirement of the Adoption Agencies Regulations 2005.

It is one of the key reports the Agency Decision Maker uses where a ‘Should Be Placed for Adoption’ decision is required. It is also presented to the Fostering and Permanency Panel to enable a recommendation to be made about whether it is in a child’s best interests to be matched with identified adopters or long term foster carers.

Adopters, foster carers, Fostering social workers and children rely on CPRs to provide them with detailed and accurate information about a child’s life history and the reasons why a child has not been able to remain in their birth family.

A sample CPR can be found at: <https://corambaaf.org.uk/sites/default/files/electronic-forms/SAMPLE%20CoramBAAF%20Form%20CPR%202018.pdf>

## **Start a Child’s Life Story Work when I begin working with them and keep adding to it**

Life Story work with children and their family should be started by the child’s social worker immediately after the Initial PPM agrees any of the potential parallel options:

* Special Guardianship with an unassessed connected carer
* Long-term foster care
* Adoption

**A 5 Minute Guide to Life Story Work can be found at Appendix 3**

The child’s Team Manager and the IRO / Child Protection Chair should review the progress being made to complete the child’s Life Story book at each PPM, Looked After Child Review or Child Protection Conference.

Life Story Work can be used to support the child’s social worker’s completion of the child’s CPR and to prepare the child for their alternative permanence arrangement. For Children Looked After, their Life Story Books should be up-to-date within 4 months of them entering care. The up-to-date Life Story Book should be shared with the IRO at the child’s second Looked After Review.

The original Life Story work and Book should remain with the child and their carer. The child’s social worker is responsible for taking copies or photographs of the child’s Life Story work and Book and uploading the information onto the child’s record with a case note to highlight where the life story work is located. This is important to ensure the child can access their Life Story in the future if their original record is lost or damaged.

# **Keeping Parents and Family Members Informed**

Parents and extended family must be given information about Merton’s policy on permanence at the earliest opportunity and kept up-to-date with Permanency Planning, outcome of PPMs and associated assessments. The child’s social worker is responsible for discussing permanence, keeping the family informed and providing copies of the PPM recorded.

**Where sensitive information about connected carer assessments or prospective adopters is recorded in the PPM record the child’s social worker is responsible for taking advice and redacting the PPM record. The child’s Team Manager is responsible for approving the release of redacted PPM Minutes if agreed.**

# **Children who are Part of a Brother and Sister Group**

Children who require a Permanence Plan may:

* Have brothers and sisters, also with a Permanence Plan
* Have brothers and sisters who are already adopted

It is recognised that **'sibling relationships are likely to last a lifetime and can be an integral part of a child's sense of identity, while potentially also providing support, companionship, continuity, annoyance, competition and conflict'** *(Edwards et al 2005).*

Where brother and sister groups have existing relationships a **Together or Apart Assessment** should be completed and analysed by the child’s social worker, the assessment tool used should be either the Family Futures Assessment or Coram BAAF assessment. This should be presented to Permanency Planning Meetings, the Agency Decision Maker and the Adoption Panel (Matching).

The purpose of a Together or Apart Assessment is to consider the relationships between brothers and sisters, their permanence needs and to determine whether it is in brothers’ and sisters’ best interest to be placed together or separately. The issue of potential delay in securing permanency for brother and sister groups should be balanced with the identified positives of brother and sister groups growing up together.

The assessment should be based on direct observations of brothers and sisters’ relationships, consideration of the history of the children and the views of those who have care of and frequently spend time with the children.

The Permanency Planning Meeting for each child must consider the social worker’s Together or Apart Assessment.

If a child has brothers or sisters already living in alternative permanence arrangements, active consideration must be given to the child joining their brothers and sisters. The relationship of the child with their brothers and sisters group is likely to be more significant than that with an adult relative in the extended family with whom there is no pre-existing relationship.

Where the child’s social worker recommends not keeping brother and sister groups together the Head of Service must consider the recommendation and support or challenge this. The Head of Service’s reasons must be recorded on the child’s Mosaic record, referred to in the Child’s CPR and shared with the IRO.

More information about brother and sister relationships and Together or Apart Assessments can be found here:

<https://www.coram.org.uk/sites/default/files/resource_files/FINAL%20REPORT%20-%20SIBLING%20PROJECT%20DRAFT%20070918%20%25282%2529.pdf>

# **Initial Permanency Planning Meeting (Initial PPM)**

Initial PPM’s must be held for all children aged 15 years or younger who are at risk of requiring alternative care arrangements or who are new entrants to care.

The child’s social worker is responsible for alerting their Team Manager when they assess a child may not be able to remain in the care of their parent(s) or carer. The Team Manager is responsible for initiating, convening and chairing the initial Permanency Planning Meeting and agreeing the Permanence Plan and Actions.

For a brother and sister group there may be only one PPM but each child must have a separate plan and Care Plan.

In exceptional circumstances, the Head of Service, on recommendation from the child’s Team Manager, can agree that a PPM is not required. Prior to making this decision, the child’s Head of Service should hold a discussion with the Head of Service for Children in Care and Resources. This discussion and the child’s Head of Service’s decision must be recorded on the child’s Mosaic record.

