

Response to Request for Information

Reference FOI 001983
Date 22 February 2018

Looked after Siblings

Request:

This is a request, made under the Freedom of Information Act 2000, for information held by your local authority.

1. How many looked after children are in the care of your local authority as of 1st April of the following years:
 - a) 2016 = 653
 - b) 2017 = 643
 - c) And as of 20th February 2018 = 655

2. How many sibling groups were in the care of your local authority as of 1st April of the following years:
 - a) 2016 = 147
 - b) 2017 = 147
 - c) And as of 20th February 2018 = 144

3. For the answer to Q2a-c, how many are sibling groups comprising:
 - a) 2 children
 - b) 3 children
 - c) 4 children
 - d) More than 4 children

	2016	2017	20th Feb 2018
a) 2 children	78	81	83
b) 3 children	38	38	33
c) 4 children	19	18	21
d) More than 4 children	12	10	7

4. How many sibling groups identified in the answers to Q2a-c were all placed together as of 1st April of the following years:
 - a) 2016 = 73
 - b) 2017 = 74
 - c) And as of 20th February 2018 = 70

5. For the answers to Q3a-c, how many are:

- a) in unrelated foster care
- b) in kinship foster care
- c) in residential care
- d) placed for adoption?

	2016	2017	20th Feb 2018
a) in unrelated foster care	52	51	43
b) in kinship foster care	10	10	15
c) in residential care	0	1	1
d) placed for adoption?	4	3	3

6. How many children in your care, who are part of a sibling group, were not living with at least one of those siblings as of 1st April of the following years:

- a) 2016 = 236
- b) 2017 = 257
- c) And as of 20th February 2018 = 217

7. For the answers to Q5a-c how many were:

- a) in unrelated foster care
- b) in kinship foster care
- c) in residential care
- d) placed for adoption?

	2016	2017	20th Feb 2018
a) in unrelated foster care	185	203	162
b) in kinship foster care	3	14	14
c) in residential care	14	19	16
d) placed for adoption?	12	5	8

8. Please state the number of looked after children in your care being raised by a connected person as of 1st April of the following years:

- a) 2016 = 59
- b) 2017 = 71
- c) As of 20th February 2018 = 80

9. For the answers to Q7a-c how many are fostered by an older sibling?

0

10. Please provide any current local policies and guidance on the placement of siblings within the looked after system?

See attached.

Children & Young People

Placement for Adoption

Policy & Procedure

Purpose:

This policy is aimed at making sure permanence through adoption is made available to the widest range of children and young people for whom it is likely to be of benefit.

Approved by – Children & Young People Management Team (23rd
April 2015)

Published – 27th April 2015

Review Date – April 2017

REVIEW LOG			
Date	Version	Comments	Approved by
	1.0	Previously part of the Tri-X Manual	
November 2012	1.1	Policy reviewed and revised.	Children, Young People and Families Management Team (13 th Feb 2013)
April 2015	1.2	Policy reviewed.	Children & Young People Management Team (23 rd April 2015)
This system of recording review dates is designed to ensure staff at all times use the correct version of the up to date Policy. This system is used on all Wolverhampton City Council – Children, Young People and Families Policies and Procedures.			

CONSULTATION
<p>The following people have been consulted on this policy:</p> <ul style="list-style-type: none"> - Senior Consultant Social Worker - Adoption - Children & Young People Support Management Team

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1.0 PLANNING FOR PERMANENCE

Also see **Permanence Policy for Looked After Children**.

Every Looked After Child must have a Permanence Plan by the end of his or her second Looked After Review. A member of the Adoption Team must be invited to the Permanence Planning Meeting (See Permanence Planning Meeting Policy and Procedure) that precedes the four month review. This is to advise on the suitability of the plan for adoption.

In relation to an unborn child or a child relinquished for adoption by the parents and not yet looked after, the first Care Planning Meeting will discuss permanence and will be presented to the first Review. This will subsequently be confirmed in the child's Care Plan.

As soon as adoption becomes the sole plan for the child, the child's social worker must:

- Send a request to the Panel Administrator for a date to be arranged for presentation of the case to the Adoption Agency Decision Maker. The date for the presentation to the Agency Decision Maker must be a maximum of 2 months from the date when the adoption plan was ratified at the child's Looked After Review.
- Continue to provide counseling for the child.
- Provide parents with written information.

The child's social worker must open an Adoption Case File for the child once adoption has been identified as the Permanence Plan for the child at his or her Looked After Review or, where a child has been relinquished for adoption, as soon as the parent's request for adoption has been made. Where the plan relates to a group of siblings, there must be a separate Adoption Case File for each child.

A referral to the Adoption Team must be made so that a family finder can be allocated. The referral must be made on CareFirst through an L4 as soon as the sole plan becomes adoption.

The family finder will open a separate file, which will be combined with the Adoption Case File when the case is closed. As soon as the child is placed the family finder will transfer the family finding file into the Adoption Support File.

If not already obtained, the child's social worker should obtain 3 certified copies of the child's full birth certificate. These will be required for future court applications, for the prospective adopters and one copy must be retained permanently on the Adoption Case File.

If not already obtained (**see Health Care Assessments and Health Care for Looked After Children**), the child's social worker must seek the birth parents' consent to the disclosure of information on their medical history to facilitate the Adoption Medical for the child (see Section 4.0 Child's Adoption Medical).

The child's social worker must discuss with the parents their views on the adoption plan, and refer birth parents for independent support and arrange the necessary counseling and support for any other significant relatives. The birth parents should be referred to **After Adoption** for independent counseling. See **Adoption Support Services Policy and Procedure** or below Support for Parents. If either or both of the parents decline or refuse counseling and/or support, then this should be recorded, including the reasons, in the child's file and Adoption Case File.

The child's social worker must contact the child's health visitor or school health for current information in relation to the child's health and development (see Section 4.0)

The child's social worker must contact the child's school or nursery for current information in relation to the child's education needs.

The child's social worker must ask the child's carer to complete a Form C Carer's Report for the child or young person to accompany the Child's Permanence Report.

The child's social worker must ensure that the adoption plan addresses the issue of post adoption contact. This will include a possible one-off meeting between the parents and the adopters, and whether there may be ongoing direct contact or indirect contact via a letterbox.

If the child has siblings, the plan must analyse the relationship between each child in the sibling group and if the decision is to place siblings separately, address the issue of post adoption contact between them.

The child's social worker must also carry out an assessment of the likely needs for adoption support services in relation to the child, the birth parents and any other person with a significant relationship to the child.

Using all the information in relation to the above, the child's social worker must prepare the Child's Permanence Report. The Child's Permanence Report must be written by a qualified social worker with suitable experience.

The following areas must be included or addresses in the Report:

- Profile of the child, based on the report from the child's current carer as well as other information about the child's personality, nationality, racial origin, religious persuasion, legal status and relationship with his/her family.
- A summary of the child's life since birth including significant life events.
- A summary of the birth parents health and education history.
- The preparation work, undertaken and planned, with the child and the views of the child in relation to the adoption plan and future contact with his or her birth family and the child's preferred method of communication.
- The views of the Children's Guardian (where possible)
- The views of the birth family and significant others in relation to the adoption plan and contact and their opportunity to receive and comment on the report before the report is presented to the Agency Decision Maker.
- A report of the child's educational history and current needs, including the Personal Educational Plan (PEP)
- Any other relevant specialist reports on the child
- An assessment of the child's emotional and behavioural development
- An assessment of the child's needs for post adoption contact, including with siblings, and the child's and birth relatives needs for adoption support services
- An analysis of the options for the child's future care and the alternatives to adoption considered
- Where the child has siblings, whether the decision is to place siblings separately or together and the rational for decision.
- A genogram.

2.0 PREPARATION OF CHILD FOR ADOPTION

The child's social worker will ensure that **Life Journey Work** with the child continues with the aim as far as possible that:

- The child has an understanding of the reasons for the adoption plan and what adoption will mean,
- The child has an opportunity to express his or her wishes and feelings about the future, and
- The child has information on his/her birth family, which is kept safe for them and provided to the adopters and the child at the appropriate time.

As part of the above, the child will be given a Children's Guide to Adoption as soon as adoption is part of the child's Care Plan. Any information given to the child should be confirmed in writing and any discussions with the child should be fully recorded.

Where appropriate a Placement Care Support Worker from the Adoption Team can be allocated to undertake direct work with children to ensure they are appropriately prepared for the move into Adoption.

Where a child's wishes are not acted upon, for example a child's wish to be placed with his or her siblings, this should be explained to the child, with reasons, and should be fully recorded.

1. The foster carers' supervising social worker will support the foster carers in playing their part in the preparation of the child, including careful recording by the foster carers in the Daily Record of any changes in the child's behaviour.
2. Once an adoptive placement has been identified and approved, the child's social worker, placement care support worker and foster carer are responsible for ensuring the child is properly prepared for the first meeting with the prospective adoptive family and is appropriately counselled during the period of introductions.
3. The production of a 'Later Life' letter in line with the Life Journey Work Policy and Procedure.

