Lancashire Children's Services

"Securing Permanence"

Permanence Policy & Procedures, Practice & Guideline

SHAEDA ALAM – FINAL*

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Lancashire County Council

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1. Lancashire Children's Services – Our Vision

1.1 Our shared vision for Children's Services is that **'Children, young people and their families are safe, healthy and achieve their full potential'**.

1.2 We will deliver this in partnership through understanding the lived experience of the child or young person by ***making sure all Children and young people live in stable, safe and loving homes – that all children and young people are provided with permanence at the earliest opportunity by:***

a. Delivering the right service at the right time by the right people through effective wellbeing and **preventative** strategies.

b. **Purposeful** and effective social work and care intervention, engaging children, young people and families by building on their strengths.

c. Focussing on **permanence** by delivering lasting and sustainable outcomes for children, young people and their families

1.3 All staff working with children and young people will understand the importance of permanence and incorporate these principles and values into their work from the outset. We will ensure our staff understand permanence by ensuring "early support is provided at the right time to prevent statutory involvement, so children and young people across Lancashire remain at home".

1.4 Establishing permanence is understood as the means by which children and young people have a secure, stable and loving ‘family’ to support them through childhood and beyond, and that this is secured without unnecessary delay.

1.5 High quality plans are intrinsic to the prevention of drift and delay to effect permanent placement as early as possible for children.

1.6 Children and young people are, from the earliest stages of involvement with social care, provided with information and supported to make sense of their life story and journey to permanence.

1.7 We will ensure that *children and young people are consulted and actively participate in the decisions we make about how we deliver our services'. Nothing about me without me.*

2. Meaning of Permanence

2.1 A meaningful definition of permanence must recognise the key qualities of family relationships for children and adults across generations including a sense of belonging and mutual connectedness and of continuity between past, present and future.

2.2 The conceptualisations of permanence that have led policy makers to prioritise *legal* permanence must be made relevant to the wide variety of needs and circumstances of children who are looked after under the auspices of the Children Act 1989.

2.3 It should be possible to conceive permanence as a common objective for work with children and young people across services, but this positive concept is likely to depend on addressing low expectations of success for public care as an intervention to support children's upbringing.

2.4 Both long- and short-term placements should be made with a long-term view to what the right permanence solution is for the child, with the aim of providing a high-quality experience of 'upbringing' throughout the child's stay.

2.5 This Practice Guide has 12 Appendices that can be used as pull out booklets for guiding your practice through the child's journey to permanence.

3. Defining Permanence

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

3.2. Permanence for children and young people has three particular aspects:

a. Legal permanence (ensuring whoever is caring for the child has Parental Responsibility or that there is somebody in a position to effectively exercise Parental Responsibility);

b. Psychological permanence (when the child feels attached to an adult who provides a stable, loving and secure relationship.);

c. Physical or environmental permanence (involves a stable home environment within a familiar neighbourhood and community which meets the child's identity needs).

4. Roles and Responsibilities

4.1. The Lead Member, as a member of the Council Executive, has political responsibility for the leadership, strategy and effectiveness of Lancashire Children's Services. The Lead Member for Children's Services is also democratically accountable to local communities and has a key role in defining the local vision and setting political priorities for Children's Services with the broader political context of the Council.

4.2. The Executive Director of Education and Children's Services has professional responsibility for the leadership, strategy and effectiveness of Lancashire Children's Services. The Executive Director is responsible for securing the provision of services which address the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers.

4.3. The Director of Children's Social Care is responsible for overseeing the implementation of this policy across Children's Social Care and Early Help as well as with relevant partners.

4.4. Heads of Service (Children's Social Care - Central, East and North, Fostering, Adoption, Residential & YOT and Safeguarding, Inspection & Audit) are responsible for monitoring and ensuring the effectiveness of Permanence Planning within the scope of the policy.

4.5. Senior Managers across Children's Social Care have responsibility for ensuring high standards of practice and timeliness in the implementation of this policy in practice.

4.6. Team Managers & Practice Managers across Children's Social Care oversee the effectiveness of care planning for individual children taking into account relevant research and current best practice including ensuring timely Permanence Planning.

4.7. Social Workers lead on care planning for children, obtaining the views of the child and family members and taking these into account when proactively implementing the Permanence Plan.

4.8. The child's Independent Reviewing Officer (IRO) has a key role in providing independent review, advice and challenge to the plan and advocacy for the child in line with the IRO handbook.

5. Key Principles in Permanence Planning

5.1. Wherever possible, *children and young people should remain at home if safe to do* so alternatively care should be provided within the extended family network unless clearly identified as unsafe. Where it is necessary for a child to leave his or her family and become cared for, contact with the family and extended family should be facilitated, unless it is deemed harmful.

5.2. Where possible, care should be provided locally unless it is clearly identified as not in the child's best interests.

5.3. Placement decisions for children and young people cared for should be for as short a period as needed to secure a safe and supported return home or, if they cannot return home plans must be made for permanent care with birth family members or within the network of family and friends. Where this is not in the child's best interests, permanent placements outside the family including different legal options such as Adoption or Permanent Foster Care/SGO/CAO should be considered depending on the child's needs. This will usually mean planning for a number of contingency plans alongside each other at any one time.

5.4. Residential group living, in a children's home or supported lodgings placement types, should be provided when a need for this is identified within the Care Plan and when substitute family care or other forms of permanent care are not appropriate.

5.5. The professionals involved including the child's foster carer will work in partnership with parents/families to meet the above objectives. The wishes and feelings of the child will always be taken into account and where this does not correspond to the assessed needs of the child, the child will always have a voice through an advocate, through the Independent Reviewing Service.

5.6. When undertaking permanence planning, everyone has a duty to promote the child's links with his or her racial, cultural and religious heritage by promoting placements wherever possible that allows the child to be brought up within the same heritage, cultural and religious environment as his or her birth family.

5.7. Where this is not possible, it is important to ensure a placement is identified which can promote links for the child with his or her heritage, culture and religion.

5.8. The professionals involved need to support children and young people to understand their origins and their life journey to date with life story work and later life letter (in the case of adoption).

6. Options for Permanence

6.1. Permanence can be achieved in the following ways:

a. Early Permanence (fostering to adopt/concurrency)
b. Reunification
c. Placement with family/friends
d. CAO/SGO
e. Long term fostering
f. Adoption
g. Residential (SEND Only)
h. Private fostering
i. Supported Lodgings/Supported Accommodation
j. Staying Put

6a. Staying with Birth Parent(*s)*

I. The first stage within permanence planning is work with children and young people in need and their families to support them staying together. Staying with birth parents offers the best chance of stability and meeting outcomes. 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.