An example of exceptional circumstances would be:

* The child’s only parent is admitted to hospital for surgery and recuperation requiring the child to be looked after for no more than 6 weeks. There are no family members available and there are no other reasons for social work involvement.

**Where appropriate, PPMs can be combined with other meetings such as a Legal Planning Meeting – as long as the key attendees for a PPM are present.**

The Permanency Lead and Panel Advisor should be notified by the child’s Team Manager of all Initial PPMs. This is so that they can track all children across Children’s Services who may need their permanency securing.

The Initial Permanency Planning meeting must be held within 15 days of:

* A Social Worker identifying during the course of an assessment concerns that the child may not remain in the care of their parent(s) or carer
* A completed assessment identifying concerns that the child may not remain in the care of their parent(s) or carers
* A decision to proceed to an Initial Child Protection Conference
* A legal planning meeting
* The unplanned entry of a child to care

The Team Manager should consider convening and chairing an earlier Initial PPM where unknown families in crisis or concealed / late presentation pregnancies put children at risk of an unplanned entry into care.

It is essential that key participants attend each PPM to ensure consistency in approach, information sharing and progression of identified actions. Attendees should prioritise attendance. It is the responsibility of Team Managers who have staff involved in PPMs to escalate concerns about non-attendance at PPMs to the IRO / CP Chair/ IRO Manager.

The essential attendees of each PPM are:

* Child’s Team Manager
* Child’s Social Worker
* Specialist Team Social Workers / Team Managers:
  + Adopt London South Social Worker /Family Finder for all children 8 years and under
  + Fostering Supervision Team Manager (where the potential plan may be long-term fostering)
  + Special Guardianship Social Worker / Team Manager (where there are connected carers identified / being assessed)

The following should be invited to attend:

* IRO / CP Chair
* Guardian (as an observer only)
* Merton Legal Representative

The Agenda and Minute Template for the Initial PPM is attached as **APPENDIX 2.**

For children with links to a foreign country (e.g. foreign national child, a child with dual nationality or a British child of foreign national parents/origin) social workers should consider informing the relevant Embassy and working with colleagues when exploring potential care arrangements for a child with family members abroad.

See Guidance:

[**Working with Foreign Authorities: Child Protection Plans and Care Orders**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351145/Working_with_Foreign_Authorities_-_Child_Protection_and_Court_Orders.pdf)**.**

For children in care proceedings, the timescales for actions agreed at the PPM should tie-in with the Court timescales. The Permanence Plan and actions arising from the Initial PPM should be included in the child’s in need, protection or looked after child care plan. A copy of the Initial PPM Minutes should be sent to the Permanency Lead/Panel Advisor.

Child Protection Chairs and Independent Reviewing Officers are responsible for monitoring progress of the actions in their reviews and mid-way reviews and alerting the Head of Service to delays by raising a Dispute Resolution notice.

# **Second and subsequent Permanency Planning Meetings (SPPM)**

Second and subsequent PPM’s must be held for all children aged 15 years or younger who are at risk of requiring alternative care arrangements or who are new entrants to care. SPPMs should be held every 6 weeks until the child achieves permanence.

The essential attendees of each SPPM are:

* Child’s Team Manager
* Child’s Social Worker
* Specialist Team Social Workers / Team Managers:
  + Adopt London South Social Worker / Team Manager for all children 8 years and under
  + Fostering Recruitment Social Worker / Team Manager (where the potential plan may be long-term fostering)
  + Special Guardianship Social Worker / Team Manager (where there are connected carers identified / being assessed)

The following should be invited to attend:

* IRO / CP Chair
* Guardian (as an observer only)
* Merton Legal Representative

For children in care, the second PPM should agree the Permanency Plan which will be presented to the child’s second Looked After Review and become part of the Child’s Care Plan. The minutes of the initial and second PPM should be shared with the child’s IRO in advance of the Looked after Review.

The child’s social work Team Manager remains responsible for convening and chairing SPPMs and reviewing progress against the Permanence Plan and actions.

An additional SPPM should be convened and chaired by the child’s Team Manager within 10 days of a decision or significant event which impacts on or changes the Permanence Plan.

Minutes of all PPMs should be shared with the Permanency Lead/Panel Advisor.

# **Preventing Drift and Escalating Concerns**

All social workers, managers (child’s team and specialist teams) and IROs have a role to play in ensuring that agreed actions are completed in a timely way and children’s permanency needs are met quickly. Where completion of actions by others are delayed social workers must raise this with their Team Manager.

Team Managers are responsible for trying to resolve the delay with their colleague Team Managers within 5 days of becoming aware of concerns about delay or drift. This is likely to be more successful where managers can discuss the concerns and agree a resolution face-to-face. Where the issues are not resolved within the 5-day period the Team Manager who holds the concerns is responsible for escalating the delay and drift to the child’s IRO or Child Protection Chair.