3.0 SUPPORT FOR PARENTS

1. The child's social worker must explain to both parents the reasons for the adoption plan, the key stages of the adoption process, including the likely time-scales, and provide them with the leaflet, 'Information for

Parents on Adoption'. If either or both of the birth parents refuse to accept or do not receive the memorandum, this should be recorded, including the reasons, on the child's case file and adoption record.

2. The child's social worker must also arrange independent support for both birth parents (by referring to After Adoption) unless parents specifically say they do not want independent support.
3. The counseling/support may need to be provided by a specialist worker, for example where the parent has poor mental health or learning disabilities. If so, the social worker should ensure that an appropriate resource is identified.
4. The specific needs of parents arising from their ethnic minority groups must also be taken into account. An interpreter must be arranged where English is not their preferred language.
5. In all cases, arrangements must be made for support to be offered and provided to the parents by someone other than the child's social worker.
6. The purpose of the support is to ensure that the parents have independent support, understand what adoption is, implications for Adoption the opportunity to express their views in relation to the plans for the child and be involved in planning for the child's future wherever possible. Wolverhampton City Council has a partnership with an independent counseling service; a referral needs to be made to After Adoption for this purpose.
7. Both parents must be offered support irrespective of whether they have parental responsibility unless there are exceptional circumstances, in which case legal advice should be taken and the reasons for not arranging support recorded.
8. It may also be appropriate for members of the extended family to receive support, where they have played a significant role in the child's life.
9. The support may cover the following areas though this is not an exhaustive list:
 - a. Explaining the key stages of the adoption process and likely time-scales

- b. Explaining, where appropriate, the procedure for seeking a Placement order
- c. Explaining the role of the Adoption Agency Decision Maker
- d. Explaining the role of the Reporting Officer or Children's Guardian
- e. Explaining the way the Adoption Contact Register works and how an adopted adult may seek information about the birth family in the future
- f. Explaining how prospective adoptive parents are assessed
- g. Ascertaining the parents' views on the adoption plan, including the selection of the adoptive family, any specific ethnic, cultural or religious needs of the child, and any plan to separate a sibling group. Their views on the adoptive family should be recorded
- h. Dealing with grief and loss
- i. Where the parents consent to the adoptive placement, explaining that they have the right to withdraw their consent at any time up to the making of an adoption order
- j. Ascertaining the parents' views on post-adoption contact including whether they would wish to meet the adoptive family and if so, how they might prepare for this
- k. Providing information to the parents on national and local support groups, and other possible sources of help
- l. Explaining how parents may be able to provide information to be passed to adopters, for example, on the child's birth and early life, which may be of benefit to the child

- m. The parents should be encouraged to seek legal advice particularly where they are opposed to the adoption plan

- n. The parents and their solicitors, if appropriate, must be sent copies of any written consents and/or recording of their views

- o. Where the parents refuse or decline to accept counseling/support, the child's social worker must record the attempts made to persuade the parents and the reasons for their refusal in the child's file and adoption case record.

- p. Where the parents are seeking to have an expected child adopted, the counselling/support must start before the baby's birth. In addition, the child's social worker must cover practical tasks such as the arrangements for the birth, the parents' own contact with the child after the birth, the intended length of the mother's hospital stay and their wishes regarding the timing of

the placement. After the child's birth, the counselling and support must continue. The social worker should then confirm with the parents that they still wish to pursue adoption for the child.

- q. The social worker should arrange for photographs to be taken of the parents, if they agree, and other significant people and placed, for inclusion in the child's Life Journey Work.

4.0 CHILD'S ADOPTION MEDICAL

All forms in the process below will already be on the child's file in-line with the **Health Assessments and Health Care Policy and Procedure**.

1. As soon as the adoption becomes part of the child's care plan, the child's social worker should obtain all completed medical forms copies of Forms M & B, IHA-C, completed and signed PH forms for both parents, consent form for each birth parent (signed) and forward to the Medical Advisor secretary who will book a date for the adoption medical. Timescales for panel and court must be included. The procedure needs to be started without delay; the adoption medical must take place before the child's plan for adoption is considered at Adoption Panel.
2. The child's social worker must seek the cooperation of both parties to provide written consent to the disclosure of medical information by completing Form IHA-C, including obtaining their consent to the Medical Adviser approaching their GP if necessary, as well as obtaining their written consent on Forms M & B (Obstetric report on mother) and B (Neo-natal Report on Child).
3. A separate Form PH should be completed in relation to each parent.
4. The child's social worker should send Form M/B (Obstetric report on mother and Neo-natal Report on Child) for completion by a doctor at the hospital where the child was born, with a request that they be completed and forwarded to the Medical Advisor, with a copy to be sent to the social worker.
5. The importance of the disclosure of medical information must be explained to the parents but where the parents refuse to sign consent forms, the social worker must record the attempts made to engage the parents and the reasons for refusal in the child's file and adoption record, and inform the Medical Advisor of the position.

6. The child's social worker must attend the medical with the child and, usually, the child's foster carer. If the social worker cannot attend some other worker whose knowledge of the child must attend, it is not acceptable for the foster carer to go alone as they are not in a position to provide all the information the medical advisor will require.

See appendix B (flowchart) and C (Referral form) for further information.

5.0 POST ADOPTION CONTACT

1. The child's social worker must undertake a written assessment as to the best interests of the child to support any contact proposals as part of an adoption plan, or reasons why no contact is recommended. This assessment will take account of the views of the child, the parents, the foster carers and any other significant family members, as well as evidence of attachment and the quality of relationships, based on observations of contact and the child's behaviour before, during and after contact.

For guidance in relation to post-adoption contact, see also **Permanence For Looked After Children**.

2. Where there is a sibling group, each child must be assessed separately and together as a group where appropriate this is to establish the relationships and needs of the child/young person(s) being placed together. This decision should be based on whether siblings should be placed together or separate and must form part of the Care Plan.
3. The assessment should determine whether post-adoption contact between the child and the parents and/or siblings would be in the child's best interest, and if so, what form it should take. The assessment should also be mindful of any previous orders that have already been made. The nature and frequency of contact will be influenced by the need to maintain attachments and /or long-term identity issues.
4. Where post-adoption contact is considered to be in the child's interests, it should be part of the information shared with prospective adoptive parents during the linking process. .

6.0 IDENTIFICATION OF ADOPTIVE PARENTS

The overall time-scale for linking a child with a prospective adoptive family, whether the prospective adopter is resident in the UK or abroad:

- A proposed placement with a suitable prospective adopter should be identified and approved by the adoption panel within six months of the agency deciding that the child should be placed for adoption;
 - Where a birth parent has requested that a child aged under six months be placed for adoption, a proposed placement with a suitable prospective adopter should be identified and approved by the panel within three months of the agency deciding that the child should be placed for adoption.
1. Following notification on CareFirst (L4) to the Adoption Service that a child is the subject of an adoption plan and the receipt of a family finding plan. The case will then be allocated for family finding once referred. The allocated worker will initiate family finding at the point where this is appropriate.
 2. Responses from already approved families (this is for external placements only) should be dealt with in-accordance with Appendix A (Family Finding Flowchart).
 3. An Adoption Support Plan must be produced in line with **Adoption Support Services Procedure**. If the placement is a transracial placement then the support plan must address the child's needs.
 4. The child's social worker will keep the parents and child informed of progress.

7.0 APPROVAL OF LINK WITH ADOPTIVE PARENTS

See Appendix A for flowchart.

8.0 PRESENTATION TO THE ADOPTION PANEL

The following information/report must be presented to the Adoption Panel. The family finder will gather together the paperwork which is detailed below.

- a. Childs Permanence Report (updated as necessary) on the child
- to be prepared by the child's social worker.

- b. The Agency decision-makers decision recommending adoption as in the best interests of the child.
 - c. Prospective Adopters Report on the identified prospective adopters - to be obtained from adopters link worker.
 - d. The Panel minute recommending approval of the prospective adopters - as above.
 - e. The Adoption Placement Report - to be obtained from the manager chairing the linking.
 - f. The assessment of the needs for adoption support services and the proposed Adoption Support Plan.
1. The family finder will send the relevant reports to the Panel Administrator 15 working days before the date of the Adoption Panel.
 2. Unless reports on the adoption plan and the prospective adopters are being presented at the same time, the Panel Administrator will arrange for the decision in relation to the approvals of the adoption plan and the panel minutes regarding the prospective adopters to be circulated to Panel members, with reports.
 3. The child's social worker and the recommended adopters' link worker will attend the Adoption Panel during consideration of the matter.
 4. The recommendation will be recorded in writing, together with reasons, in the Panel's minutes. A copy of the relevant minute must be held on the child's adoption case record.
 5. The child's social worker will convey the Panel's recommendation orally to the child and the parents within 24 hours
 6. The prospective adopters link worker will convey the Panel's recommendation orally to the prospective adopters within 24 hours.
 7. After the Adoption has considered the report and made a written recommendation, this will be sent to the Agency decision maker (Adoption) who will make a decision based on the Panel's recommendation within 7 working days. The decision will be recorded in writing.
 8. The child's social worker will convey the decision orally to the child (depending on age and understanding) and the parents within 48 hours.

9. The prospective adopters' link worker will convey the decision orally to the prospective adopters within 48 hours
10. The Panel Administrator will prepare a written notice of the decision to the child (depending on age and understanding) and the parents within 5 working days and forward to the child's social worker to check before posting (recorded delivery).