II. Permanence planning is based on sound assessments of the child's needs that are focused on our strategic aims and outcomes. The assessment and subsequent Permanence Plan will include consideration of stability issues:

a. The child's current and future needs;
b. Implications of permanence for the child, their birth family and siblings, particularly with regard to contact and identity;
c. Current and likely support needs for the child and the placement.

iii. 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.

iv. Family Group Conference should be used as early as possible, so that the child (if appropriate), and family members can be involved in the decision-making process and identify potential carers for children within the family.

v. In all cases, the child's own wishes and feelings must be ascertained where possible and taken into account. Lancashire's framework of intervention is to utilise Strength Based Approaches taking into consideration case mapping and safety planning, including discussion of Family Group conference ICPC,

which should be utilised in all cases where care by parents/carers is undergoing assessment.

6b. Placement with Relatives, Friends or other Connected Persons

i. As part of contingency planning, every effort must be made to identify potential placements with relatives, friends or connected persons. This will be either as part of the plan working towards a return home or if a return home is clearly not in the child's best interests as the preferred permanence option. Where relatives and friends are being considered as a possible permanence placement it is important that they have an understanding of the tasks involved in meeting the current and likely long term needs of the child. This includes exercising Parental Responsibility. This can be acquired by relatives and friends/carers through either a Child Arrangement Order or Special Guardianship Order. Any plans for realistic contact will need to support the stability of such placements. *(See Appendix 9 - Placement with Family & Friends Protocol).*

ii. Child Arrangement Order Allowances may be payable if the child was Looked After immediately before the Order was made.

iii. Special Guardians of children and young people who were previously Looked After, may be supported (including financially) by the Local Authority if the child is eligible. They will have the right to request an assessment for support services at any time during the application process or after the Order is made. *(See Appendix 8 - Special Guardianship Order).*

iv. A number of children and young people who are Looked After by the Local Authority have been placed with relatives and friends/carers on a short-term basis under Section 20 *(See Appendix 12 - Section 20 guidance -)*. This may not be the most appropriate *permanence* placement. Therefore, consideration must be given as to whether the permanence needs of children and young people in such placements can be effectively met with the Local Authority holding Parental Responsibility through a Care Order; such as, the family members wish to be approved as connected carers and therefore known as "foster carers". The social worker needs to consider, whether it is in the child's/YP best interest to continue to have social work intervention and if so, do they require a Care Order for that intervention or would it be better for the child/YP to be placed under a Supervision Order with a Special Guardianship Order (SGO) or Child Arrangements Order (CAO).

6c. Adoption

i. 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).

ii. The child is deemed to be the child of 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.

iii. Adopters may be supported (including financially) by the Local Authority if the child is eligible. They will have the right to request an assessment for support services at any time after the Order is made.

iv. If an existing foster carer makes a request to adopt the child living with them, the Children Awaiting Adoption Team should be contacted immediately to discuss the request in line with our Practice Standards. *(See Appendix 4 - Early Adoption Planning).*

- ***Early Permanence Planning (including Foster to Adopt)***

v. In cases where a child for whom Adoption is thought to be a likely outcome, the social worker must consider "early permanence" with the right placement, such as; with foster to adopt or concurrent carers who have dual approval as foster and adoptive carers or with prospective adopters who have been given temporary approval as foster carers (foster to adopt carers). This can be where the child's plan is likely to become adoption, but other options have not yet been ruled out for that child. This decision (is it a proposed decision) must be agreed and endorsed by the nominated officer. *(See Appendix4 - Early Adoption Planning and Appendix 5 – Early Permanence Adoption Timeline).*

- ***Twin Tracking***

vi. The timescales which are currently in place to work towards the 26-week timescale mean that twin tracking must be considered from the outset of either pre-proceedings *(See Appendix 11 – Preparation for Legal Gateway and Pre-Proceedings*) or care proceedings (if pre-proceedings aren't instigated) and consider what the range of options available to the child or children are.

vii. If it is decided at the Permanency Planning Meeting that the case is to be twin tracked, then this should be recorded clearly on the minutes and parent's should be informed at the pre-proceedings phase, or if care proceedings are to be issued, as part of the discussions with parents and within initiating documents. It may be decided at a later date, for example, during a Permanency Planning Meeting, that twin-tracking is being adopted. At whatever stage it is decided that twin-tracking is being adhered to, this should be recorded as a case note on LCS stating which options are realistic possible outcomes. The twin tracking checklist should be referred to assist in planning. *(See Appendix 11 – Preparation for Legal Gateway and Pre-Proceedings*).

viii. Pre adoption medical paper work should be completed and sent to the cypsupporttwintracking@lancashire.gov.uk as soon as possible. Medicals can take between 4-6 weeks to arrange and can cause real delay with care planning if not achieved in a timely manner. You need to have had this completed before you can progress to SHOPA (should be placed for adoption) panel advisor.

ix. Concurrent placements and Foster to Adopt placements will be with *'in house'* adopters. Tracking Clinics set up by the Case Progression manager will be held in every district every 8 weeks and cases should be brought to clinic early to track.

x. For fostering for adoption placements, approved prospective adopters will be given temporary approval as foster carers under Section 25A of the Care Planning, Placement and Case Review (England) Regulations 2010.

6d. Permanent Fostering

I. This permanence option allows a child to live within a family setting until they have reached adulthood and beyond (Staying Put) and is ready to assume independence. Permanent Fostering can meet the needs for psychological and environmental permanence. It has proved to be particularly useful for older children and young people who retain strong links to their birth families.

II. A permanent fostering placement match must be formally presented to the Permanence Panel once the IRO had ratified the placement and the matching meeting has taken place.

III. It is expected that consideration will be given at each statutory Looked After Review to Permanence being secured via either a Child Arrangement Order, or a Special Guardianship Order. This should be formally reviewed at least annually in line with the Care Planning Regulations. You would need to consult with supervising social worker if you are considering SGO/CAO with a foster carer, prior to discussing with the foster carer.

6e. Long Term Residential Care (YP with Disabilities)

I. Long Term residential care, of over 12 months or more, may provide the best permanence option for some older children and young people who either have a preference not to live in a family setting or who have been assessed as having needs best provided in a residential placement.

II. The financial arrangements must be formally approved by the Head of Service for proposed long term placements with external parties.

III. A long term external residential placement[1] must be formally approved by the Head of Service for financial agreement and tri partite funding from Children's Social Care, Health and Education, before the plan is ratified. Long term matches in internal residential provision will be via the normal care planning processes.

IV. Long term residential care for all children and young people should be considered when all other options have been fully explored and exhausted. Care planning will need to be robust to monitor and track progress, to ensure the placement is meeting needs and to plan for when the child or young person could return to a family environment. All children placed in external residential care will be monitored strategically through the Track & Challenge Panel and Permanence Panel.