# **Explanation of Roles and Services**

Adopt London South: From July 2019, adoption services for Merton will be undertaken by Adopt London South as the Regional Adoption Agency. ALS’s social workers will assess prospective adopters and work alongside the child’s social worker to support permanency planning and family finding where adoption is, or may be the plan.

Specialist Services**:** The Fostering Recruitment Team assesses Connected Carers and Foster carers. The Fostering Recruitment, Fostering Supervision Team and Access to Resources Team work with the Children’s Social Work teams to support permanency where Connected Carers, Special Guardians or Long-Term Fostering is or maybe the plan. The Team Manager for the relevant Fostering Teams should be invited by the Children’s Team Manager to Initial and subsequent PPMs.

## Permanency Lead and Panel Advisor:

This role provides the link between Merton Children’s Services and Adopt London South. They track all children’s permanency planning and provide advice and guidance to the child’s social work teams / services. They do not attend Permanency Planning Meetings because they provide advice to the Permanency Panel and have to be independent from operational decision-making for children.

## Child’s Social Work Head of Service:

Heads of Service of all social work and youth inclusion teams are responsible for ensuring high quality social work practice, and, having systems and processes in place to ensure that the permanency needs of all children in their service area are identified. They are responsible for tracking the permanency planning for children in their service, actively participating in service-wide tracking meetings and for chairing complex permanency planning meetings.

Child’s social work

Team Manager: The Team Manager for the child’s allocated social worker is responsible for permanency planning for the child, arranging and chairing Permanency Planning Meetings, referring to Adopt London South / Specialist Services for their assistance in family finding and ensuring that the required reports and processes are completed in a timely way to achieve permanency.

Child’s social worker**:** The child’s social worker is responsible for considering a child’s permanency needs as part of their assessment; exploring extended family networks through cultural genograms, eco-maps, Family Group Conferences and/or Family Network Meetings, and completing reports for Court and Permanency Panels.

## Child’s IRO / Child Protection chair

The child’s IRO / CPC is responsible for ensuring that the child has a permanency plan which meets their needs; for reviewing the plan to ensure that the required actions are being completed and permanency is achieved in a timely way; and for raising concerns about drift and decision-making through the Dispute Resolution process.

Fostering Family Finder**:**

The Fostering Family Finder is responsible for family finding for those children that require Long-Term Foster Family placements. They may be children who come into care in their teenage years or children where there may be a parallel plan for Long Term Fostering (LTF) and Adoption due to their high medical or psychological needs. Children who are 12 years and above who do not have any Connected Carer’s are more likely to need a parallel plan for LTF. The Team Manager would need to make the decision that the Family Finder is to be invited to the first and subsequent PPM.

# **Fostering Family Finder Process**

It is the Child’s social worker’s responsibility to tell the child/ young person, their foster carer and their birth family when Merton Children’s Social Care are exploring Long Term Fostering (LTF) as a permanency plan, if there are no extended family or friends that are able to offer care long term. The Family Finder will explore with Merton Fostering Service and Independent Fostering Agencies the potential families available to offer LTF for the specific child/ young person. The Child Permanency Report and any legal statements and care plans should be shared with the Fostering Family Finder; this also includes any professional reports such as a CAMHS assessment if available.

The Family Finder’s primary contact and relationship building is with the Supervising Social Worker and the Long Term Foster Family identified. The Fostering Family Finder does not hold case responsibility, nor are they required to be the primary point of contact for the child/ young person or the foster carers.

When a family is identified and there is a plan that the child could be linked as a possible long-term match a selection meeting should be held to discuss the matching before the case is taken to panel. In most cases, the child may have already moved to the carer before they are matched. The information about family finding and matching should be shared in the PPM’s by the Family Finder highlighting their reasons for considering why the foster carer they have found and the child are a match. It is for the child’s social worker to inform the IRO unless the IRO is attending the PPM.

Within 28 days of the child/young person moving to the LTF carer an evaluation of whether the placement is progressing well should be discussed as part of the Child Looked After review. This should be shared with the Family Finder by the child’s social worker. The Family Finder does not carry case responsibility and does not usually remain engaged with the child or social work teams after a family is found and the move has taken place.

# **Tracking and Management Oversight of Permanency**

Monthly Permanence Tracking Meetings are held, chaired by the Head of Service, Children in Care and Resources and attended by the Permanency Lead, Fostering Family Finder and Adoption Family Finder.

The Permanence Tracking Meetings are also attended by a representative form Adopt London South, Heads of Service from Safeguarding and Care Planning, 14+ Service and the IRO Manager.

The purpose of the meeting is to track permanency planning and family finding progress for children using performance data and the Permanency tracker to prevent delay. On a monthly basis the meeting undertakes a high level review of permanency activity for the following groups of children:

* Unborn babies where there is a pre-birth assessment in progress
* children presented to ICPC during the month
* new entrants to care during the month who are 14 years or younger
* children subject to a LPM during the month
* children with a Permanence Plan
* children subject to Initial PPMs during the month
* children subject to Placement Orders
* children for whom DRPs have been raised during the month in relation to drift

Practice / operational actions arising from the meeting will be tasked to the relevant Head of Service to progress.