9.0 PLANNING THE PLACEMENT

1. The family finder will arrange a meeting to discuss the plan of introductions of the child or children to the new family.
2. The placement planning meeting will always take place in neutral venue and not the foster home or the prospective adoptive home.
3. A manager or senior practitioner from the Adoption Service will chair the meeting.
4. Those attending the Planning Meetings will be the child's social worker, his/her manager as appropriate, the family finder, the manager or senior practitioner chairing the meeting, the foster carers, the link worker to the child's foster carers, the prospective adopters and their link worker, and any other worker engaged in direct work with the child.
5. The child's social worker must ascertain the child's view and report these to the meeting.
6. The purpose of the meeting is to draw up an Adoption Placement Plan (Part 1 and 2) setting out the steps required leading up to the child's placement with the prospective adopters, including the first meeting between the child and the prospective adoptive family, the programme of and detailed arrangements for their introductions (dates, times, venues, transport and accommodation), the support to be provided during the introductions and, where appropriate, a meeting between the parents and the prospective adopters.
7. The Adoption Placement Plan will also address when the prospective adopters will be supplied with all relevant written information about the child, the form this will take (for example the inclusion of a 'Later Life letter and Life Journey Work) and who will provide it, and the timing of the necessary notifications of the placement.
8. The proposed sharing of Parental Responsibility between the local authority, the adoptive parents/family and the birth parents.
9. The Chair will ensure that minutes are written and distributed.
10. In the case of a placement with external prospective adopters, Forms BAAF H1 will be completed.
11. The Adoption Placement Plan will also address when the prospective adopters will be supplied with all further written information about the

child, the form this will take (for example the inclusion of a 'Later Life letter) and who will provide it, and the timing of the necessary notifications of the placement.

12. The child's social worker will advise the parents of the plan whilst maintaining the confidentiality of the placement.
13. Review Planning Meetings during the introductory period may be required to consider the following. The progress of the Introductions Plan – has the necessary action identified at the previous meeting been taken, and has the plan been followed – if not, why not;
 - a. The views of each participant as to the above
 - b. The identification of the positives
 - c. The identification of any difficulties
 - d. The development of the next stage of the plan
14. A meeting can be called by any of the parties if issues of concern arise. All Planning Review Meetings should have the same people invited and take place at a venue neutral and accessible to all parties.
15. Where the child is to be adopted by his or her foster carers, there will be no need for a plan for introductions but the social worker should still convene a Planning Meeting, in order to draw up a Adoption Placement Plan cover the areas as set out above and to specify the date when the placement is to be regarded as an adoptive placement.
16. The social worker must advise the prospective adopters not to change the child's name.
17. The prospective adopters must confirm in writing to the Chair that they agree with the content of the Adoption Placement Plan and wish to continue. A copy must be retained on the child's adoption case record.
18. Where contact is part of the adoption plan, the proposals must be drawn up in agreement to be signed by the birth parents and the prospective adoptive parents prior to the placement. The agreement must specify the form and timing of the contact and the arrangements for putting the contact in place. The agreement must also specify that the arrangements may change dependent upon the wishes of the child. All parties must sign and retain a copy of the agreement.
19. If the Introductions Plan is significantly amended or terminated, the child/parents must also be informed by the child's social worker.
20. If the introductions cease the manager of the Adoption Service should

consider the best way to conduct a disruption meeting.

21. After the Disruption Meeting the child's social worker must review the plan by reconvening a Looked After Review for the child. The family finding must then start to identifying suitable prospective adoptive families if the plan still remains adoption. Where a review is held under following a placement disruption, it will be important for any information gathered at a disruption meeting to be available. Where this is not available in time for the review (which must be held between 28 and 42 days after the child is returned to the agency) an additional review should be scheduled at a time when the minutes of the disruption meeting are available in order to inform future plans for the child. Again, it is important for the panel to be kept informed about disruptions to enable it to include this information in its formal feedback to the agency. The agency should notify those it previously notified of the placement that the child is no longer placed, provided that it is clear that there is no prospect of reconciliation between the child and the prospective adopter.

10.0 THE PLACEMENT

1. Once the linking of the child has been approved, the plan of introductions of the child to the adoptive family successfully completed and the Adoption Placement Plan drawn up, the placement can go ahead. A social worker must be present when the child leaves his or her foster placement.
2. Prior to the placement, the child's social worker must ensure that all the following written information about the child has been provided to the adopters, with a copy to the child (depending on the child's age and understanding):
 - a. The Child's Permanence Report (updated in the last 6 months)
 - b. Description (including genogram) of the family of origin and the household
 - c. Medical information (see Appendix B)
 - d. Authority to consent to medical and dental treatment
 - e. Agreement about the exercise of parental responsibility by the prospective adopters or the parameters for where the local authority should be consulted first.
 - f. The child's 'red book' and NHS card
 - g. A 'Later in Life' letter from the birth parent – if they provide one
 - h. A 'Later in Life' letter from the social worker must be provided

- i. Carers' report including the child's daily routine, likes and dislikes, advice on behaviour management and factors indicating distress
- j. Health report (prepared for Adoption Agency Decision Maker)
- k. Current school reports and PEP
- l. Any letters, photographs or mementos from the birth family and the Life Story Book.
- m. Details of siblings and the reasons for any decisions made to place the child separately.
- n. A written plan of the contact arrangements pre and post adoption with the birth parents and any previous carers.
- o. A Statement of Particulars of financial support where applicable
- p. The Adoption Support Plan, including a named adoption support social worker.
- q. The Adoption Placement Plan including arrangements for support and visits by the child's social worker and their own social worker
- r. Confirmation of any agreement to pay the adopters legal expenses
- s. Any other relevant information, including specialist reports (subject to authors consent)

The prospective adopters should be asked to sign confirmation of receipt.

3. Also, prior to the placement, the family finder must notify the present and new GP, the local Adoption Team (where the adoptive family live outside the authority), the relevant Health Trust and, if the child is at nursery or of school age, the relevant local education authority. This notification is still required prior to the adoptive placement where the prospective adopters were previously the child's foster carers.
4. The Adoption Team will send on behalf of the Medical Adviser the medical report on the child to the child's new GP and the prospective adopters
5. Where the child's foster carers are the prospective adopters, the family finder must confirm in writing to the prospective adopters the date from which the placement is to be regarded as an adoptive placement or, where the foster carers are from a different agency, confirmation must be given by a manager from the adoption service. Fostering duty must also be notified so the Fostering Service Agreement can be ended and the Adoption Service Agreement be started.

6. The Adoption social worker must inform the parents of the date of the placement. No identifying information about the placement should be conveyed to birth parents or relatives.
7. The child's social worker should ensure that CareFirst shows the placement address but identifies that the child is placed for adoption (this is restricted access).
8. The child's social worker will inform the Adoption Panel Administrator of the date of the placement as soon as it is made and the date of the Adoption Order.

11.0 MONITORING AND SUPERVISION OF THE PLACEMENT

1. Arrangements for supervising the placement must be made at the final Placement Planning Meeting.

This will involve the child's social worker and the adopters worker visiting the child at a minimum:

- Within one week of a new placement;
- Weekly intervals until the first LAC review and then every 6 weeks thereafter.

The visits should continue until an Adoption Order has been made.

In addition, the adopters' social worker should carry out monthly contact to the adopters' home with the purpose of ensuring that the adopters are receiving the support they need.

2. Between visits, the child's social worker and the adopters' social worker must liaise with regard to the progress in the placement and record the visits on the child's file and the adoption case record. Both social workers must have access to each other's recording of the visits and should read each other's record of all visits made during the monitoring period. Reports prepared following visits must be completed by people who are suitably qualified. i.e. they will be qualified social workers with 3 years experience of child care social work, including direct experience of adoption or if not sufficiently experienced will be qualified social workers or student social workers supervised by a person with the requisite qualifications and experience. If the author of report is not an employee, he/she must meet the qualifications/experience criteria as must his/her supervisor.

3. Where there are concerns that the placement is at risk of breaking down, a review meeting must be convened immediately by the child's social worker.
4. The child should be seen alone at all of the visits, whether undertaken by the child's social worker or the prospective adopters' link worker, and his or her wishes and feelings recorded subject to their age and understanding.
5. The child's social worker will arrange for the child to continue to have medical assessments in line with his or her Health Care Plan and that the Health Care Plan continues to be reviewed up to the Adoption Order in accordance with the procedures for Looked After Children.