7. Private Fostering Arrangements

7.1. Private Fostering is defined by The Children (Private Arrangements for Fostering) Regulations 2005 as an arrangement made for the care of a child or young person under the age of 16 (under 18 if disabled) for 28 days or more in their home by someone other than a parent or close relative (close relatives are parents, step-parents, siblings, siblings of a parent and grandparents). This could be an arrangement by mutual agreement between parents and the carers or a situation where a child or young person has left home against their parent's wishes and is living with a friend and the friend's family. In a private fostering arrangement, the parent retains parental responsibility for the child or young person.

Examples of Private Fostering arrangements are:

- Children sent from abroad to stay with another family, usually to improve their English or for other educational purposes;
- Asylum seeking and refugee children placed with an adult known to them, their family or their community;
- Teenagers who, having problematic relationships with their parents, are staying in short term arrangements with friends or other none relatives;
- Children living with host families arranged by language schools or other organisations;
- Local children living apart from their families;

[1] (This is only relevant for LAC children with Disabilities who we know will remain in the placement until 25 years old)

- Young people who have wanted to remain in this country to continue their education but whose parents have returned to their country of origin;

- Young children whose birth families are struggling to cope and turn to a friend or distant relative to care for the child.

8. Assessment and Planning - Permanence in Practice

8.1. This Permanence Policy seeks to provide a set of common processes when planning permanence for children and young people who have differing needs, and for whom a range of different placement and legal outcomes are required. All Permanence Planning informs the Care Plan, which should be the overarching plan for the child. The key points in the child's journey are below and will apply until a final placement and legal permanence is achieved for a child; they could also be used at other key points in a child's life.

a. Presentation to Legal Gateway;
b. Senior Manager Panel;
c. Permanence Planning Meetings;
d. 2nd Statutory LAC review;
e. Permanence Panel;
f. Final Care Planning Meeting;

8a. Presentation to Legal Gateway

- **See Appendix 10 template**

I. When a HoS agrees that a child/young person is CLA, the HoS will sign off all appropriate Health Assessments consents. In the absence of a HoS, a Senior Manager can sign off all appropriate Health Assessments consents.

8b. Senior Manager Panel (2 hour slot for all BLA and finance decisions from Senior Management – Head of Service)

- **See Appendix 11 – Preparation for Legal Gateway & Pre-Proceedings**

I. The first legal test (if requesting to issue on a case) that the child or young person may not be able to remain with their current carers is held at the Gateway Panel. A Primary Permanence Plan should be presented to Gateway Panel when referring the case. This can be done within the current referral form. The preparation for Gateway is key. The HOS will already have discussed the child /YP with the Social Worker/ Manager/ Senior Manager and would have given approval to the initial permanence plan and the actions will form the basis of the first Permanence Planning Meeting.

8c. Permanence Planning Meeting

- **See Appendix 1 – Permanence Panel Guidance**

I. The Initial Permanence Planning Meeting will take place within 10 working days of the Gateway Panel decision that the threshold for a child entering Pre-Proceedings or Proceedings has been met. All Team/Practice managers will use the attached template.

II. Subsequent Permanence Planning Meetings will take place at least every 6 weeks, but should take place monthly if there is a multi-track planning process in place. They should consider the following:

a. The assessment of the child's current and future needs;
b. Whether such needs can be meet on a permanent basis by a return home or through an alternative substitute;
c. Where an alternative to a return home is considered;
d. The viability of any possible connected carer placements;
e. The most appropriate placement type that will meet the child's permanence needs;
f. The most appropriate legal outcome to ensure permanence in the proposed placement type;
g. Whether an appropriate range of contingency plans are in place;
h. Who will do what and when to achieve the plan without delay;
i. How parents will be kept informed;
j. Pre-Proceedings and Concurrency.

Parents and carers should be invited where appropriate.

iii. A permanence planning meeting is a multi-agency professionals meeting to ensure:

I. Timely planning takes place avoiding drift and delay;
II. Contingency options are actively being pursued;
III. Previous actions have been carried out;
IV. Placement planning is realistic;
V. Likely placement needs are identified early on so that placement commissioning/finding activity is informed;
VI. Placement support needs are identified;
VII. Decision to make an application to apply for early family finding; court permission must be considered both for adoption and permanent fostering.

iv. The meeting should be chaired by the social worker's team manager, include the social worker and the most appropriate representative from Fostering and Adoption given the known needs. Other services with significant input such as the Virtual School should be invited, as required. Consideration should be given to the child's emotional needs and whether a representative from

CAMHS should attend. A representative from the council's legal team can be invited for the first Permanence Planning Meeting after the initial court hearing. This may help in identifying any barriers to securing timely permanence and also help with making sure the planning is on track to meet Court deadlines as directed in the Court Order. Advocates meetings and further Court Hearings must feed into subsequent Permanence Planning Meetings. The child's Guardian should also be invited to better understand the planning for the child and should be informed as frequently as possible to ensure the process of identifying permanence for the child is transparent. The foster carer should also be invited, if permanent foster care is the primary Permanence Plan.

iv. Where children are accommodated under Section 20 of the Children Act 1989, consideration will need to be given to how permanence will be achieved within the existing partnership arrangements and with the current holders of Parental Responsibility, in line with Section 20 guidance. Permanence Planning Meetings should take place where necessary to ensure there is no delay in finding homes for such children out of their family. *(See Appendix 12 – Section 20 Guidance).*

v. The Permanence Planning Meeting will produce a Permanence Plan (incorporated into the Care Plan) that is presented to the child's 1st, or at the latest the 2nd Looked After Review. It is an expectation that the plan for permanence includes one or more /parallel contingency plans. The social worker must ensure that the parents are informed of the reasons why more than one plan is being made to meet the child's needs and prevent unnecessary delay.

.vi. The Permanence Plan must be updated, following a Permanence Planning Meeting, where clarity is reached around which option is the most likely for the child. This needs to be reflected in the Care Plan. The Permanence Plan template must be inputted into LCS at the earliest opportunity. If there is a significant change in the overall Care Plan, this must be communicated with the IRO and may trigger a LAC Review.

vii. All Children in Our Care will be heard at Permanence Panel. The Permanence Panel will be chaired by the Head of Service or Senior Manager and will have multi agency attendance *(See Appendix 1 – Permanence Panel Guidance).*

8d. 2nd Statutory LAC Review

I. At the latest, by the time of the 2nd LAC Review, a child must have a plan for permanence (incorporated into the Care Plan), which must be presented for consideration at the Review. The Review will consider the Permanence Plan as part of the Care Plan and ensure that this can meet the child's needs for permanence within realistic timescales. It is good practice for a primary Permanence Plan to be presented at the child's 1stt statutory LAC Review and we should aim for this to take place as often as possible.

II. If assessments have not been completed in time for the 2nd Review, or another option for the care of the child emerges at a later stage of the planning process, a further Review should be convened by the child's Independent Reviewing Officer (IRO) once the outcome is known, in order that the plan may be ratified as appropriate.