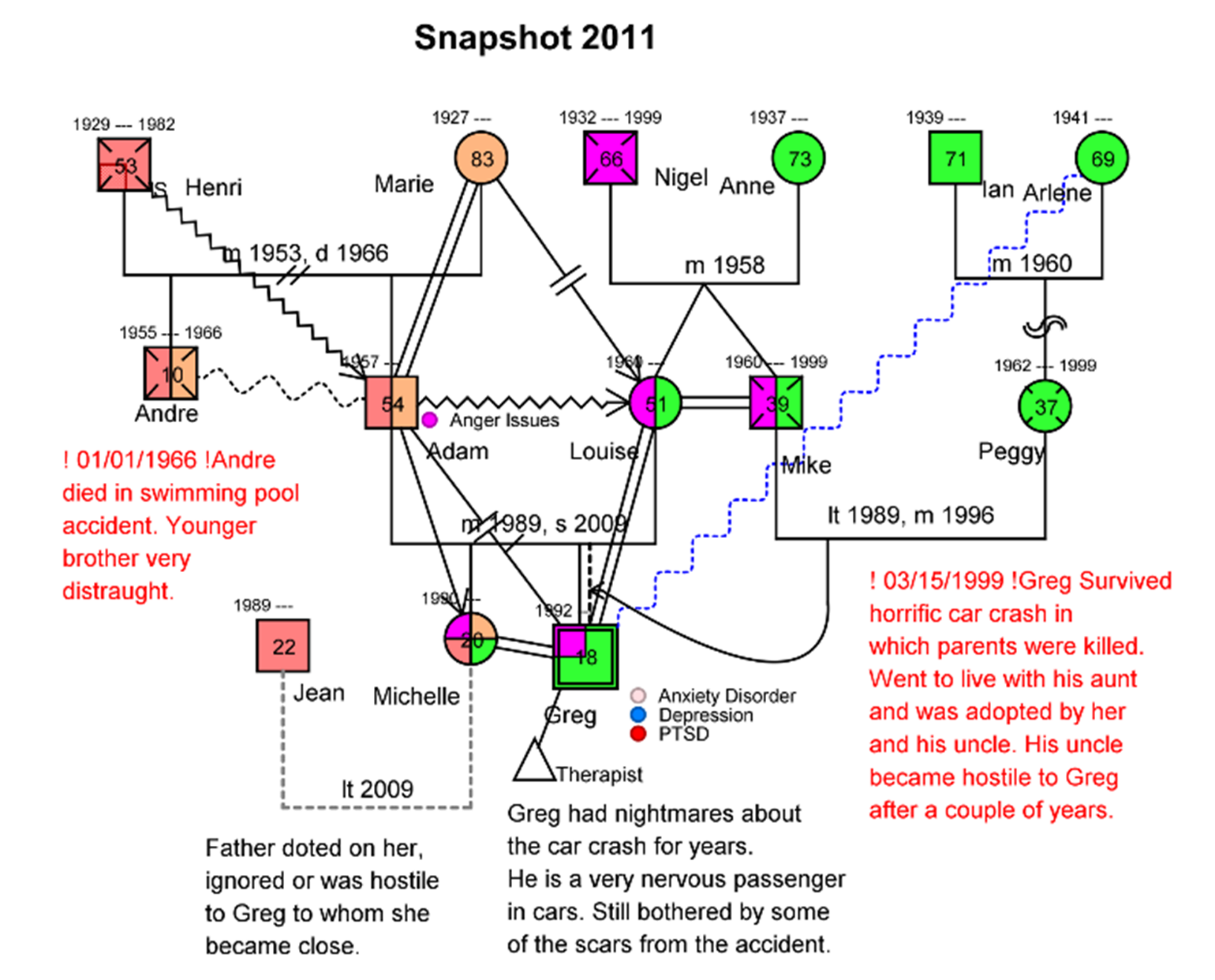
The Permanency Lead/Panel Advisor will prepare and present a quarterly report regarding Permanency practice and performance to the Children’s Senior Management Team including the Assistant Director.

