

**PLANNING FOR PERMANENCE**

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1. Planning for Permanence

**1.1 Framework of Permanence**

Permanence for children has three particular aspects which are fundamental to their sense of security; stability, health and happiness:

1. Legal permanence, living with an adult(s) who have **Parental Responsibility** i.e. adoption, or by securing court orders such as a **Child Arrangements Order** or **Special Guardianship Orders**;

2. Psychological permanence when the child feels attached to an adult or adults who provide a stable, loving and secure relationship, e.g. a carer who provides this sense of security;

3. Physical or environmental permanence where there is a stable home environment within a familiar neighbourhood or community which meets the child's identity and cultural needs.

**PRACTICE GUIDANCE**

Permanence is the framework of emotional permanence (attachment), physical permanence (stability) and legal permanence (the carer has parental responsibility for the child) which gives a child a sense of security, continuity, commitment and identity.

The Children Act 1989 Guidance and Regulations Volume 2: Care Planning,

Placement and Case Review.

**1.2 Permanence Policy**

1. It should be in the best interests of most children to live with their parent(s) or primary attachment figure throughout their childhood and into adulthood;

2. Where this is not possible, appropriate arrangements for children to live with relatives or friends will always be encouraged and will be the primary consideration at the earliest point in care planning;

3. Where a child needs to come into care, they will have a

**Permanence Plan** agreed by their second **Statutory Looked After**

**Review**, which will include a preferred plan and **a Contingency**

**Plan/Twin Track Plan/Parallel Plan**

**Parallel Plan/Twin Track Plan**

4. A Parallel Plan, also referred to as a Twin Track Plan, is a term used when a Contingency Plan for a Looked After Child is being explored at the same time as the primary plan for the child. As part of Permanence Planning for Looked After Children, Parallel Plans must be drawn up to ensure that alternative plans have been explored and are available without delay if the preferred permanent outcome proves unachievable.

5. for example; the plan may be rehabilitation but if this unsuccessful and there are no family or friends available, the plan will be adoption;

6. If no family members or friends of the child are available or viable

depending upon the child’s age, attachment to their birth family and

ability to attach; alternative plans such as adoption, long term fostering or semi independence will be considered;

7. The aim of contingency planning will be to provide the child with alternative legal permanence with a family member or friend of the child or family, (see **Placements with Connected Persons Procedure**) unless this is not achievable or not assessed to be in the child’s best interests. Clear timescales and responsibilities will be set to ensure no delay for the child;

8. Whatever the **Permanence Plan** is for the child, the aim will always be to provide as much stability as possible, by careful matching to a placement that will provide a safe, nurturing home into adulthood;

9. The overall aim of permanence planning will be presented within the child’s **Care Plan** at their statutory review as well as within legal Care Plans for court;

10.For younger children, and those who are able to form secure attachments to an alternative care giver, adoption must always be a consideration: and in circumstances where siblings have already been placed with adopters every effort should be made to place children with their adopted sibling at the earliest point, this may be in a concurrent fostering placement;

**1.3 Key Objectives**

Planning for Permanence must be discussed from the point a child comes into the care of DBC.

The objective of planning for permanence is to ensure that children have a secure, stable and loving family to support them through childhood and

beyond".

We know that children thrive in stable, secure, environments and must be protected and safeguarded from harm.

Where it is necessary for a child or young person to leave their family:

a. This should be for as short a time as needed to secure a safe, supported return home;

b. If they cannot return home, plans should be made for alternative family or connected person care;

The birth family and the child or young person, depending upon their case should be provided with the opportunity to discuss the options of family or friends, known as connected persons at the earliest point. In some instances where there are child protection procedures in place, family group meetings should be arranged through child protection planning. This provides birth families with an opportunity to work in partnership with Local Authorities at the earliest point.

Wherever possible, children are placed within the Local Authority Boundary unless a clear reason for placing them elsewhere is apparent.

Contact with the child’s birth family and extended family where appropriate will be facilitated and supported unless this is clearly identified as inappropriate and not in the child’s best interest.