8e. Permanence Panel

8f. Final Care Planning Meeting

I. A Final care planning meeting should take place in all cases, where the Senior Manager ratifies the plan for the child, before the Final Evidence is filed. Legal advice should be available. IRO view must contribute to decision making. If the primary permanence plan is Adoption, this meeting must take place before SHOPA and inform the agency decision maker's decision to place for Adoption. A Final Permanency Planning Meeting must set clear timescales to review the planning. For example, if Adoption has been identified as the best option for the child, but this cannot be realised, timescales must be set to review and robustly pursue secondary planning in the best interests.

9. Identifying the Best Option

- *See Appendix 2 –Guidance for Identifying the Best Option*

9.1. It is the duty of Lancashire Children's Social Care to reunify children within the family wherever possible. All Edge of Care resources should be exhausted prior to considering permanence out of the family home. These should take place even if the child has been subjected to urgent care arrangements. These include: AST, Outreach Services and Family Group Conferences. Where this is not possible, we must ensure that permanence is achieved in the child's best interests and in the child's timescales. Drift and delay will have a negative impact on the child's outcomes.

9.2 Robust multi tracking planning requires that assessments are completed at the earliest opportunity and in the majority of cases that will be during the Pre Proceedings/Proceedings stages (See *Appendix 11- Preparation for Legal Gateway & Pre-Proceedings*). There will be occasions where children are Looked After under S20. The action set and process in both scenarios will include the following:

a. Family Group Conference;
b. A comprehensive Parenting Assessment;
c. Sibling assessments (*Together or Apart – Appendix 3*) if required;
d. Identification of alternative family/connected carers and to undertake viability assessments;

e. Risk Assessments where appropriate;
f. Psychological Assessments where appropriate;
g. Any other assessment ordered by the Court.

9a. Clearly communicating the Permanence Plan

i. It is important that a Permanence Plan is communicated clearly and effectively. It informs the care planning process. Any changes or additions to the Permanence Plan should be ratified by the Permanence Planning meeting.

- 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 parents or birth families circumstances.

- Robust contingency planning. The planning template offers the social work team options for planning and these should be used to full effect, noting a primary permanence plan and options for contingency if this is not realised.

9b. Consultation

i. Consultation of all relevant parties, including relevant professionals, carers, parents and the child is an integral part of the permanence planning process and should be clearly evidenced throughout the process.

9c. Hearing the Child

i. The importance of carefully listening to what children and young people want from the placement, helping the relationship between carer and child to develop, making thorough plans around contact with family and providing vigorous support during crisis times is all part of good permanence planning. The 'voice of the child' should be aimed to be captured in a variety of ways,

including direct work, advocacy, professionals and carers views and observations.

9d. Family Finding

i. Children with harder to place characteristics are likely to wait longer for an adoptive placement. These are typically children age 4 years and over, minority ethnic groups, sibling groups and children with complex / additional needs.

ii. All children in sibling groups will have a sibling assessment completed by the point of SHOPA. This will set out the planned configuration for their placement, i.e. together or apart. The Final Care Plan will determine how long family finding should continue for the preferred configuration and what the contingency plan is should a family not be identified in the stated timescale.

iii. Family Finding for all children aged 2 and under will commence from the point where Adoption service are notified. The Case Progression Manager will track early progress of assessments working alongside the allocated social worker. Once a case is in Proceedings the tasks for twin track planning will be undertaken. All children will be profiled post to SHOPA and anonymised information will be used with the aim of identifying provisional adoptive placements prior to a placement order being granted. Monthly Clinic are held in each district called "Twin Tracking Clinics" for Social work consultations on early permanence.

iv. Family Finding for Permanent Fostering also plays a critical part in securing permanence and the Fostering Team worker should attend all Permanence Planning Meetings where Permanent Fostering is the primary plan.

10. Time with Family (Contact)

- *See Appendix 2 –Guidance for Identifying the Best Option*

10.1. Promoting stability of the placement is the prime aim of permanence planning; time spent with family, can play an important part in promoting a child's sense of identity and may in some circumstances promote placement stability;

10.2 Planning for Contact should consider:

a. Impact of the time Child/YP spends with family and arrangements on the stability of a placement - this is of particular importance in family placements when the carer holds Parental Responsibility;
b. Sustainability of contact;
c. Strengths based approach, how are you helping the family with contact;

d. Direct contact may be indicated when the child has a positive and ongoing attachment to a parent or significant other; Consider if the contact would be beneficial or detrimental to the child's welfare. Consider whether indirect contact may be detrimental to child's welfare.
e. Direct contact is more likely to be meaningful and sustainable when the child's parent supports the Permanence Plan and there is an existing relationship between the parents and carer;
f. There may be a need for ongoing agency involvement through a Care Order where contact issues remain challenging or contentious, impact of direct contact should be reviewed regularly at the LAC review.

10.3. Indirect contact can provide a means for an exchange of information when the parent does not support the Permanence Plan or where the placement is with a "stranger". Also, consider, if there is evidence that parental conduct maybe detrimental to the stability of the placement. Such contact needs to be carefully planned for and may need to be supported through an intermediary. Social worker would need to discuss with the carers who the intermediary could be in their network.

10a. Placement/Contact with Siblings

i. It is important to assess the extent and quality of relationships in a sibling group and for this work to be undertaken early in order to inform the Permanence Plan for the children. Usually, and especially where there is a pre-existing and meaningful relationship, it will be important to seek to maintain sibling relationships within any Permanence Plan, including those where an alternative family placement is sought.

ii. The impact on separated siblings of losing vital support, a shared history and continuity affects stability in the placement.

iii. 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;

iv. It is usually the case that more successful outcomes occur for children and young people placed together with their siblings. Children and young people should therefore be placed with their siblings unless there are exceptional circumstances, such as dynamics that are likely to significantly undermine either stability of the placement or its ability to meet the needs of one or more child. In some cases following assessments of sibling relationships, decisions are made for children not be placed together but this is only where there is clear evidence that the needs of the children will be better met in separate placements. Where this is the case every effort will be made to achieve direct contact between children in different permanent placements as they grow up.

v. It is important to recognise that children who have suffered severe abuse and neglect may have bonds based on a shared trauma rather than a mutually supportive sibling relationship, therefore in the longer term, their individual needs may mean separation allows for emotional recovery.

vi. Difficulties in finding a suitable placement for a sibling group may lead to 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;

vii. At the point of Final Care Planning Meeting sibling assessments should inform decisions about the preferred configuration of placements as well as a contingency plan, in the event of family finding for the preferred option not being successful. This will minimise delay later.

viii. Placement Planning should include arrangements for contact when siblings cannot be placed together. Planning should consider the child's need for contact, the ability of the placement to support contact and the impact of contact on the stability of the placement. *(See Appendix 2 – Guidance for Identifying the Best Option).*

10b. Geographical considerations in terms of placement stability/risk

i. This is important when considering whether current carers can become the child's permanent carer. Robust consideration to the proximity of birth family members and the likelihood of destabilisation and/or support should always take place. Equally risk assessment regarding identifying a placement at a distance must also be undertaken. Where children are being placed for Adoption, every effort will be made to enable the child to remain within the region unless there is clear evidence associated with risk to a placement that placing out of area is required.