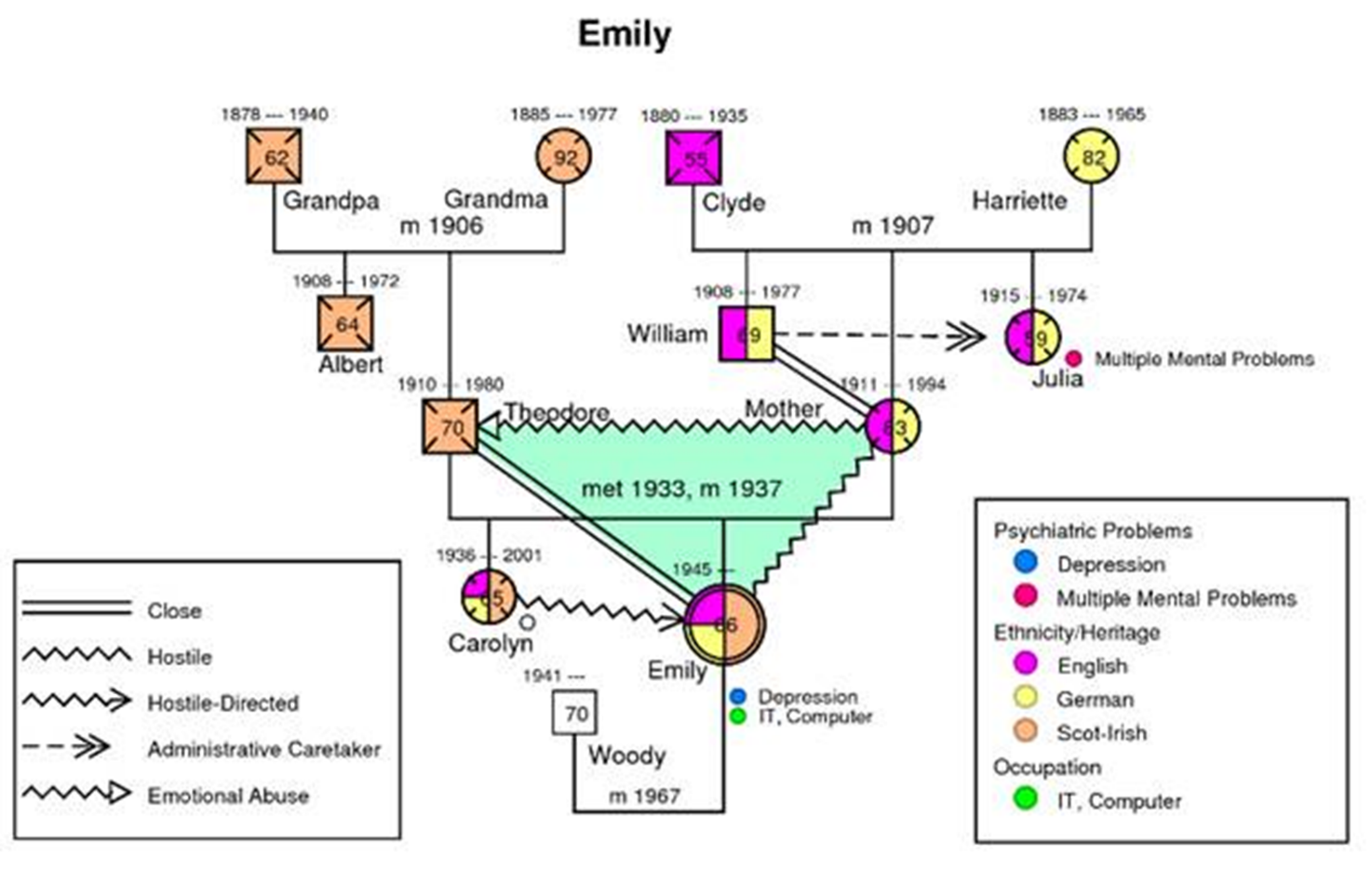
# **Reflection and Auditing Our Permanency Planning**

It is important that as a service we remain reflective, ensuring that we are working together as an organisation to maintain a focus on the child/ young person and their plans. The child’s allocated IRO, Children’s Guardian and Heads of Service and the Agency Decision Maker may ask questions about the planning of a child’s permanence. **The National IRO Managers Partnership (NIROMP) tool can help professionals to review and reflect on whether the child remains in focus during the** assessments of their needs **and planning for their permanent care.**

<https://niromp.org/2020/05/26/audit-tool-to-support-early-and-effective-permanency-planning-for-looked-after-children/>

## **APPENDIX 1**

**Cultural Genogram Examples**



## **APPENDIX 2**

**Permanence Planning Meeting Agenda and Minutes Templates**

**Initial Permanence Planning Meeting Minute Template**

**INITIAL PERMANENCY PLANNING MEETING**

|  |
| --- |
| **Meeting Details:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Date |  | | Time |  | | Attendees | Apologies | |  |  | |  |  | |  |  | |  |  | |