Children, young people their families and all agencies involved will be fully involved in all planning and the voice of the child will be central to the planning, whatever the outcome.

**2. Planning for Permanence for Children in Need**

**2.1 Staying at Home**

The first stage within permanence planning is to work with children in need and their families to support them staying together.

**PRACTICE GUIDANCE**

Staying at home offers the best chance of stability. Research shows that family preservation has a higher success rate than reunification. This of course has to be balanced against the risk of harm to the child. Staying at

home offers the best chance of stability.

For most children the preferred outcome would be that they stay within their own family. It is expected that services and support to maintain a child at home safely and with acceptable levels of care will be considered and provided before any consideration is given to a child coming into care

The **Early Help** Strategy provides children and families with a number of support systems to enable families to live together. A number of resources will be put in place to ensure that children on the edge of care are provided with every opportunity to improve their circumstances. This may be through the implementation of a **Child Protection Plan** and/or by using the **Public Law**

**Outline** process where it is made clear to families what resources must be put in place to improve the child’s situation.

**2.2 Living with Family or Friends**

If a child needs to live away from home, close family members can be suggested by the child’s birth family with the parents’ consent. Short term support to such arrangements can be provided under **S17 of the Children Act 1989** and must be deemed to be a private arrangement that has been initiated by the family.

**PRACTICE GUIDANCE**

Section 17 (6) of the Children Act 1989 states that the local authority may exercise its duty to safeguard and promote the welfare of children in need by providing 'assistance in kind to be given or in exceptional circumstances in cash'.

Section 17 budget has been established to enable help of this kind to be given and is available to each of the Children's Social Care social work

teams.

If an arrangement is made for someone other than a close relative to care for a child away from home with the parents consent for a period of over 28 days, the Private Fostering Regulations will apply. Short term support to such arrangements can also be provided under S17 of the Children Act 1989 and will be subject to a full private fostering assessment. (See also **Private Fostering**

**Procedure**).

**PRACTICE GUIDANCE**

Definition of Close Relative in relation to a child, “means grandparent, brother, sister, uncle or aunt (whether of the full blood or half blood or by affinity) or step parent” Children Act 1989 Sec.105)

**2.3 Legal Security with Family or Friends**

For children who cannot return home, more secure and long term care may also be provided by family or friends through a **Child Arrangements Order**, **Special Guardianship Order** or Fostering arrangement.

**PRACTICE GUIDANCE**

A Child Arrangement Order is made under Section 8 of the Children Act 1989 and is an order settling the arrangements to be made as to the person with whom a child is to live. This Order gives the person with the Order parental responsibilities for a child under 16 years (or 18 years if the child has disabilities) and parental responsibility/decision making is then shared

between the person holding the order and the birth parents.

 A Special Guardianship Order is made under Section 115 of the

Adoption and Children Act 2002 and means parental responsibility is shared with the birth parents but the Special Guardian has exclusive responsibility for all aspects of caring for the child and for taking the decisions in relation to their upbringing. (This is in place until the child

turns 18.)

 A Connected Person can be a relative, friend or any other person with a prior connection with a child/young person who is looked after by the local authority. This includes grandparents, aunts and uncles, adult siblings, other adult family members’ friends, or someone who has known the child in a professional capacity such as a teacher or

youth worker.

 When a prospective Connected Person has been identified as being in a position to care for a child who is in the care of DBC, they must be approved as a foster carer for that child. The assessment and approval process for Connected Persons is the same as for any other

non-related foster carer; other than the timescales for the assessment

when a child is already placed.

**2.4 Going into Care**

No child may come into care without authorisation from a Head of Service. The decision must be based on evidence that this action is necessary to safeguard the child and promote their health and well-being.

Evidence will be derived from a **Single Assessment**, unless delay is likely to result in the child suffering **Significant Harm.**

For children who need to be safeguarded in this way, placement with family or friends would be the first option, (subject to their satisfactory approval as a **Regulation 24** foster carer approved by the nominated officer).

If no such placement is available, the child should be placed with the Foster Carers or within a children’s home setting if this is the outcome of the assessment.