10c. Disruption to Placement and/or Placement at Risk

i. Where permanent placements are at risk a Placement Stability Meeting must be held to avoid break down, chaired by a Team Manager.

ii. A Disruption Meeting must be held after a placement has broken down irreparably.

iii. For Adoptive placements, a disruption meeting involving all key professionals and the adoptive parent(s) will be convened to identify the factors that led to this and identify learning from the case. The meeting will be independently chaired in line with a regional protocol. If the disruption of a placement leads to the child being placed at home with their parents, whether this be on a

short or long term basis the 'Placement with Parents' Procedures should be followed. Approval for placing a child at home with their parents must be sought from the Head of Service. This change in care plan must be discussed with the IRO before the child is placed.

11. Tracking Permanence Outcomes

11.1. In Lancashire we are committed to ensuring our children have a sense of security, and promote permanence in all aspects of their life. In order to effectively measure this, we will be tracking all permanent outcomes for every Child in Our Care.

11.2 Tracking arrangements are in place for children on the journey to permanence and these are coordinated through the Permanence Panel Meetings. These meetings are chaired by a Head of Service in each Locality (North, East, and Central) or Senior Manager (*See Appendix 1 - Permanence Panel Guidance*).

11.3 The purpose of these meetings is to track every child, in Proceedings and those that are Looked After in their journey, to identify drift or delay, or barriers to meeting our Permanence objectives for every child.

11.4 The core members of the Permanence Panel will include:

- Head of Service Locality/Senior Manager – Chair
- Representative from Adoption / Fostering
- Representative from Education
- Representative from Health
- Representative from IRO Service- IRO Manager

12. Saving Court Documents to LCS

12.1 Legal will send court orders to allocated social worker.

12.2 Legal will cc relevant business support team mailbox into the email.

12.3 Business support team will save the court order to Documentum.

12.4 Social worker will check through the information from Legal (as normal)

12.5 Social worker will check legal status is accurate on LCS and update if necessary.

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Appendices 1- 12

Appendix 1

Permanence Panel Guidance

1. Defining Permanence

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

1.2 Permanence for children and young people has three particular aspects:

a. Legal permanence (ensuring whoever is caring for the child has Parental Responsibility or that there is somebody in a position to effectively exercise Parental Responsibility);

b. Psychological permanence (when the child feels attached to an adult who provides a stable, loving and secure relationship);

c. Physical or environmental permanence (involves a stable home environment within a familiar neighbourhood and community which meets the child's identity needs). Permanence depends on securing the right placement for the right child at the right time.

2. Purpose

2.1 The Permanence Panel has responsibility for ensuring Permanence remains at the forefront of the child's journey and that Permanence Plans are achieved within statutory timescales. The Panel is multi-agency in representation with the function of reviewing all Looked After Children and their Permanence Plans. It will focus on all Care Planning including those children and young people subject to Court proceedings. It will review and scrutinise the Child in Our Care placements that children are Child in Our Care are in and assess outcomes with Social Workers. The Panel will provide a multi-agency approach to case approval (match) and review to ensure planning is timely and 'Value For Money' is being scrutinised as part of promoting quality care planning leading to improved outcomes for children and young people.

2.2 Lancashire County Council have a legal duty to:

a. Ensure all looked after children have a Permanence Plan that meets their individual needs;
b. Permanence Plans are achieved in the child's timeframe;
c. The Permanence Plan has a clear direction and timescale by the 2nd CHILD IN OUR CARE review;
d. Overview, scrutiny and escalation to minimise drift and delay in achieving Permanence;
e. Prioritising cases that will initially be reviewed by agreed cohorts - as per Exception Panels guidance;
f. Ensure our children are in the right placement with clear outcomes for transition to adulthood.

3. The Permanence Panel Function

3.1 The Permanence Panel is responsible for:

a. Review and track Permanence Plans for all Looked After Children;

b. Identify barriers to achieving Permanence;

c. Set clear, realistic timescales for action;

d. Senior management approval for children/YP who wish to be matched to their foster child.

4. Roles and Responsibilities

4.1 Heads of Service are responsible for monitoring and ensuring the effectiveness of Permanence Planning within the scope of the policy.

4.2 Senior Managers across Children's Social Care have responsibility for ensuring high standards of practice and timeliness in the implementation of this policy in practice.

4.3 Team Managers & Practice Managers across Children's Social Care oversee the effectiveness of care planning for individual children taking into account relevant research and current best practice including ensuring timely Permanence Planning Meetings.

4.4 Team Managers/Practice Managers (FARY) are responsible for ensuring children are provided a timely service, matching children to the right carers at the right time.

4.5 Social Workers lead on care planning for children, obtaining the views of the child and family members and taking these into account when proactively implementing the Permanence Plan.

4.6 The child's/young person's Independent Reviewing Officer (IRO) has a key role in providing independent review, advice and challenge to the plan and advocacy for the child.

4.7 The ART Team have a role to ensure that the placement is providing evidence based outcomes to promote timely transitions for children.

5. Process & Membership

Service Division	Post Held	Name
Locality Lead-HOS/SM	Chair	
Children's Access to Resources	Manager	
Safeguarding, Improvement, Audits	IRO Manager	
Children in Our Care	Manager	
FARY	Manager- Connected Persons/ Family Finding/Fostering	
Education		
Health		

5.1 The Panel will held for a full day 9am - 4.15pm.

5.2 This meeting will endorse a match, track Permanence and also scrutinise all new and high cost placements. (Residential and IFA placements) and track what the Permanence Plan will be for the children/YP. Currently, the Exception Panels are matching all historic long term cases, these will turn into Permanence Panels. Eventually this will lead to *fortnightly/monthly* Panels in each District/Locality.

6. How are cases selected?

6.1 Every Child in Our Care child will be heard at Permanence Panel, this includes cases that are in court proceedings, this will enable CONSISTENT robust permanence planning across Lancashire.

6.2 Each case that is a new Child in Our Care (was at BLA Panel) will be heard at Permanence Panel after the second Child in Our Care Review to ensure Permanence is on track.

6.3 Your Head of Service/Senior Manager will be selecting children and young people that have been in our care systems for over a number of years e.g.; some children on your caseload, will have been in the same placement/carer

for 4/5 years and you cannot find any evidence of the child/young person being matched. Alternatively, some of your children maybe in a residential placement for over a year and longer in some cases. Some young people may be nearly 18 years old and still in foster placement, not matched and no plan to move on to independence. Some of our children who are matched will be reviewed as per your annual C&F Assessment, *what is the best plan for them now?* Your Senior Manager/HOS will ask what your transition plan is for the young person at 18 years old.