|  |
| --- |
| **Details of child(ren):** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  | Child 1 | Child 2 | Child 3 | | Name |  |  |  | | DOB / Age |  |  |  | | Gender |  |  |  | | Ethnicity |  |  |  | | Religion |  |  |  | | Language |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Who has Parental Responsibility for the child(ren):** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Person 1 | | | | | | | | | | | | | Person 2 | | | | | | | | |
| Name | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| DOB / Age | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Relationship | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Parents Whereabouts | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **Brief information on the child(ren):** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for LA involvement | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Childs Needs – specific to each child, strengths and worries | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Family Relationships – strengths and worries | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Health: - specific to each child   1. Does the child have any specific health needs? 2. Any contra indications i.e. parental mental health, substance misuse during pregnancy, learning disability etc.? 3. Has the child had an adoption medical? | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Education – specific to each child, strengths and worries | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Behaviour – specific to each child, strengths and worries | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Therapeutic Input – specific to each child  Has a referral to CAMHs been made? | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Legal Status:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Date | | | | | | | | | | | Update | | | | | | | | | |
| PLO initiated | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| Care Proceedings | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| CMC | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| IRH | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| ICO | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| Final Hearing | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| Care Order | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| Supervision Order | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| Placement Order | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| No Order | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| **Care Plan/Parallel Plan in order of preference (Adoption, Long Term Fostering, SGO, Residence Order)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan A | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan B | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan C | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessments and timescales:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Person(s) to be assessed / Update | | | | | | Who is responsible for completing the assessment and update | | | | | | | | | | | | | | | | | Timescale |
| FGC held? If so who is putting themselves forward? | | |  | | | | | |  | | | | | | | | | | | | | | | | |  |
| Parenting Assessments | | |  | | | | | |  | | | | | | | | | | | | | | | | |  |
| Child & adolescent assessment of child (ren) being completed? | | |  | | | | | |  | | | | | | | | | | | | | | | | |  |
| Connected Persons – viability, Reg 24, Kinship? | | |  | | | | | |  | | | | | | | | | | | | | | | | |  |
| Expert Assessments i.e. psychiatric, psychological etc | | |  | | | | | |  | | | | | | | | | | | | | | | | |  |
| **Consideration of separation of the siblings: together or apart?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes / No – Details of Assessment | | | | | | | | | | | Person Responsible | | | | | | | | | | | Date / Timescales | |
| Has the Letter of Instruction requested a view on whether the siblings should be placed together or separately? | | |  | | | | | | | | | | |  | | | | | | | | | | |  | |
| If the decision is to separate the sibling group, what are the proposed placement arrangements? | | |  | | | | | | | | | | |  | | | | | | | | | | |  | |
| If the decision is to separate the sibling group, what are the proposed Family Time arrangements? | | |  | | | | | | | | | | |  | | | | | | | | | | |  | |
| **Work with parents:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Yes / No - Details | | | | | | | | Person responsible | | | | | | | | | | Timescale | | | | |
| Have the parent’s views been established? | | | |  | | | | | | | |  | | | | | | | | | |  | | | | |
| Have the parents been referred for counselling? | | | |  | | | | | | | |  | | | | | | | | | |  | | | | |
| Have the parents been involved in life story work for the child? | | | |  | | | | | | | |  | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For relinquished babies has a referral been made to CAFCASS? | | |  | | | | | | | | | |  | | | | | |  | | | | | | | |
| **Any other deadlines, timescales and significant dates including for the child:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAC Review | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Court dates | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Filing dates for Court Reports | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Child/ren’s important dates | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Family Time Arrangements:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direct Family Time | | | Person 1 | | | | | | | | | | | | | Person 2 | | | | | | | | Person 3 | | |
| Frequency | | |  | | | | | | | | | | | | |  | | | | | | | |  | | |
| Duration | | |  | | | | | | | | | | | | |  | | | | | | | |  | | |
| Supervised / Unsupervised | | |  | | | | | | | | | | | | |  | | | | | | | |  | | |
| Venue | | |  | | | | | | | | | | | | |  | | | | | | | |  | | |
| Quality of family time | | |  | | | | | | | | | | | | |  | | | | | | | |  | | |
| Letterbox Family Time | | | Person 1 | | | | | | | | | | | | Person 2 | | | | | | | | Person 3 | | | |
| Months of the year | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |
| Letters, festival cards | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |
| Photographs | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |
| Vouchers | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |
| **Life Story Work** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes / No - Details | | | | | | | | | | Person Responsible | | | | | | | | | | Date / Timescale | | | | | | |
| Life Story work | | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **Decisions:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Action** | | | | | | | | | | **Person(s) Responsible** | | | | | | | | | | **Date / Timescale** | | | | | |
| **1)** | Decisions to be emailed from meeting | | | | | | | | | | Chair | | | | | | | | | | Today | | | | | |
| **2)** | Record to be sent to attendees and those who gave apologies | | | | | | | | | | Chair | | | | | | | | | | 5 days | | | | | |
| **3)** | Upload minutes to the child’s file on Mosaic/ICS and SMART | | | | | | | | | | CSW | | | | | | | | | | 1-2 days | | | | | |
| **4)** | Social worker to contact hospital to obtain completed BAAF forms M/B (mother and baby obstetric and neo natal) | | | | | | | | | | As relevant | | | | | | | | | |  | | | | | |
| **5)** |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **6)** |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **7)** |  | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **Next Meeting:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Time:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Venue:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Record completed/distributed by: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Role:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Date:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |

**SUBSEQUENT PERMANENCY PLANNING MEETING**

|  |
| --- |
| **Meeting Details:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Date |  | | Time |  | | Attendees | Apologies | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

|  |
| --- |
| **Details of child(ren):** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  | Child 1 | Child 2 | Child 3 | | Name |  |  |  | | DOB / Age |  |  |  | |
| |  |  | | --- | --- | | **Review of Decisions:** | | | Decisions from previous PPM | Update | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Care Plan/Parallel Plan in order of preference (Adoption, Long Term Fostering, SGO, Residence Order)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan A | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Plan B | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Plan C | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Brief update on the child(ren):** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Childs Needs – specific to each child, strengths and worries | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Family Relationships – strengths and worries | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Health: specific to each child, strengths and worries | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Education: specific to each child, strengths and worries | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Behaviour: specific to each child, strengths and worries | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Therapeutic Input – specific to each child | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Update on Legal Status:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Date | | | | | | | | | Update | | | | | | | |
| PLO | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Care Proceedings | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| CMC | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| IRH | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| ICO | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Final Hearing | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Care Order | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Supervision Order | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Placement Order | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| No Order | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| **Update on Assessments and timescales**: *(Please include author of assessments and filing dates)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal-    Parents-  Connected Persons- / Placement-  Experts: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consideration of separation of the siblings:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Yes / No – Details of Assessment | | | | | | | | | Person Responsible | | | | | | | | Date / Timescales | |
| Has a sibling assessment been completed? | | | | | | |  | | | | | | | | |  | | | | | | | |  | |
| Is there a view on whether the siblings should be placed together or separately? | | | | | | |  | | | | | | | | |  | | | | | | | |  | |
| If the decision is to separate the sibling group, what are the proposed placement arrangements? | | | | | | |  | | | | | | | | |  | | | | | | | |  | |
| If the decision is to separate the sibling group, what are the proposed Family Time arrangements? | | | | | | |  | | | | | | | | |  | | | | | | | |  | |
| **Work with parents:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Yes / No - Details | | | | | | | | | | Person responsible | | | | | | | | Timescale | | | |
| Have the parent’s views been established? | | | |  | | | | | | | | | |  | | | | | | | |  | | | |
| Have the parents been referred for counselling? | | | |  | | | | | | | | | |  | | | | | | | |  | | | |
| Have the parents been involved in life story work for the child? | | | |  | | | | | | | | | |  | | | | | | | |  | | | |
| **Agency decision (Panel and Child Permanence Report):** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Yes / No - Details | | | | | | | | | | Person Responsible | | | | Date / Timescale | | | | | | |
| Has a Child Permanence Report been completed? | | | | |  | | | | | | | | | |  | | | |  | | | | | | |
| Is there an agency decision for permanent fostering or adoption? | | | | |  | | | | | | | | | |  | | | |  | | | | | | |
| For relinquished babies has a referral been made to CAFCASS? | | | | |  | | | | | | | | | |  | | | |  | | | | | | |
| **Any other deadlines, timescales and significant dates including for the child:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLA Review | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Court dates | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Filing dates for Court Reports | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Child/ren’s important dates | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Family Time arrangements:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direct Family Time | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| Frequency | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| Duration | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| Supervised / Unsupervised | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| Venue | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| Quality of Family Time | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
|  | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| Letterbox Family Time | | | | | | Person 1 | | | | | | | | | | | Person 2 | | | | | | Person 3 | | |
| Months of the year | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| Letters, festival cards | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| Photographs | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| Vouchers | | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| **Life Story Work** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes / No – What has been complete? | | | | | | | | | | | Person Responsible | | | | | | | | | Date / Timescale | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |  | | | | | |
| **Family Finding Strategy: *(this section is only relevant if child/ren are allocated for family finding)*** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes / No | | | | | Details | | | | | | | | | Funding Agreed | | | | | Person Responsible | | | Date / Timescale |
| Are there restrictions on advertising with contested Placement Order applications? | | |  | | | | |  | | | | | | | | |  | | | | |  | | |  |
| Is permission from the Court needed to feature/advertise / show photo of the child? | | |  | | | | |  | | | | | | | | |  | | | | |  | | |  |
| Anonymous profile | | |  | | | | |  | | | | | | | | |  | | | | |  | | |  |
| Full profile | | |  | | | | |  | | | | | | | | |  | | | | |  | | |  |
| Advertising | | |  | | | | |  | | | | | | | | |  | | | | |  | | |  |
| Exchange Events | | |  | | | | |  | | | | | | | | |  | | | | |  | | |  |
| Available Adopt London South Adopters | | |  | | | | |  | | | | | | | | |  | | | | |  | | |  |
| **Decisions:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Action** | | | | | | | | | | | | | | | | **Person(s) Responsible** | | | | **Date / Timescale** | | | | |
| **1)** | Decisions to be circulated today | | | | | | | | | | | | | | | | Chair | | | | One day | | | | |
| **2)** | Records to be circulated | | | | | | | | | | | | | | | | Chair | | | | 5 days | | | | |
| **3)** | Record to be uploaded to each child’s file | | | | | | | | | | | | | | | | CSW | | | | 1 day from receipt | | | | |
| **4)** |  | | | | | | | | | | | | | | | |  | | | |  | | | | |
| **5)** |  | | | | | | | | | | | | | | | |  | | | |  | | | | |
| **6)** |  | | | | | | | | | | | | | | | |  | | | |  | | | | |
| **7)** |  | | | | | | | | | | | | | | | |  | | | |  | | | | |
| **Next Meeting:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Time:** | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Venue:** | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Minutes completed/distributed by:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Role:** | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Date:** | | | | | | | | | | | |  | | | | | | | | | | | | | |

## 

## **APPENDIX 3**

**5 Minute Guide - Life Story Work**



**Key Points**

All children with a plan for Adoption, Special Guardianship or long-term fostering must have a Life Story Book. Life story work and background history letters are a very important part of the permanence process for all children because they help the child to make sense of their past. The draft Life Story Book should be taken to any Matching Panel and should be ready for the child’s second looked after review.