**PRACTICE GUIDANCE**

It is very important to establish at an early stage what relatives or friends might be available to care for the child. Not only does this avoid the kind of delays that can happen during care proceedings where this work has not been done, but it avoids moves for children e.g. a family member identified to care for a child during planning for permanence will also be the first consideration, subject to satisfactory assessment, for legal permanence. Family members or friends should be identified through the family group

meetings process.

The placement should be local for the child to facilitate continuation of contact

with family and attendance at the child’s school unless their assessment

indicates this would not be in their best interests.

**PRACTICE GUIDANCE**

Contra-indications to a local foster care placement:

 The child may have complex needs which require a specialist

placement which cannot be provided locally;

 The child may need to live away from their community for their own

protection;

 The child may need to live elsewhere to promote family contacts in a

different community.

The placement decision should also consider whether placement with a sibling already in care or a known familiar child is a possibility and in the case of disabled children, whether the placement accommodation is suitable for the needs of the child.

**2.5 Returning to Birth Family**

The first duty of the Local Authority is to assess the possibility of a return home within a defined timescale as long as a return home is consistent with the child’s protection and best interests.

It is important that there is clear communication with the family about what needs to happen or change in order for the child to return home with specific

tasks and timescales set. That is within the child’s timeframe for achieving

permanence.

Once at home, a range of resources will need to be available to sustain the child and family during re-integration.

**PRACTICE GUIDANCE**

Research indicators for successful re-unification:

 Child aged under 2 years when returned home;

 Parents have had regular contact;

 Parents participated in reviews;

 Parents recognise problems they may have when the child returns home;

 No new serious child care problems have emerged while the child has been away;

 No younger step or half siblings at home;

 Space has been kept for child in family home;

 Only one care placement before return home;

 No changes amongst children in household;

 Short period in care;

 Early active social work planning;

 Reliable social work visiting.

Based on Reuniting Looked After Children With Their Families: A review of the research

By Nina Biehal (National Children’s Bureau 2006)

Reuniting Children with their Families: Reconsidering the Evidence on

Timing, Contact and Outcomes

Br J Soc Work (July 2007) 37 (5): 807-823 first published online May 19,

2006

How to Implement the Reunification Practice Framework – Mandy Wilkins

(NSPCC 2015)

If a child has experienced reunification with their family and is again accommodated, consideration needs be given as to whether:

 There are factors which indicate the child will be returning to a changed home environment from which they were re-accommodated;

 The resilience of the child is sufficiently robust to indicate that a further

return home is in the child’s best interests.

If not, the expectation is that no further attempt at rehabilitation should be made and that planning for permanence will focus on planning for either adoption or permanent care outside of the immediate family.

**2.6 Planning for Permanence for Children Looked After**

**Legal permanence**

For most children, the possibility, or not, of rehabilitation will be clear by the first review where the pre proceedings protocol has been used and in all cases by the

4 month review. The Care Plan presented to this review should clearly set out

the contingency plan to be followed to achieve legal permanence, if the preferred plan is not achieved within the specified timescales.

The options for legal permanence are:

 Adoption;

 Special Guardianship;

 Child Arrangements Order.

See **Section 7, Permanence Options: Checklist for Considerations**, for the degree of legal security afforded by each option.

**2.7 Long Term Fostering**

Long term fostering is not an option for legal permanence. However, it can provide a sense of permanence for older children and young people, who have significant emotional ties to their parents which inhibits their ability to form other permanent emotional ties. It provides children with the opportunity to

experience physical permanence and a sense of psychological permanence for as

long as it is available to them from their foster carers.

**PRACTICE GUIDANCE**

Indicators for long term foster care:

 The child has spent a significant period with the birth parent and has

a strong emotional tie to them;

 The parent(s) are committed to playing a significant role in the child’s

life.

Implications of Long Term Foster Care:

 No legal protection of relationship between carer and child;

 Child may have no life-time family of resource;

 Child may have no expectation of return during adulthood;

 People outside the family make decisions about the child.