6.4 You will receive an email 1 week before the Panel date of the names of your children/young person that will be discussed. It is mandatory attendance; if you have a court hearing or child in Our Care Review, it is be expected that your Practice Manager or Team Manager attends.

7. What you do before you come to Permanence Panel?

7.1 Meet with supervising social worker and formally match the child to the placement?

7.2 Been to the Child in Our Care review and had the Permanence Plan for the child ratified by IRO?

7.3 Obtained the child's view on permanence with the carers/placement and this is clearly recorded in SW report for CLA review?

7.4 Had regular (6 weekly) Permanence Planning[2] Meetings with other linked professionals and their views are captured on the Permanence Planning Meeting template (*see Appendix 1 – Permanence Panel Guidance).*

7.5 Agreed a Plan of Permanence with your Team/Practice Manager at Permanence Planning Meeting.

8. What you need to bring to the Permanence Panel and when?

8.1. All our Children in Our Care open to Lancashire Children Services will be heard at Permanence Panel. This includes your new Children in our Care.

8.2. Last CLA review minutes whereby the IRO has endorsed the plan for a permanent match. The child's foster carer's views in the social work report and evidence of the matching meeting.

8.3. Your last Permanence Planning Meeting minutes.

[2] *These meetings are sometimes referred to as multiagency care planning meetings; now the consistent approach will be* ***Permanence Planning Meetings***

8.4 See the agenda (below), the Panel Chair will expect you to be able to answer to the agenda but if you have had regular Permanence Planning Meetings, this will be in your last Permanence Planning Meeting minutes.

9. Who attends?

9.1 The Social Worker and Practice/Team Manager will attend, it will be expected that there is a clear Plan for Permanence discussed in a Care/Permanence Planning Meeting and the last minutes have been sent to the Panel 2 days before Panel date. Supervising Social Worker will attend if the child is to be matched.

10. Practical Arrangements

10.1 The Panel will meet every week/fortnight/month on a ……from 9am – 4.15pm.

10.2 The meetings will be held at …….……Office.

10.3 Where the allocated social worker is not available to attend, the Team/Practice Manager will attend in their place.

10.4 Members are expected to send a replacement if they are unavailable to attend any of the panels.

10.5 Senior Managers/HOS will link in with ART/Finance to coordinate the list of YP to attend Panel.

10.6 Business Support will send out invites to all staff required to attend with the agenda and children and young people listed for attendance 2 weeks before the panel date.

**Attached: Agenda, template for Business support and Permanence planning meeting template. AP will deliver this in localities….*

11. Permanence Panel Agenda

11.1 Child's name

11.2 DOB

11.3 Date child entered care

11.4 Current legal status

11.5 Current situation

11.6 What actions have been completed for achieving the Permanence plan (e.g. Matching meeting completed, SGO paperwork complete, SHOPA date booked)

11.7 Dates the above actions signed off

11.8 What actions are outstanding?

11.9 Barriers to achieving outstanding actions

11.10 Actions agreed to progress Permanence plan

11.11 Date child will SW will meet child for celebrations event (once match endorsed)

11.12 Timescales for actions

11.13 Date case due to be reviewed at the Permanence Panel

11.14 Updates From Virtual School (Education)

11.15 Updates from Designated Looked After Nurse

11.16 Updates from Fostering in relation to Family Finding

11.17 Updates from ART team

12. Draft Timetable (20 minute slot per case)

Date 9am-9.15 am- BS and panel members meet, discuss agenda/ issues	**LCS**	**Childs/YP name (Link siblings in one panel, regardless of spate placements if not matched)**	**Age/DOB**	**SW Name**	**PM/TM Name**
09.15-9.35	123456	Harry Potter	16 years	Sirius Black	Dumbledore
09.35-9.55	567890	Peter Pan	14 Year	Tinkerbell	Wendy

Permanence Planning Meeting				
Name of child:	**DOB**	**LCS Number:**	**Initial or Review PPM:**	**Date of Meeting:**
Legal status of child:				

Present (and apologies):		
Name:	**Present Relation:**	**Attended:**

Actions from previous meeting (if required):	Completed – yes/no:	Date complete:

Update:
What's working well – update on child:
What we are worried about – barriers to achieving permanence:
Complicating factors:

Any extended family/friends, connected carers that have or that require assessment:				
Name of carer:	**Date assessment completed:**	**Outcome:**	**View of assessed person:**	**Comments:**

Criminal injuries claim been complete:

Life story work and preparation for change:
Is there a Life Story Book for the child/YP- where is this up to? Foster Carer/Family Placement- what have/are they collating to contribute to LSW- memory box/photo albums/record of milestones etc Family Support Worker- Is their regular contact photos being taken? Has a FSW undertaken/recorded LSW sessions with parents? What have birth parents/wider family provided for the child? What does the child understand about their permanence plan/reasoning for being a CLA? Has the child/YP had direct work completed with them around their life story/preparation for change? By who/when? Does the child require 'therapeutic' life story work? If so, who is doing this?

Sibling group:	**Number of siblings placed apart from child:**	**Sibling assessment Y/N:**

Child's wishes, feelings and understanding / parent's wishes, feelings and understanding:

Other professional views:	
IRO name:	**Current view:**
Guardian name:	**Current view:**
Any other professional's view:	**Current view:**

Permanence Planning Options:		
	Yes/No:	**Comments:**
Early permanence (fostering to adopt/Concurrency)		
Reunification		
Placement with family/friends		
CAO / SGO		
Permanent fostering		
Adoption		

Residential (SEND ONLY)		
Private fostering		
Supported Lodgings/Supported Accommodation		
Staying/Put		

SHOPA target date:	**SHOPA date booked:**
Primary permanence plan/permanence plan:	**Contingency plan:**

Actions – what needs to happen:		
Action:	**Responsibility:**	**Target date:**

Template for Business Support.