Later Life Letters are to be given to adopters no later than 10 days after the ceremony to celebrate the making of the Adoption Order.

**Whatever the permanence plans any child in care will benefit from the information and photographs that make up a Life Story Book.**

So, you need to begin to plan the work for a child’s life story as soon as possible once a Permanence Plan with parallel option is agreed or if the child enters care in an unplanned way. Life story work is not just needed if and when the child’s plan is adoption.

Making a Life Story Book is more than creating a photograph album with identifying sentences giving dates, places and names. It is an account of a child's life in words, pictures and documents, and an opportunity to explore emotions through play, conversation and counselling.

Good life story work takes planning, effort, time and commitment. You need to try to ensure you are given the space to do it well. You can have help from the child’s family, the foster carer, from the child or young person if they are willing, and from other professionals.

**Why should we do it?**

Children separated from their birth families are often denied the opportunity to know about their past, to clarify past events and how this have shaped their present. They may have changed families, social workers, homes and neighbourhoods. Their past may be lost, much of it even forgotten. When children lose track of their past, they may well find it difficult to develop emotionally and socially.

If adults can’t or don’t discuss this past with them, it is reasonable for children to suppose that it may be bad.

Life story work is an attempt to give back some of this past to children separated from their family. Gathering together facts about their life and the significant people in it helps them begin to accept their past and go forward into the future with this knowledge. Most children separated in this way gain a great deal from talking about their past, present, and future to an adult with empathy. Life story work provides a structure for talking to children.

Children separated from their birth parents need to sort out why the separation occurred and why various adults have been unable to care for them. We have often failed in the past to give children in care the opportunity to do this, so this is your chance to put that right.

All children are entitled to an accurate knowledge of their past and their family. This is a right that children who are secure in their families take for granted. For those children separated from their birth families, the right to this knowledge is equally important, not only for the sake of the children themselves, but also for their future children.

The principles are the same whether life story work is done directly with a child who is of sufficient age and understanding to be involved, or prepared for a very young child so that when they are older their carers can work through their story with them. Life story work gives children a structured and understandable way of talking about themselves. It can produce clarity where there are confused or idealised ideas about what happened.

Once complete, it provides children with a record which they and, with their agreement, the adults caring for them can refer to at any time.

Life story work can increase a child’s sense of self-worth, because at the back of the minds of nearly all children separated from their families is the thought that they are worthless and unlovable. They blame themselves for the actions of adults. If they have been abandoned, neglected or injured by their parents or wider family they are convinced that they brought it upon themselves.

Life story work gives you the opportunity to show children why they should be proud of themselves, and this positive attitude should be evident in any record. In talking about their birth parents, for example, although you will tell them a suitably-worded version of the truth (however painful that may be) about their family and why they needed to come into care/be adopted it is important to highlight the positives. You need to talk about their birth parents in non-judgemental terms. Perhaps you might say that not everyone is good at being a parent, but that does not mean they are bad in other respects.

A healthy sense of identity is vital to everybody. A poor sense of identity can disable children and adults alike, and limit their ability to take on fresh challenges. For some children one of the major challenges of their life will be moving into a new family. At its worst a poor sense of identity can ‘freeze’ children so they have an over-investment in the past and cannot move on to think about the future? It can also cause apathy and a depressed, fatalistic outlook.

Poor life story work has the potential to be harmful for the child, for example, if it is inaccurate, incomplete, poorly presented or the work is done in an insensitive or rushed way, the child may find it very hard to develop any kind of understanding of their background history and the reasons for not being with their birth family.

This in turn can lead to problems developing for the child, for example, in areas such as identity and regulating their emotions.

**Who should write the Life Story Book?**

You should. The work must be initiated, driven and coordinated by the child's social worker. It is a good idea to begin life story work by holding a planning meeting with all those who may have a contribution to make, for example, foster carers, social worker, family care worker, etc. Drawing up a plan detailing sessions of direct work the social worker will undertake with the child, their parents and their carers will help keep your work focussed and on time!

Life Story Work should be discussed at an early Permanency Planning Meeting. This would allow some plans to be made about what each person was going to contribute to the life story work.

There is a lot more information about how to do life story work in the Fostering & Placements Service and with the Principal Social Worker. Joy Rees is a national expert and there is information and advice on her website: <http://thejoyoflifework.com/>

There are also tools and resources here: <http://www.socialworkerstoolbox.com/life-story-book-templates-examples/>

Understanding a child’s story; their journey; trying to think about what it’s like to walk in their shoes; talking to children and young people about their past experiences and what their care plan is; recording your work with children and their families are all key parts of great social work practice.

**More importantly, they are all things that children tell us they want and that good social workers do well.**