**2.8 Permanence with Existing Foster Carers**

Short term foster carers provide short term care during permanence planning for those children who cannot be placed with family or friends foster carers. These foster carers are significant in supporting the child during assessments of their needs, facilitating contact arrangements and contributing to good outcomes for the children during their period in care.

They will also be significant in supporting the child in transition to a legally permanent placement or to a long term foster placement.

If legal permanence is not achievable, or not assessed to be in the child’s best interests, the willingness and ability of the short term foster carer to change their approval status to become long term foster carers for the child should be explored before seeking a change of placement.

**3. Care Plans**

The Care Plan is a statutory requirement for all children looked after and must be prepared before the child becomes looked after based on the assessment completed of the child’s needs. If not practicable to complete the Care Plan prior to placement it should be completed within 10 days of placement along with the **Placement Plan** and delegated responsibility (see **Delegated Authority Procedure**) agreement, in time for the initial statutory review which takes place within 4 weeks of the placement being made. For those placements that have been subject to the pre proceedings protocol, the **Permanence Plan** should be presented to the first review.

**PRACTICE GUIDANCE**

Can be found via the National Institute for Health and Care Excellence

(NICE) website

<http://pathways.nice.org.uk/pathways/looked-after-babies-children-and-> young-people

last updated: 26 January 2016

The Care Plan must be agreed with the parent or person with **Parental Responsibility** or with the child if over 16 years; all agencies involved should contribute to the care plan.

Once a child is looked after, the Local Authority will make all plans for the child’s future in consultation with parents, carers, the child, other significant adults and partners.

The Care Plan for a child ensures that all children and young people in care have clearly stated objectives for their care and a strategy for achieving them.

It should include:

 The permanence plan for the child;

 The contingency plan if the preferred permanence plan is not achieved;

 The arrangements for the child’s:

o Health needs and the health plan to meet those needs;

o Education needs and the personal education plan to meet those needs;

o Emotional and behavioural development;

o Identity needs with particular regard to religion, race, culture and language;

o Family and social relationships, including contact arrangements;

o Social and self-care skills and presentation.

 The desired outcomes for the child and clear goals set with timescales for key responsible people;

 The actions expected of all services and individuals who form the ‘team around the child’;

 The arrangements for ending the placements;

 The wishes and feelings of the child and parents/carers about the placement and care plan;

 The name of the responsible Independent Reviewing Officer.

The Care Plan also includes the placement plan for the child and why it was chosen - children aged 16 years do not require a **Care Plan** as they have a **Pathway Plan** which identifies how they should be cared for.

Every Child looked after should have a completed set of documentation:

 Placement Plan;

 Care Plan – which incorporates the risk assessment (or **Pathway Plan**);

 **Personal Education Plan**;

 Delegated responsibility agreement;

 Health Plan.

Care Plans should clearly state the aim of the plan and progress towards achieving it i.e:

 Rehabilitation within a specified period;

 Assessment/exploration of wider family

 Adoption;

 Child Arrangements Order or Special Guardianship Order.

Care Plans should be relevant and dynamic with no Care Plan being older than

12 months.

Care Plans must demonstrate what improvements/progress should be made and subsequently must demonstrate how the child has progressed.

**4. Care Planning**

Care Planning is the means by which agencies, carers, family members and the child concerned share information about the child and monitor the progress of the actions being undertaken within the child’s Care Plan in order to meet the child’s needs and to monitor action being taken to achieve the overall aim of the Care Plan.

The aim is to provide children and young people in care with the quality of care that a good parent would want to provide for their own child so that the child is supported in achieving good outcomes during their childhood and in establishing continuity of relationships with nurturing parents or care-givers.

All children in care will have their Care Plans pro-actively pursued to ensure that the actions contained in those Care Plans are fully achieved.

This will be achieved by holding Care Planning Meetings. These meetings will be held at key points in the Care Planning process to ensure smooth transitions and to avoid drift. The statutory case review will consider the care plan and endorse and if not in agreement, will dispute the plan.

All Care Planning meetings will be chaired by a Team Manager of the allocated social work team.