13.0 REVIEW OF THE PLACEMENT

1. Arrangements for the review of adoption placements must be made so that a review is held:
 - Within 4 weeks of the placement
 - Not more than 3 months after the first review
 - At least every 6 months thereafter until an Adoption Order has been made.
2. Where there are concerns that the placement is at risk of breaking down, a review meeting must be convened immediately unless there are exceptional circumstances, no decision to move a child from a placement shall take place without formal review having taken place.
3. The child's social worker will prepare a report for the review incorporating the views of the child and the prospective adopters, which should be circulated prior to the meeting.
4. The review will consider and evaluate the adoption placement in terms of meeting the child's needs and the objectives set at each review and in particular consider the following areas:
 - a. The child's health
 - b. The child's educational progress
 - c. Any regression in the child's development since the placement
 - d. Evidence of the child's attachment to the prospective adopters
 - e. Observations of any grieving process in relation to the previous carers
 - f. Any direct work being undertaken or required
 - g. Any concerns
 - h. The adoption support arrangements for the child, parents and the prospective adoptive family
 - i. Future support needs

- j. Post-adoption contact arrangements – how they are working with birth family and previous foster carers
 - k. Financial supports, where relevant
 - l. Outstanding Court Proceedings
 - m. Timing of adoption application
 - n. Responsibility for providing Court reports
 - o. Date for next review
5. Once the Adoption Order is made, the child's adoption file should be sent to the Panel Administrator who will ask the Adoption Team to ensure it complies with the requirements before placing in the LAC archive. The Looked After Service will update the status of the child on CareFirst.

Family Finding Process

An Adoption Worker is invited to the Care Planning Meeting that proceeds the 4 month Review to advise on the suitability of the Plan

4 month LAC review – if adoption is considered as part of permanence plan

Referral can be made for family finding at any point after this review (without documentation we are unable to undertake family finding as we have no information to share with families)

Or other agencies

L4 to be completed on CareFirst

Must be accompanied by:

- Child's Permanence Report
- Schedule 3 adoption medical/medical reports
- PEP (if school age child)
- Any relevant assessments undertaken
- Copy of most recent LAC review
- DVD of child (if possible)
- Profile with photograph

Case allocated to family finder

Matrix of child's needs (Adoption Support Plan) completed with foster carer, social worker, family finder. Also birth parents and child if applicable.

In house resources checked first

If in house resources available

Information re family shared with social worker and information regarding the child with the family

Matching meeting held with:

- family finder
- foster carer
- child's social worker

Information re child shared with family:

- consideration to a Child Appreciation Day (see Policy)

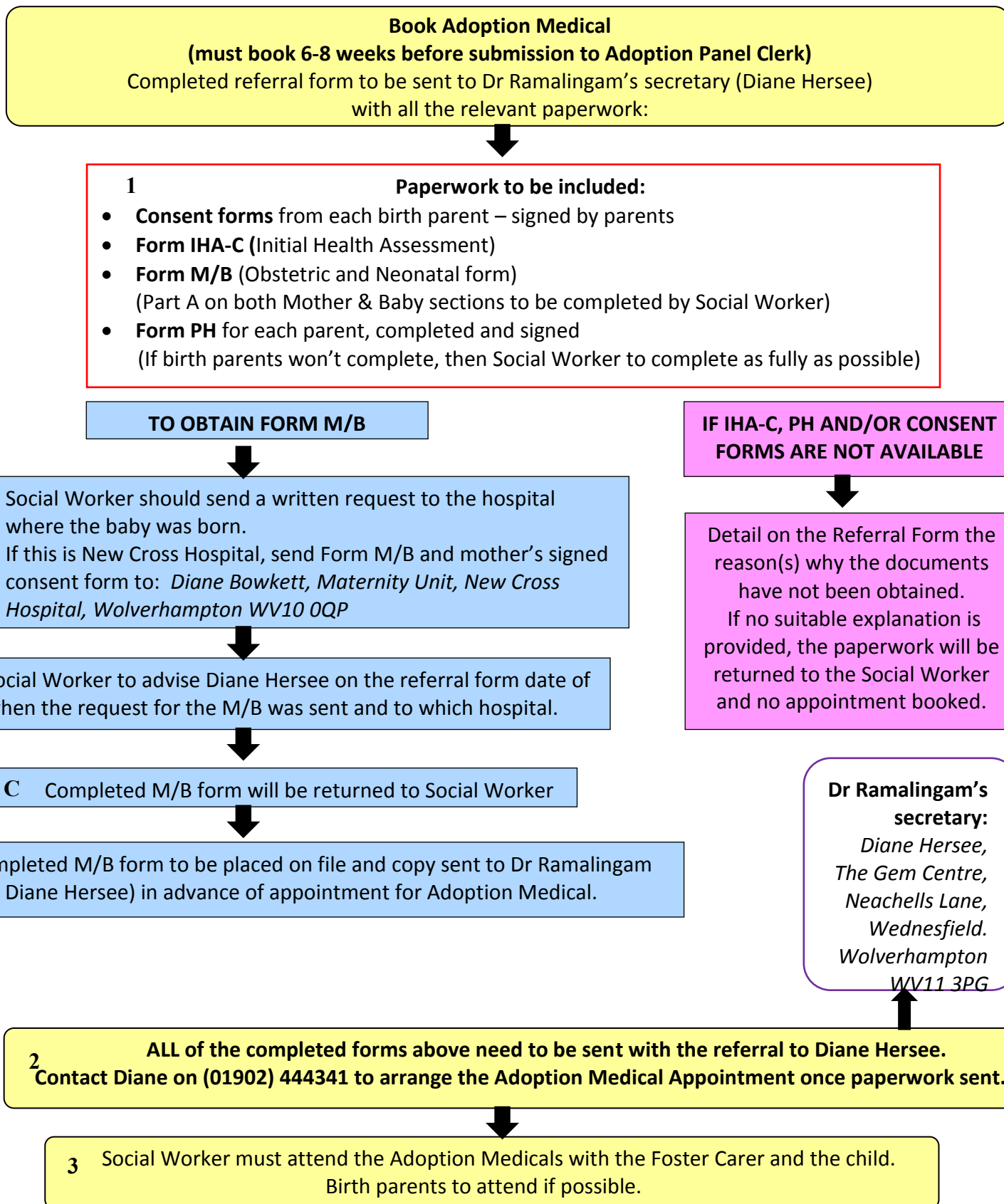
Linking meeting

Proposed link to Panel

If No in house resources available

Referral to West Midlands Regional Consortium and to Adoption Register

Consideration to be given to feature the child in publications such as Be My Parent and Children who Wait if the parents have consented or the Court has granted permission if a Placement Order has been granted.



Children, Young People and Families

Permanence for Looked After Children

Policy & Procedure

PURPOSE:

The Purpose of this Policy is to ensure that where there is no realistic prospect of birth parents providing safe and effective parenting, that an alternative way of achieving permanence is agreed. Permanence must ensure that Looked After Children are securely attached to carers who are capable of providing safe and effective care for the duration of their childhood and preferably beyond whilst meeting the child or young persons needs taking into account their wishes and circumstances.

Approved by – Children, Young People & Families Management
Team (18.11.13)

Published – 19.11.13

Review Date – October 2015

REVIEW LOG

Date	Version	Amendments	Approved by & Date
Oct 2011	1.0	New policy introduced	Children & Families Management Team
Oct 2013	1.1	2.0 (amended) 3.2 (amended) 5.1 – Permanence Planning Meetings (added) 6.0 – New section on ratifying permanence plans for Adoption & Long Term Fostering 8.0 - added	Children, Young People & Families Management Team (31.10.13)
Nov 2013	1.2	5.1 – Permanence Planning Meetings – member of the Adoption/Fostering Team (added) depending on the plan to attend.	Agreed by email on 18.11.13.

CONSULTATION

The following people have been consulted on this policy:

- Fostering Team Manager
- Adoption Team Manager
- Children and Family Support Management Team

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1.0 DEFINING PERMANENCE

Permanence is a framework of emotional, physical and legal conditions that gives a child a sense of security, continuity, commitment and identity.

Local Authorities are entrusted with the aim of ensuring that all children are securely attached to carers capable of providing safe and effective care for the duration of their childhood. Attachment provides security which allows the child to develop physically, emotionally and cognitively through a consistent care-giving relationship between adult and child.

Permanence is achieved when a child is legally secured or belongs within the family in which they live and when they are psychologically attached to carers who are committed to meeting their needs to the best of their ability.

It is best for children, where possible, to be brought up by their own birth parents. However, when there is no realistic prospect of birth parents providing safe and adequately effective parenting, alternative ways of achieving permanence have to be considered. In the first instance every possibility of the child living within their extended family or friends network should be fully explored. Only when it is established that family and friends are not available or not willing or able to provide care should permanence with unrelated carers be considered.

There are a range of options that can achieve permanence. The planning process will identify which option is most likely to meet the needs of the individual child, taking into account their wishes and circumstances. Permanency planning will agree the desired outcome and set out the tasks, with timescales, to achieve this.

The range of permanent placement options for looked after children include, placement with family or friends, adoption, permanent fostering and residential care and may be secured via a range of legal orders including Adoption order, Special Guardianship Order, Residence Order and Care Order.

Securing the most appropriate outcome for a child is underpinned by care planning and review.

2.0 KEY PRINCIPLES IN PERMANENCE PLANNING

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

The question "how are the child's permanence needs being met" must be at the core of everything we do.

Where it is clear that families and children are unable to live together, planning must be swift and clear to identify permanent alternative settings.

Wherever possible, care should be provided locally unless clearly identified as inappropriate.

Contact with the family and extended family should be facilitated and built on (unless clearly identified as inappropriate).

The professionals involved should work in partnership with parents/families.

The wishes and feelings of the child should be taken into account. The older and more mature the child, the greater the weight should be given to his or her wishes. Even where circumstances mean that a child's key wish (e.g. to return home) cannot be met, those wishes still need to be listened to, respected and taken account of in working with the child (who may need help to understand why their wish cannot be fulfilled) and in planning alternative arrangements..