***This template will be completed by business support and sent to HOS/SM within 2 working days, following permanence panel (for QA/accuracy check) HOS/SM need to return QA within 2 working days. By day 5- BS will upload this statement to case notes under the correct case note; permanence- (relevant header), if no match has been agreed it will be saved under Permanence panel review.**

Date	**Permanence Panel – Locality**
Attendees:	
Apologies:	
Matter Arising and Previous Minutes	

Surname	**Forename**	**DOB**	**LCS**
Social Worker / Team Manager:			
Legal Status:			
Discussion:			
Panel's Recommendation:			
Review Date:			

Actions:	**For:**	**Timescale:**

Appendix 2

Guidance for Identifying the Best Option

1. Advantages and Disadvantages of Different Legal Outcomes

a. Adoption

i. Advantages

- Adoptive parents gain PR and the child has legal rights equal to that of a birth child.
- Child has permanence within a new adoptive home, hopefully for life.
- Child has security, emotional stability in their 'forever family'.
- Child is protected from damaging influences from birth parents/family.
- Child becomes a child of the adoptive family and is treated as such for inheritance purposes.
- Finality and certainty after potentially periods of disruption and disarray within the birth family.
- The outcomes for children in adoption are consistently better across a range of measures including lower rates of disruption than long term fostering.
- CSC involvement ceases (no statutory ongoing responsibility) on the making of an adoption order, family may wish to request adoption support involvement.

ii. Disadvantages

- Possibility of breakdown with consequential emotional harm/loss.
- The basis of adoption under constant challenge on human rights grounds.
- Parental responsibility is extinguished permanently for birth parents.
- The child is denied the advantage of growing up within their birth family, family ties being severed permanently.
- The parents may have restricted contact, often letter box on very few occasions per year. Contact is usually limited to indirect exchange of information or direct with siblings adopted elsewhere.
- Open Adoption: In some cases

b. Special Guardianship Order

i. Advantages

- Special Guardians have enhanced parental responsibility (PR) to enable them to safeguard the child against potentially damaging parental influences.
- The child has permanence within the new family.
- The child may retain contact with the birth parents/family; it may be possible to have direct contact.
- Damaging contact can be limited, assessment of risks of contact can be made and a judgement made to restrict contact with which the parents cannot interfere.

- If the placement breaks down, it may be possible for reunification to the birth family if the parents' circumstances have changed.
- Child may be able to retain, maintain and develop cultural identity.
- Parents retain parental responsibility for the child, albeit that it is superseded by the special guardians who have enhanced PR.
- The order is a less *intrusive* order in nature than a care or placement order.
- Child is not classed as a Child Looked After.

ii. Disadvantages

- Parents have reduced PR and contact may not be promoted as they would wish.
- Parental responsibility is not shred with the parents.
- SGO holders may abuse their position, and deny contact/act unfairly towards parents.
- The child is denied the opportunity to grow up with their parents.
- The parents are denied the opportunity to bring up their own children.
- The parents can seek leave to revoke the order.

c. Child Arrangement Order

i. Advantages

- Parents retain parental responsibility.
- Less interventionist than the above orders.
- Allows the child to retain contact with the parents/birth family.
- Child may be able to live with both parents, 'shared care arrangement'.
- Contact can be defined within the Order, which may prevent disputes and allow certainty to child and all parties.

ii. Disadvantages

- One or both parents may not be able to obtain legal aid; this could lead to an unfair advantage by the wealthier parent who can fund the court process.
- A relative, such as a grandparent, may be able to fund the court process, leaving the parent or parents unrepresented and therefore at a disadvantage.
- Child may 'slip through the net' and the Local Authority may be denied the opportunity to intervene in the child's life.

d. Supervision Order

i. Advantages

- The Local Authority remains involved for the duration of the Order, in a supervisory and monitoring capacity.
- The child maintains a link with a social worker and the protection this affords them.
- The child and family will receive support and services.

- The Order is a lesser order than the above orders.
- The Order is time limited, (usually 12 months but can be extended up to three years in total), so they can see the possibility of the Local Authority releasing control and returning to having a normal life without Local Authority intervention.

ii. Disadvantages

- The Local Authority cannot enforce the order.
- The child is not protected with legal status.
- Parental Responsibility for the child is not shared with parents or carers.

e. Permanent Fostering

i. Advantages

- The Local Authority retains a role in negotiating between the foster carers and the birth family over issues, such as continuing direct contact.
- 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.
- It maintains legal links to the birth family who can still play a part in the decision making for the child.

ii. Disadvantages

- Lack of Parental Responsibility for the carers.
- Continuing social work involvement.
- 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.
- Stigma attached to the child through being Looked After.
- The child is not a legal member of the family. If difficulties arise there may be less willingness to persevere and seek resolution.
- Higher disruption rates compared to SGO and Adoption.

2. Factors Associated With Beneficial <u>Contact</u> in Permanent Placements

Factors for Children	**Factors for Adult Birth Relative**
Placed in infancy	Never been the child's permanent carer
No pre-placement relationship, or positive or neutral relationship with relative	Accepts and supports the placement, affirms new carers
Absence of major behavioural or mental	Relinquishes parenting role, where they

health problems	have been the child's permanent carer
Secure attachment to current carers, placement provides a secure base	Relates to the child in a positive, non-abusive way
Healthy psycho-social development	Relatively free of significant personal difficulties
Child freely wants contact, is not afraid	Reliable, punctual
Child has positive memories	Accepts harm caused to child, expresses regret and remorse
Child has not witnessed violence, does not imitate violence	Does not use contact to undermine, threaten or cause conflict with carers

3. Factors Associated With Detrimental Contact in Permanent Placements

Factors for Children	**Factors for Adult Birth Relative**
Insecure attachment and/or unstable placement	Does not accept or undermines placement
Major behavioural or mental health problems	Insists on maintaining role as main carer
Rejected, has lived with several birth relatives	Seriously maltreated child in the past (including through domestic violence towards other parent)
Older child with troubled relationship with birth parents	Neglectful, abusive or rejecting during visits
Re-traumatised/overwhelmed by contact	Unreliable, repeatedly late
Child is afraid, feels fearful on return to placement, trust in carers is undermined	Denies causing harm, shows no regret or remorse
Child does not want contact	Exposes child to behaviours that are at odds with the placement (e.g. drug misuse, criminality)
Child has negative memories of birth family	Significant personal difficulties (e.g. substance misuse, serious mental health issues)
Child has witnessed violence, imitates violence	

4. Comparison of Legal Outcomes and Family Placement Type

4.1 The table outlined below compares key needs associated with permanence and benefits differing legal orders bring.

Permanence Need	Child Arrangement Order/Special Guardianship Order	Adoption	Permanent Fostering
Security & Identity	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. Have good outcomes in terms of stability.	Primary need is for a stable, loving family environment whilst there is still a significant level of continued involvement with the birth family
Exercise of Parental Responsibility	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	Child has a clear sense of identity and involvement with the birth family, whilst needing to be cared for away from home
Contact	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	Ongoing need for continued monitoring and support by Local Authority
Support	Special Guardianship Support Services. or Child Arrangement Order Allowance	Adoption Support Services	There is need for continuing oversight and monitoring of the child's developmental progress
Attachment	Child may have a strong attachment to the alternative carers and legally defined	Child expresses a wish to be adopted if old enough. Enables a child to	Birth parents may be able and willing to exercise a degree of

	permanence is assessed as a positive contribution to their sense of belonging and security. Could support the maintenance of links to the child's birth family.	have legal and emotional permanence through childhood and beyond.	parental responsibility

5. Sibling Relationship Assessment: the Sibling relationships checklists

5.1 This checklist has been taken from Patterns and Outcomes 1991 and the 2008 'together or apart' guide published by BAAF*. The checklist can be used for observing and describing in concrete terms how siblings relate to each other. Whilst this is a very useful assessment tool it is recommended that it be used in conjunction with other sibling assessment tools and as part of a wider evidence gathering process taking a range of factors into account.