Care Planning Meetings should take place at key planning points for the child:

**4.1 For a child in S20 care:**

 To develop the care plan prior to the first statutory case review;

 To agree the Permanence Plan for the child prior to the second statutory review;

 Prior to the third statutory review to monitor the achievement of the preferred permanence plan and to take action to secure the contingency plan if required;

 Review at regular intervals thereafter until the permanence plan is achieved.

**4.2 Care Proceedings:**

In Cases where pre proceedings are in place, the first care plan should identify the preferred plan; the first review will endorse the care plan.

A Care Planning Meeting can additionally be requested:

 To develop the Care Plan prior to the statutory review;

 Prior to the second statutory review to agree the Permanence Plan for the child, where there has been immediate issue of care proceedings;

 At any time during planning for permanence if it appears that the Permanence Plan may be unrealistic/needs changing. The Team Manager of the allocated team should review the tasks allocated from the last meeting and set new tasks with new timescales which are then incorporated into a new Care Plan to be put to a re- convened statutory review. This piece of work is undertaken through care planning meetings.

All meetings must be recorded and the minutes distributed within 10 working days of the meeting.

All meetings must end with an ‘in principle’ date set for the next meeting, unless

there is a clear date given for when the permanence plan will be achieved.

If a child comes into care under S20, the Care Planning process will focus initially on the viability of rehabilitation as the Care Plan for the child. The Care Planning meeting held before the 4 month review will focus on the success of the rehabilitation plan and if it has not been achieved, the alternative plan.

If a child comes into care under S38 (**Interim Care Order**) the timescales for Care Planning will be determined by the court process. The following will be progressed:

 Contact arrangements should be in place and understood;

 The support needs of the carers and the child should be addressed by the worker;

* Key tasks to progress:

o Placement documentation;

o Placement planning;

o Approvals of Regulation 24 placement or viability assessments;

o PEP initiated;

o Child’s Health Plan initiated;

o Single assessment in progress/completed;

o Chronology in place;

o Genogram completed;

o Contact agreement and contact plans made;

o Parenting assessment / sibling assessments if pre proceedings completed;

o Delegated responsibility completed and family group meeting completed if appropriate.

If changes to the Care Plan arise from Care Planning meetings or any other assessment/meeting, the **IRO** should be contacted to discuss the change and to decide whether a review is required to make the changes to the Care Plan. Any agreed changes should be recorded on the Care Plan.

If a Care Planning meeting concludes that the overall Care Plan for the child needs to be changed, a statutory review must be convened ideally within ten working days to change the new Care Plan.

Any changes relating to the child and service provision must be entered onto Liquid Logic and updated as necessary.

5. **The Permanence Plan**

**5.1 Content**

a. The objectives of the plan;

b. Key tasks/how these objectives will be met, including the proposed status of the child and of their carers;

c. Timescales for achieving the plan;

d. Those responsible for achieving the plan and the respective roles of others;

e. The criteria that will be used to evaluate the success of the plan;

f. What the contingency/parallel plan will be.

**5.2 Permanence and Contingency Planning**

The Social Worker must ensure that the birth parents are informed that our policy is to rehabilitate most children to their families, but that other arrangements are being put in place to meet the child's needs and to prevent unnecessary delay.

All Initial Care Plans should clearly state that the overall aim of the Care Plan is to secure legal permanence for a child, and if this is not achievable by a return home, then alternative options for legal permanence will be sought unless these

are not assessed to be in a child’s best interests or are unachievable.

**5.3 Permanence and** the **Review Process**

The **National Adoption Standards** state that a plan for permanence must be produced at the four month statutory review. This means that the central focus of the second Review, which takes place no more than 13 weeks after the beginning of the care episode, will be to ensure that there is a clear plan for permanence. Referring to the Care Plan, the IRO must ensure that the agenda includes the following:

 Review of Permanence work to date;

 Review of whether the chosen route to permanence is still viable i.e. whether the Care Plan is still valid; and

 If not, to make sure that Care Planning has considered the most appropriate permanence alternative.