When undertaking permanence planning, all workers have a duty to promote the child's links with his or her racial, cultural and religious heritage by:

- Promoting placements wherever possible which mean the child will be brought up within the same racial, cultural and religious environment as his birth family.
- Where this is not possible, ensuring a placement is identified which can promote links for the child with his or her race, culture and religion.

Practice promoting race equality according to the child's assessed needs must therefore be evidenced within the Permanence Plan.

3.0 OPTIONS FOR PERMANENCE

The Options for Permanence are:

- 3.1 Return home to birth parents
- 3.2 Permanent placement with Family or Friends
- 3.3 Adoption
- 3.4 Permanent Fostering
- 3.5 Residential Care
- 3.6 Special guardianship
- 3.7 Residence Order

3.1 Return home to birth parents

Whenever possible a plan of living permanently with birth parents should be the plan of choice. The Local Authority has a duty to rehabilitate children to the care of their parents unless it is clear that the parents are not able to meet the child's needs and are unlikely to be able to do so in a timescale relevant to the child.

Whenever possible a child should return home without a legal order. If a legal order is needed this should ordinarily be a Supervision Order and only in exceptional circumstances should there be a plan to seek a Care Order and place the child with parents. When a Care Order is necessary the permanency plan should include applying for discharge of the Care Order at the earliest appropriate time. In all cases discharge of the Care Order is to be considered when the child has lived at home with his/her parents for a period of six months or more.

The child's parents retain Parental Responsibility at all times and only where there is a Care Order is Parental Responsibility shared with the Local Authority.

Financial responsibility for the care of the child lies primarily with the birth parents, who are eligible to claim appropriate Benefits and Tax Credits in respect of the child. Young people aged 16 – 18 years living with parents under a Care Order will be paid a Personal Allowance when parents are no longer able to claim Benefits in respect of them, unless the young person is in full time employment. The young person may also be eligible for other payments, under the Children (Leaving Care) Act 2000, if in full-time education or training. If additional financial assistance is needed to support the placement of a child placed with parents this may be awarded under Section 23, Children Act 1989 if there is a Care Order or Section 17 if the child is no longer looked after.

The child and family will also be eligible for non-financial support to maintain the placement. The child on a Care Order is still looked after and will have an allocated Social Worker and be subject to statutory reviews. If the child is not

looked after, help and support may be offered on a Child In Need basis and as part of a Child In Need Plan.

3.2 Permanent Placement with Family or Friends

We have a responsibility to support parents wherever possible in finding their solutions to their challenges in securing the welfare of their children. It is not uncommon for parents to include in this asking friends or relatives to care for their children for shorter or longer periods of time. This is a parent's prerogative and not one that requires the approval of the Local Authority although some such arrangements may need to be reported to us in line with the Private Fostering Regulations – See Private Fostering Policies and Procedures.

In some cases, we may work with a family where we are able to offer some limited support under S17 for such arrangements. However, we always need to ask ourselves whether the nature of our involvement does not indicate a greater responsibility for the Local Authority than can be met under S17. The key factor is whether or not our assessment indicates that a particular child needs to have Looked After status in order to better secure his or her well-being. Thus a parent may be unable to care for their own child but they have a close relative who is able and willing to do so but needs some immediate financial support which may be provided from S17 while on the other hand, we are concerned for the welfare of a child whose parent suggests relatives as an alternative to the child becoming looked after – we may explore this alternative, but our concerns may lead us to believe that S20 or Care Order status is more appropriate even if the child goes to live with the relatives identified.

Legal advice should be sought to establish the status of a child or young persons placement.

We need to find the least intrusive option but one that also meets assessed need and ensures that as a Local Authority we are accepting of responsibilities that properly fall to us.

For children unable to return home to the care of their parents the most desirable option is a permanent placement with family or friends.

It is important to establish at an early stage whether or not family members and friends might be available to care for the child, in order to avoid the kind of delays that can happen during Court proceedings when this work has not been done.

Family Group Conferencing should be considered as a means to empower families in decision making for their children.

Where living with family and friends is in the child's best interests, options for achieving this without the child remaining looked after should be explored.

When a legal order is required to secure a family or friends placement, this may be achieved through adoption, Special Guardianship Order, Residence Order or Care Order. Wherever appropriate the family and friends carers should be encouraged and supported to apply for a Residence Order or Special Guardianship Order. The permanency plan should include regular reviews to consider the appropriateness of other options that will enable the Care Order to be discharged.

Where a child is looked after by the local authority, any family member (however closely related) or friend will need to be assessed as a Family & Friends Foster Carer for the specific (named) child.

In all circumstances, except adoption, the child's birth parents retain parental responsibility. The extent to which the birth parents can exercise their parental responsibility will vary with the type of legal arrangement in place..

Where the child is no longer looked after and there is no legal order in force, the carer and child's parents are financially responsible for the child. Appropriate Benefits and Tax Credits in respect of the child may be claimed. Where an adoption, special guardianship or residence order is in force and financial support is assessed as necessary to enable and/or maintain the placement, an adoption, special guardianship or residence order allowance may be paid. The amount of the allowance paid is means-tested.

Where the child is looked after, the carer will be a Family & Friends (Connected Person) Carer and will be paid the full age-appropriate fostering allowances for the child.

3.3 Adoption

If a return home or a family and friends placement cannot be achieved, adoption should be considered for all children under 10 years of age. Children aged 10 years and over may also benefit from adoption if this is in their best interests and consistent with their wishes.

Research strongly supports adoption as a primary consideration and as a main factor contributing to the stability of children, especially if under four years old, who cannot be rehabilitated to their birth parents or extended family.

Adoption offers children a legally permanent new family to which they will belong all their lives.

An Adoption Order transfers Parental Responsibility for the child from the birth parents and others who had Parental Responsibility, including the local authority, permanently and solely to the adopter(s).

The child is deemed to be the adopter(s) as if he or she had been born to them. The child's birth certificate is changed to an adoption certificate showing the adopter(s) to be the child's parent(s).

A child who is not already a citizen of the UK acquires British citizenship if adopted in the UK by a citizen of the UK.

An Adoption Order is irrevocable.

As part of the Care Plan of adoption, an adoption Support Plan will be agreed. This will include an assessment of whether or not any financial support is to be given and the amount of this if applicable.

Adoption has the following advantages as a permanence plan:

- a) The child is no longer looked after
- b) Parental Responsibility is held solely by the carers
- c) No future legal challenge is normally possible
- d) Decisions about continuing contact will be made by the new parents (on the child's behalf) who are most in touch with the child's needs.
- e) The child is a permanent family member into adulthood.
- f) There is no review process.

Adoption has the following disadvantages as a permanence plan:

- a) It involves a complete and permanent legal separation from the birth family origin

3.4 Permanent Fostering

Permanent fostering with unrelated foster carers should only be considered where the above options of a return to birth parents, placement with family and friends and adoption have been assessed as inappropriate or have been tried without success.

Permanent fostering can offer stability through the provision of a supportive relationship and adult attachment for a child throughout the remainder of their childhood. At the same time it allows attachments to parents and the child's wider family to continue. It has proved to be particularly useful for older children who retain strong links to their families and do not want or need the formality of adoption.

The child's parents retain parental responsibility and only where there is a Care Order is parental responsibility shared with the local authority. The local authority has a duty to work in partnership with the child's parents regarding the arrangements for the child's care and upbringing.

The local authority is financially responsible for the child's care. All foster carers are paid the age-related fostering allowances for the child and a Recruitment and Retention fee apart from foster carer's approved under family and friends criteria, who only receive an age related allowance.

Permanent fostering has the following advantages as a permanence plan:

- a) The local authority retains a role in negotiating between the foster carers and the birth family over issues such as continuing direct contact.
- b) There is continuing social worker support to the child and foster family in a placement which is regularly reviewed to ensure that the child's needs are met.

Permanent fostering has the following disadvantages as a permanence plan:

- a) Lack of Parental Responsibility for the carers.
- b) Continuing social work involvement.
- c) Regular reviews, which are statutorily required to ask if rehabilitation to the parent is to be considered. This may be regarded as destabilising to the placement.
- d) Stigma attached to the child because of being in the Looked After system.
- e) The child is not a legal member of the family. If difficulties arise there may be less willingness to preserve and seek resolution.

3.5 Residential Care

Residential care, whilst not a permanent placement, may:

- provide a period of stability to enable permanence planning
- be suitable for children with exceptional health and/or educational needs
- be a permanent placement for older teenagers for whom independent living is the plan.

For a small number of children residential care will be the placement option that best meets their needs. They include teenagers in crisis following a breakdown in family relationships and some children with exceptional needs arising from severe disabilities, often with challenging behaviours.

Group living and multiple carers may detract from, rather than promote, attachments. For this reason, residential care is not a satisfactory placement for children under the age of 13.

Birth parents retain parental responsibility for the child and only where there is a Care Order in force is parental responsibility shared with the local authority. Irrespective of the child's legal status, the local authority has a duty to work in partnership with the child's parents and to consult with them regarding the care, upbringing and plan for the child.