At the third Review, if the permanence plan has not progressed as stated in the Care Plan, then the review meeting must establish whether the lack of progress is as a result of drift or whether there are definable circumstances. No further rehabilitation plans should be made (unless further assessment is specifically directed by the Court, or, in very exceptional circumstances, it is agreed that an existing plan should continue) and the alternative parallel plan should be pursued. Where children are accommodated under S20, this may involve the consideration of care proceedings in order to make plans for the child without parental agreement in order to avoid the damage of ‘drift’.

**5.4 Decision Making – Oversight**

It is crucial that during care proceedings the permanence plan is written, this will be used in the forming of reports for long term foster care, residential care, special guardianship, child arrangements order or adoption.

**6. Practice Standards and Responsibilities**

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| **Practice Standards Related to**  **Permanence** | **Responsibility** |
| 1. Assessments will include consideration of how stability needs are being/should be met. | Social Worker/Team Manager |
| 2. Where family breakdown is anticipated or has happened, every effort will be made to secure a suitable family/friends placement. | Social Worker/Team Manager |
| 3. The purpose of any short term foster placement, in the overall plan for permanence, will be clearly expressed in initial care/court plans and at the initial Stat Review. | **S20**:  Social Worker/Team Manager, care or residential up to the 2nd review stage then LAC SW/Team Manager. **Care Proceedings**:  LAC SW/Team Manager from  ICO being made. IRO |
| 4. Every child in care must have a permanence plan which  includes measurable milestones, clearly set out within the Care Plan for the 2nd Statutory Review. | **S20**:  Child in Need SW/Team  Manager  **Care Proceedings**: 2  CLA SW/Team Manager  IRO |
| 5. Ongoing case management will include carrying out the tasks identified within the Permanence Plan and monitoring of progress towards achieving the plan. | **S20 until 2nd Review**: Child in Need SW/Team Manager  **Care Proceedings**: |

|  |  |
| --- | --- |
|  | CLA SW/Team Manager |
| 6. If a rehabilitation plan has not  been achieved by the third Statutory Review, this meeting will review the validity of the current plan, and, if appropriate, authorise switching to the contingency plan for permanence. | CLA SW/Team Manager  IRO |
| 7. Adoption will be considered for all children who cannot return to family or extended family. | CLA SW/Team Manager Adoption SW/Team Manager /Head of Service |
| 8. Where long term fostering is the plan, Special Guardianship/Child Arrangement Order application will be encouraged and supported in the future to achieve legal permanence. | CLA SW/Team Manager Fostering/Adoption SW/Team Managers |

**7. Permanence Options: Balancing the Considerations**

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| **CA Orders** | **Special**  **Guardianship** | **Adoption** | **Long Term**  **Fostering** |
| Child needs the security of a legally defined placement with alternative carers, but does not require a lifelong commitment involving a change of identity. | Child needs to *belong* to a family but without the severance of legal ties with the birth family as in adoption. | Child's primary need is to *belong*, to a family who will make a lifelong commitment. | Primary need is for a stable, loving family environment whilst there is still a significant  level of continued involvement with the birth family. |
| Child's relation, | Child’s relation, | Child's birth | Child has a clear |

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| foster or other carer needs to exercise day to day parental responsibility. | foster or other carer exercises *exclusive* parental responsibility for the child. | parents do not share parental responsibility in order to meet their child's needs, even though there may be contact. | sense of identity with the birth family, whilst needing to be looked after away from home. |
| There is no need for continuing monitoring and review by the Local Authority, although support services may still need to be arranged. | There is no need for continuing monitoring and review by the Local Authority, although support services may still need to be arranged. | There is no monitoring and review by the Local Authority, although support services may be provided. | There is need for continuing oversight and monitoring of the child's developmental progress. |
| Child has a strong attachment to the alternative carers and the security of long term stability in placement. | Child has a strong attachment to the alternative carers and legally defined permanence is assessed as a positive contribution to their sense of belonging and security. | Child needs an opportunity to develop a new sense of identity whilst being supported to maintain or develop a healthy understanding of their past. | Birth parents are able and willing to exercise a degree of parental responsibility. |