The Local Authority financially supports children in residential care, parents are not required (at present) to contribute towards the cost.

3.6 Special Guardianship

Special Guardianship aims to provide permanence for children for whom adoption is not appropriate. It is intended to be used where the relationship between child and carer would benefit from greater legal security, but when adoption is not suitable. It addresses the needs of a significant group of children, mainly older, who need a sense of stability and security but who do not wish to make the absolute legal break with their birth family that is associated with adoption. It will also provide an alternative for achieving permanence in families where adoption, for cultural or religious reasons, is not an option.

Special Guardianship does not end the legal relationship between the child and his/her birth parents. The birth parents remain the child's parents and continue to have parental responsibility for the child.

3.7 Residence Order

A Residence Order may be used to increase the degree of legal permanence in a placement. It is intended for where parents feel they have a continued role to play in relation to the child, but cannot provide day to day care.

4.0 LEGAL OPTIONS FOR SECURING PERMANENCE

Of the permanence options, legal permanence is only provided by the child's return home to birth parents or adoption. However, a Special Guardianship Order or Residence Order may be used to increase the degree of legal permanence in a placement with family or friends or a permanent fostering placement, where this would be in the child's best interest.

4.1 Adoption Order

An Adoption Order provides legal permanence for the child. It transfers Parental Responsibility for the child from the birth parents and others who had Parental Responsibility, including the local authority, permanently and solely to the adopter(s). The child's birth certificate is replaced by an adoption certificate naming the adoptive parent(s) as the child's parent(s) and the child is permanently part of the adoptive family. An Adoption Order cannot be revoked.

An adoption Support Plan will set out the agreed support, including financial support (if any), for the adoptive family. The plan will be reviewed at least annually and revised, if necessary, to meet the family's changing needs.

4.2 Special Guardianship Order

A Special Guardianship Order gives the Special Guardian(s) Parental Responsibility for the child and the legal entitlement to the final say in most decisions about the child's upbringing. The exception is that the parents have to be consulted and their consent given to the child's change of name, adoption, placement abroad for 3 months or more, the sterilization of a child and circumcision of a male child.

A birth parent has no automatic entitlement to apply to discharge the Special Guardianship Order, they have to obtain leave of the Court to apply and show that their circumstances have changed significantly since the Special Guardianship Order was made.

A special guardianship Support Plan will set out the agreed support, including financial support (if any), for the child and family. The plan will be reviewed at least annually and revised, if necessary, to meet the child and families changing needs.

A Special Guardianship Order has the following advantages:

- a) The carers have Parental Responsibility and clear authority to make decisions on day to day issues about the child's care.
- b) There is added legal security to the Order in that leave is required for parents to apply to discharge the Order and will only be granted if a change of circumstances can be established since the Order was made.
- c) It maintains legal links to the birth family

- d) There need be no social worker involvement, unless this is identified as necessary, in which case an assessment of the need for support must be made by the relevant local authority.

A Special Guardianship Order has the following disadvantages:

- a) The Order only lasts until the child is 18 and does not necessarily bring with it the sense of belonging to the Special Guardian's family as an Adoption Order does.
- b) As the child is not a legal member of the family, if difficulties arise there may be less willingness to persevere and seek resolution.
- c) Although there are restrictions on applications to discharge the Order, such an application is possible and may be perceived as a threat to the child's stability.

4.3 Residence Order

A Residence Order gives the holder of the Order Parental Responsibility and determines that the child is to live with that person. Birth parents retain Parental Responsibility and must be consulted about all major decisions in relation to the child's care and upbringing. Also, a Residence Order can be flexible enough to accommodate various shared care arrangements.

Financial assistance may be given, provided this is requested prior to the Order being made. The assistance may be in the form of a one-off payment, occasional payments or a weekly Residence Order Allowance. The amount of Residence Order Allowance paid is means tested and reviewed annually.

The granting of a Residence Order automatically discharges a Care Order. A Residence Order continues until the child is 16 years, unless revoked earlier. A parent or the child may apply for revocation of the Order at any time.

A Residence Order has the following advantages:

- a) It gives Parental Responsibility to the carer whilst maintaining the parents' parental responsibility.
- b) There need be no social worker involvement, unless this is identified as necessary.
- c) There is no review process.
- d) There is less stigma attached to the placement of the child.
- e) Any contact is likely to be agreed or if considered necessary by the Court set out in a Contact Order.

A Residence Order has the following disadvantages:

- a) It is less secure than adoption in that an application can be made to revoke the Order. However, the Court making the order can be asked to attach a condition refusing a parent's right to seek revocation without leave of the court.
- b) There is no formal continuing support to the family after the Order although in some circumstances, a Residence Order Allowance may be payable.
- c) There is no professional reviewing of the arrangements after the order unless a new application to court is made, for example by the parents for contact or revocation.

4.4 Care Order

A child accommodated by the Local Authority under Section 20 and the authority does not have parental responsibility then a Care Order should be considered (this may not be appropriate for older young people).

A Care Order should only be considered where there is an assessed need for the Local Authority to share Parental Responsibility for the child. Other legal orders for securing permanency, i.e. an Adoption Order, Special Guardianship Order or Residence Order, will have been assessed as inappropriate or unachievable at the particular time of the Care Order application. Alternative legal options should be reconsidered at each statutory child care review. Ending a child's looked after status should remain a key objective and benefits for the child include normalization and being less intrusive.

A Care Order does not end the legal relationship between the child and his/her birth parents and the parents continue to have parental responsibility for the child.

A Care Order gives the Local Authority Parental Responsibility for the child and the legal entitlement to the final say in most decisions about the child's upbringing. However, the Local Authority has a duty to work in partnership with the birth parents and to consult with them regarding all issues in relation to the child's care and upbringing., The Local Authority also has a duty to promote contact between the child and his/her birth family, unless this is not in the child's best interests.

A Care Order continues until the child is 18 years, unless discharged earlier. A parent, the child or the Local Authority can apply for the discharge of the Care Order at any time after it has been in force for six months.

A Care Order has the following advantages:

- a) The Local Authority shares Parental Responsibility with the child's birth parents.
- b) It maintains legal links to the birth family who can play a part in decision making for the child.

- c) There is continuing social work support to the child, carer and birth family, which is regularly reviewed to ensure that the child's needs are met.

A Care Order has the following disadvantages:

- a) The child is looked after – this can be intrusive involvement as the social worker has to visit regularly, as child has to have annual medical and will be subject to 6 monthly reviews.
- b) Continuing social work involvement.
- c) Stigma attached to the child due to being looked after.
- d) Carers (unless the child is placed with parents) do not have parental responsibility.
- e) The child is not a legal member of the carer's family - if difficulties arise there may be less willingness to persevere and seek resolution.
- f) Application to discharge the Care Order may be made at any time - this may be regarded as destabilising to the placement.
- g) The Order ends at age 16 years.

5.0 ASSESSING AND PLANNING FOR PERMANENCE

Social workers who undertake assessments of a child's needs in relation to his or her Permanence Plan must:

- a) Be outcome focused and
- b) Include consideration of stability issues, including the child's and family's needs for long-term support and the child's needs for links, including contact, with his or her parents, siblings, and wider family network.

Social Workers must ensure the child's Permanence Plan is clearly linked to previous assessments of the child's needs.

Appendix A, (page 21) presents a brief, research-based checklist of considerations about Adoption, Special Guardianship/Residence Orders and Permanent Fostering.

In all cases, full consultation with all family and community support networks must be considered as a possible method of engaging those who know the child best, or who the child is most attached to, in considering the child's long term needs.

It may be appropriate to hold a Family Group Conference where the child (if appropriate), and family members can be involved in the decision-making process.

Harnessing family and community support networks in this way may be particularly effective, for example, for children from black and minority ethnic groups and for disabled children.

In all cases, the child's own wishes and feelings must be ascertained where possible and taken into account.

By the time of the second Looked After Review, the child must have a Permanence Plan (incorporated into the Care Plan), which must be presented for consideration at the review.

Where the Permanence Plan includes a Contingency Plan, the Social Worker must ensure that the parents are informed of the reasons why two plans (rehabilitation and alternative permanence) are being made to meet the child's needs and prevent unnecessary delay.

There are a number of contingency planning models, including 'Concurrent Planning' and 'Parallel' or 'Twin Track' Planning (see B, page 29 for descriptions of these). Social Workers are advised to use the Parallel/Twin Track model.

5.1 Permanence Planning Meetings

5.1.1 What is the aim of a Permanence Planning Meeting?

The aim of a Permanence Planning Meeting is to consider and agree the effective route to securing permanence for the child or young person . This must include a Contingency Plan.

Early Permanency Planning is essential for all looked after children and young people to avoid drift and to ensure they have the opportunity to reach their full potential from a safe and secure base:

- a) In this context, the use of the term 'permanence' is wide, and acknowledges that permanence can be achieved through different routes – with children and young people returning back to live with their birth family, reconstituted birth families, placed with family and friends (connected persons), long term, new or existing foster families, adoptive families, carers who have been granted a Residence or Special Guardianship Order or long term residential care.

It is the responsibility of the child's Social Worker to organise the meeting.

5.1.2 Who attends and chairs a Permanence Planning Meeting?

The following must attend:

- The child's Social Worker
 - A member of the adoption/fostering Team (dependent on the plan)
 - Child or young person's parents
 - Any significant others
 - Where appropriate the child's Guardian should be invited as an observer. Importantly they are not part of the decision making process.
 - Where appropriate the current carers should also be invited. If it is not possible for them to attend, it is essential their feedback is provided to the chair through a brief written report.
- } This might be in writing, drawing, audio or video recording or verbally presented by someone on their behalf.

A Team/Practice Manager is responsible for chairing the meeting.

5.1.3 When should a Permanence Planning Meeting take place?

A Permanence Planning Meeting should take place prior to the second review. This is so that the Permanence Plan can be endorsed at the second review.

5.1.4 Minutes of Permanence Planning Meetings

Minutes of the meeting will be taken. The child's social worker is responsible for ensuring the agreed outcomes are documented in

the child's care plan.

6.0 RATIFYING PERMANENCE PLANS FOR ADOPTION AND LONG TERM FOSTERING

Where a plan for permanence has been ratified at a child or young person's second review and the plan is for adoption and long term fostering it should follow the processes outlined below.

6.1 Long Term Fostering Permanency Decisions

Decision for Permanence Plans where it is Long Term Fostering will be heard once a month.

All relevant paperwork must be sent to the Panel Administrator at least 10 working days prior to date the decision will be made. Dates are available from the Panel Administrator.

The paperwork will then be quality checked by the Professional Advisor over a 4 day period and offer advice to the social worker and decision maker on the recommendations of the plan. The paperwork submitted must be fully completed to ensure the Agency Decision Maker can make a final informed decision.

Once the decision has been made by the Agency Decision Maker they will confirm this by memo to the Professional Advisor. The Professional Advisor will inform the Social Worker of the outcome verbally. This will be followed up by written confirmation to the allocated Social Worker, their respective Managers and the Fostering Team Manager.

A record of the approval for permanency will be sent to the Fostering Panel to acknowledge the plan for the child or young person and endorse any future link and match to long term foster carers.

For linking and matching processes see Foster Panel Policies and Procedures (currently under review).

6.2 Adoption Permanency Decisions

Decision for Permanence Plans where it is adoption will be heard twice a month.

All relevant paperwork must be sent to the Panel Administrator at least 10 working days prior to date the decision will be made. Dates are available from the Panel Administrator.

The paperwork will then be quality checked by the Professional Advisor over a 4 day period and offer advice to the social worker and decision maker on the recommendations of the plan. The paperwork submitted must be fully completed to ensure the Agency Decision Maker can make a final informed decision.

Once the decision has been made by the Agency Decision Maker they will confirm this by memo to the Professional Advisor. The Professional Advisor will inform the Social Worker of the outcome verbally. This will be followed up by written confirmation to the allocated Social Worker, their respective Managers and the Adoption Team Manager.

A record of the approval for permanency will be sent to the Adoption Panel to acknowledge the plan for the child or young person and endorse any future link and match to prospective adoptive parents.

For linking and matching processes see Adoption Panel Policies and Procedures (currently under review).

7.0 GOOD PRACTICE GUIDANCE

The following practice guidance is not exhaustive. It is drawn from research and consultation with young people, parents, carers and practitioners.

7.1 Supporting rehabilitation to birth or extended family

Research points to:

- The importance of clearly communicating to the family what needs to happen so that the child can return home, and within what timescales.
- The importance of exploring family ties and long term relationships with family, school and community, especially in the light of changing workers.
- The use of Family Group Conferences as an effective way of facilitating both the above.

7.2 Identifying the best permanence option

Research points to:

- The importance of considering within the assessment process “how will stability for this child be achieved?” Refer to Appendix A (Page 21).

- This means considering long term stability in the sense of a permanent home with the same family or group of people, as part of the same community and culture, and with long-term continuity of relationships and identity.
- Short or medium term stability or continuity may also be an important issue both for children who are going to stay in the Looked After system for a brief period before going home and for children who are going to need new permanent arrangements. Making every effort to reduce changes of placement, school, separations from friends and family, to minimise the number of uncertainties or unwelcome surprises a child has to contend with, may make a huge difference to the quality of the child's life.
- The importance of giving attention to issues such as educational experiences links with extended family, hobbies and friendships - all of which contribute to guarding against disruption and placement breakdown.
- The importance of carefully listening to what children want from the placement, helping the relationship between carer and child to build, making thorough plans around contact with family, providing vigorous support during crisis times and taking a sufficiently flexible attitude to adoption by carers.
- The older a child is then the less likely it is that the child will secure a permanent family through adoption.
- The larger the family group of children then the harder it is to secure a single placement that will meet all the needs of all the children.

7.3 Placement/Contact with Siblings – Issues to Consider

It is important to assess the extent and quality of relationships in a sibling group.

Usually, and especially where there is a preexisting and meaningful relationship, it will be important to actively seek to maintain sibling relationships within any Permanence Plan, including those where an alternative family placement is sought.

Research points to:

- The most enduring relationships people have are likely to be with their siblings.
- The impact on separated siblings of losing vital support, a shared history and continuity affects stability in the placement.
- More successful outcomes occur for children placed together with their siblings. Children should therefore be placed with their siblings, unless the assessed and identified needs of the child are different such as

dysfunctional interaction that cannot be remedied, incompatible needs or where the lack of appropriate placement would lead to unacceptable drift. The immediate non-availability of a suitable placement should not prevent rigorous home-finding efforts within an agreed time frame, based on balancing the potential for success against the risk of undue delay.

- The importance of identifying strengths and difficulties in sibling relationships in order to make appropriate permanent placement decisions. It is important to ascertain the perceptions and wishes of the child and their family, to assess the shared experience of siblings and the children's individual permanence needs. This involves thorough consideration of issues of gender, race, disability and identity.
- The importance of including regular contact between siblings within the Permanence Plan wherever possible, if they cannot be placed together.

7.4 Direct contact with birth family members and others

Contact must always be for the benefit of the child, not the parents or other relatives.

It may serve one or all of the following functions:

- To maintain a child's identity. Consolidating the new with the old.
- To provide reassurance for the child.
- To provide an ongoing source of information for the child.
- To give the child continuing permission to live with the adoptive family.
- To minimise any sense of loss.
- To assist with the process of tracing.
- To give the adopters a secure sense of the right to parent. This will make the parenting task easier.

Direct contact will generally only work if all parties accept/agree to:

- The plan for permanence
- The parental role of the permanent carers
- The benefit of contact

Direct contact is not likely to be successful in situations where a parent:

- Disagrees with the plan for permanence.
- Does not accept the parental role of the permanent carer and their own minimal role with the child.
- Has proved to be unreliable in their commitment to contact in the past.

- Has not got a significant attachment with the child. Post placement contact should not be used as a means of creating an attachment where it did not previously exist.

The wishes of the child to join a new family without direct contact must be considered and given considerable weight at any age.

If direct contact is a part of the Permanence Plan, a formal agreement setting out how contact will take place, who with, where and how frequently must be negotiated before placement, and reviewed regularly throughout the child's life.

7.5 Indirect contact with birth family members and others

We do not all share the same sense of family – it means different things to different people. It helps when children are helped to understand to whom they are related, especially if they have complicated family trees including half-brothers or sisters living in different places. Again, it is about identity built on solid information.

Wherever possible, indirect contact between the child and his or her new family with people from the past should be facilitated;

- a) To leave open channels of communication in case more contact is in the child's interests in the future.
- b) To provide information (preferably two-way) to help the child maintain and enhance their identity and to provide the birth relative with some comfort in knowing of the child's progress.

Indirect contact must be negotiated prior to placement, and all parties should be asked to enter into an agreement with one another about the form and frequency that the contact will take. Renegotiations of the contact should only take place if the child's needs warrant it.

All parties to the agreement will need to accept that as the child becomes older and is informed more fully about the arrangements of indirect contact, the child will have a view regarding its continuation. No contact arrangements can be promised to remain unaltered during the child's childhood. Indeed, the child's need for indirect contact will be re-evaluated from time to time by those holding parental responsibility. Those involved need to accept that contact may cease if it is no longer in the child's interests. Alternately an older child may need to change to direct contact.

The Adoption Service offers a non-identifying post box system to assist adopted children to maintain contact with birth relatives and others.

7.6 Guarding against drift

Research points to:

- Unintended negative consequences of a 'sequential' approach, even where it emphasises the primacy of family reunification as a permanence option. Children who cannot return home often linger in foster care for many years, experiencing multiple moves before exploration of other permanence options begin.
- The prevention of such damaging delay occurring through 'Twin Tracking/Parallel (or Contingency) Planning' and 'Concurrent Planning'. For more detail, please refer to Appendix B below.

7.7 Clearly communicating the Permanence Plan

- Communicating a Permanence Plan effectively involves setting it out clearly and concisely as part of the Care Plan, in a way that acts as a useful reference to all involved during the Review process.
- Good quality Care Plans set out clear, concise statements about intended outcomes. Although 'a sense of permanence' can in itself be stated as an outcome, it can also be presented as a means to achieving particular developmental outcomes.
- Make timescales clear. These are about "having regard to the child's age and circumstances, achieving a balance between a framework for an action plan to provide a sense of stability for the child and flexibility to allow for adequate changes in the parent's or birth family's circumstances" (Family Rights Group 1998).

7.8 Applications by foster carers for permanent fostering, Special Guardianship, a Residence Order or Adoption of a child in their care.

In some situations, foster carers form a close attachment to a fostered child and when adoption or permanent fostering becomes the plan for that child, ask to be considered as adoptive parents or permanent foster carers. This should always be considered carefully. Research indicates that such placements for permanence can promote the security of a child and encourage the development of a healthy attachment to the foster carers' family.

Each case should be considered individually, bearing in mind the following factors.

- The assessment of the child's needs and the foster carers' ability to meet those needs via adoption or permanent fostering.
- The availability of other adopters or permanent carers for the child, particularly for healthy young children under 3.
- The length of placement, quality of the attachment and risks to the child's emotional well being of disrupting the attachment.
- The contact plans for the child. Any risk to the child from the parents having current placement knowledge of the foster carer.
- The foster carer's intentions regarding continuing as temporary carers for other placements and the likely impact of this on the child needing permanence.

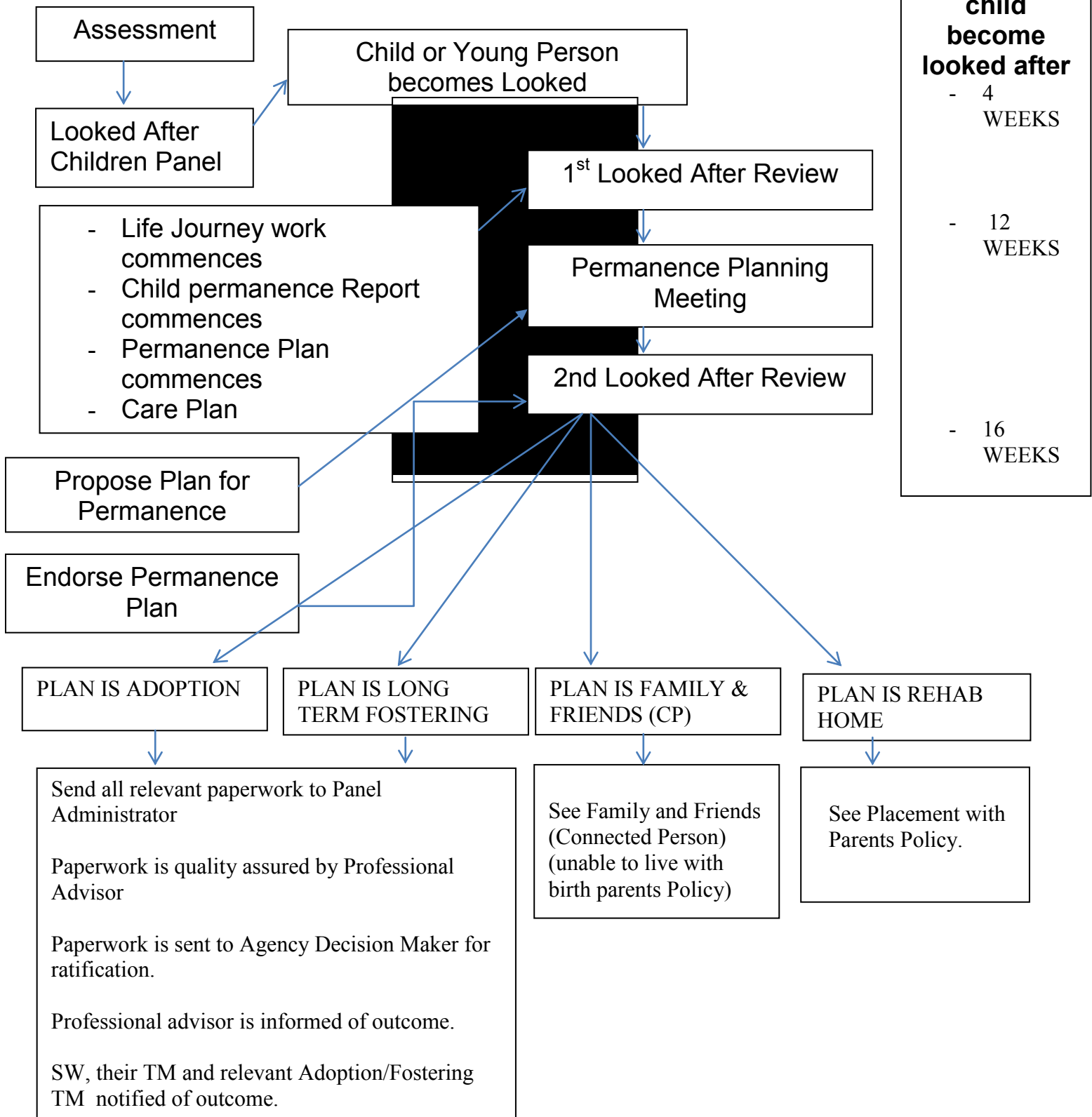
The child's social worker has a role in ensuring that the placement will meet the long-term needs of the child. The foster carers' social worker has a role to ensure the foster carers have considered the impact on themselves and their family of a decision to commit long term to a particular child.

Often the elements that would normally be considered to make a good match may only be partly present, e.g. the carers may be older than ideal. However the positive advantages of maintaining an existing relationship of quality, the perceived durability of this relationship, the benefits of maintaining existing networks of support are all factors that need to be considered and a balance of risks and rewards considered against the uncertainty of seeking to find an elusive "other" placement that may never materialise.

Where the proposed match seems likely to meet the needs of the child applications from foster carers to be recognised as permanent carers for a child should be positively welcomed. The financial implications of such placements, particularly those involving other agency carers, require a clear analysis of risks and benefits along with prior agreement from the relevant budget holder to secure long term funding.

In all cases where the foster carer is considering a long-term commitment to the child the potential of this to be secured through the making of a Special Guardianship Order or Residence Order must be thoroughly explored.

8.0 PERMANENCE PLANNING FLOWCHART



APPENDIX A – Permanent Placement Checklist of Considerations

Once ratified cases to progress for linking & matching.

		Permanent 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'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, foster or other carer needs to exercise day to day parental responsibility and is prepared to do so as a lifelong commitment	Child's birth parents are not able or not willing to share parental responsibility in order to meet their child's needs, even though there may be contact	Child has a clear 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	Child needs an opportunity to develop a new sense of identity whilst being supported to maintain or develop a healthy understanding of their past	There is need for continuing oversight and monitoring of the child's developmental progress
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 expresses a wish to be adopted	Birth parents are able and willing to exercise a degree of parental responsibility

APPENDIX B: Contingency Planning

These options below are not available where a first Primary Care Plan is Adoption.

Concurrent planning

In this model children are placed with foster/adoptive carers who can support attempts at rehabilitation or adopt the child if rehabilitation fails. The potential benefits of this model are that it is anticipated that children will experience fewer moves and be placed with the permanent family more quickly. Because children do not linger in temporary foster care with multiple moves, problems of attachment and trust will be minimised.

In the UK at present there are only a small number of research projects currently following this model. Each has rigorous selection processes in terms of the prospects of successful rehabilitation (very low) and age of child (very young).

The key elements of this model include the following:

- Making a culturally respectful assessment including family strengths and why the child is being looked after, what needs to change and what services does the family need to support these changes.
- Setting firm timescales during which both reunification and permanence options are pursued.
- Full and open sharing of information to all parties, to include the impact of foster care on children, time scales and the reason for these, birth parents' rights and responsibilities, the support available, the permanence options and the consequences of not following through the agreed plan.
- Promoting structured and frequent contact in an environment which promotes the development of supportive relationships.
- Placing the child with foster/adoptive parents or birth relatives where they will stay permanently if plans for reunification are unsuccessful.
- Identifying and involving immediate and extended family at an early stage.
- Using Family Group Conferences as a means of involving families in planning for the child's future.
- Providing ongoing support to permanent parents through and after adoption.

The opportunities for implementing this model are limited to families where children are in placements where they can remain if they are unable to return home. Very careful consideration needs always to be given to the capacity of the family to cope with loss, stress and uncertainty. Placements are normally limited to those children where there is a high percentage chance that they will not return home. However many of the key elements of this model are a valuable consideration when developing a plan.

Parallel or Twin Track Planning

Social Workers are encouraged to consider working to this model; working towards reunification whilst at the same time developing an alternative Permanence Plan, within strictly limited timescales. Where children are presented before the Court in Care proceedings, the Court require parallel or twin track planning to be reflected in the Care Plan. The key difference with Contingency Planning is that the child remains in temporary foster care until the Court makes the decision whether or not to endorse the primary Care Plan. If the primary Care Plan breaks down before the final Court hearing, delay is avoided in presenting an alternative permanent option for the child to the Court.

Contingency Planning

In both the concurrent planning and twin track models, a Contingency Plan is developed in parallel with intensive work with the biological family towards rehabilitation. The Contingency Plan could include the following:

- Family and Friends (Connected Person) placement, with or without a Special Guardianship, Residence, Adoption or Care Order.
- Adoption outside the family.
- Permanent fostering.
- Plan to remain long-term in residential placement (only for children aged 13 and over).