Guidance

a. How to score the checklists

i. Checklists 1 and 2 of the SRC contains a series of 15 specific questions numbered A-M.

ii. Questions A-I represent positive behaviours (e.g. Defends and protects the sibling) and questions J-M represent negative behaviours (e.g. shows hostility or aggression).

iii. Divide these 15 questions into two parts A-I and then J-M and score them separately.

iv. For the positive questions (A-I) a low of score of 9 would represent a healthy relationship between the children and a high score of 27 (3X9) would represent a poor or an unhealthy relationship.

v. Of the negative behaviours (J-K) a low score of 4 would conversely represent an unhealthy set of relationships and a maximum score of 15 a healthier set of relationships.

b. How long to the take?

i. Allow up to an hour for each pair of siblings or longer if you enter examples. Try to capture respondent's initial responses and move onto the next question as soon as you can. The checklists generate a lot of discussion it is easy to get side-tracked if you are not focused.

ii. Some social workers find SRC 3 to be useful in its own right or as a substitute to checklists 1 and 2. This is a matter of professional discretion and practitioner choice that can be tailored to circumstances and time constraints. There is no scoring for SRC3

c. Tips

i. The checklists are best undertaken with the social worker interviewing who knows the children best. This is usually the foster carer or a family centre worker but might also involve parents.

ii. It is helpful to provide a copy to the carer in advance of the interview in order to familiarise themselves with the questions.

iii. Some carers are happy to complete the questionnaires themselves without assistance

iv. It is recommended that the checklists are analysed by the team around the child as group exercise

v. Reciprocity between siblings involves turn-taking and occurs when siblings are jointly involved in initiating, sustaining and terminating interactions.

vi. Some types of behaviour seem to have a particular significance in relations to the quality of a relationship. These are:

- Sharing in boisterous play
- Resolving conflict through age-appropriate reasoning
- Reciprocal attempts to alleviate stress

*Lord,J., & Borthwick,S., (2008) Good Practice Guide 'Together or apart?' BAAF and *Patterns and Outcomes in Child Placement* DoH 1991

Sibling Relationship Checklist 1

Child A……DOB ……
Child B……DOB …….

---------- Positive behaviours ----------

Behaviour of Child A to Child B frequency (select one)

A Defends or protects
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

B Recognises sib's distress and offers comfort
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

C Accepts comfort from sib
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

D Teaches or helps
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

E Initiates play
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

F Responds to overtures to play
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

G Openly shows affection
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

H Misses sib when apart
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

I Resolves conflict through age-appropriate reasoning
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

Total Score

---------- Negative behaviours ----------

J Annoys, irritates or teases
1 Often
2 Sometimes
3 Never

Examples of this behaviour:

K Shows hostility or aggression
1 Often
2 Sometimes
3 Never

Examples of this behaviour:

L Blames or attempts to get sib into trouble
1 Often
2 Sometimes
3 Never

Examples of this behaviour:

M Behaviours sabotages efforts to meet other sib's need
1 Often
2 Sometimes
3 Never

Examples of this behaviour:

Total Score

Sibling Relationship Checklist 2

Child B……DOB ……
Child A……DOB …….

---------- Positive behaviours ----------

Behaviour of Child A to Child B frequency (select one)

A Defends or protects
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

B Recognises sib's distress and offers comfort
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

C Accepts comfort from sib
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

D Teaches or helps
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

E Initiates play
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

F Responds to overtures to play
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

G Openly shows affection
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

H Misses sib when apart
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

I Resolves conflict through age-appropriate reasoning
1 Often
2 Sometimes
3 Never score

Examples of this behaviour:

Total Score

---------- Negative behaviours ----------

J Annoys, irritates or teases
1 Often
2 Sometimes
3 Never

Examples of this behaviour:

K Shows hostility or aggression
1 Often
2 Sometimes
3 Never

Examples of this behaviour:

L Blames or attempts to get sib into trouble
1 Often
2 Sometimes
3 Never

Examples of this behaviour:

M Behaviours sabotages efforts to meet other sib's need
1 Often
2 Sometimes
3 Never

Examples of this behaviour:

Total Score

Sibling Relationship Checklist 3

Interactions

1 What evidence is there of sharing:

Examples: Boisterous play, Imaginative activities, Rituals (e.g. bed or bath time). Jokes and fun.

1. Are there marked differences between them in any of the following respects:

Examples

The roles they adopt
Activities and interests
Behaviour
Personality
Other

2. What evidence is there of reciprocity e.g.

Examples

Pride in each
Praise and criticism
Mutual help

3. Do they model on each other e.g.

Examples

Think they look alike
Imitate each other
Emulate the qualities they like
Unite in face of problems
Other

4. Other observations on this relationship

5. What are these siblings' own views of their relationship? (views of other siblings can also be very illuminating)

6. On the basis of all this evidence, sum up the positives and negatives that this relationship holds for each sib.

Assessor _____ Date check list completed: _____

6. Scenarios to Consider When Securing Permanence

a. Children under 10 - no connected persons identified

- **no return home possible**

Permanence Meetings	Permanence Planning in Panels	Permanence Outcomes
Permanence Planning meeting considers multi track including Foster to Adopt Contingency of Permanent Fostering Attended by: Team Manager, Social Worker, A&F Family Finder	Agency Decision Maker considers "should be placed for adoption" (SHOPA) and match/adoption support SHOPA ADM Panel	1. Adoption 2. SGO with current short term carers 3. Contingency Permanent Fostering

b. Children under 10 - connected people available

- **no return home possible**

Permanence Meetings	Permanence Planning in Panels	Permanence Outcomes
Permanence Planning meeting considers multi track planning; This meeting should be informed by feedback from a Family Group Conference to consider Connected carers options; Attended by: Team Manager, Social Worker, Connected Carers Fostering Team, FF Fostering	panel considers • Approval of Connected carers (Fostering) • Match & support – (Adoption panel). • Permanence panel	Priority order of outcomes- 1. Special Guardianship; 2. Child Arrangement Order; 3. Care Order – active consideration of / possibility of move to SGO/CAO.

c. CYP 11 to 16 - no connected persons identified

- ***no possible return home***

Permanence Meetings	Permanence Planning in Panels	Permanence Outcomes
Permanence Planning meeting. To include: • Team Manager • Social worker; • Fostering Team; • Residential Service;	Panel consideration of: • Need for Permanence; • Best placement type; • Approval of carers; • Evaluation of support issues & plan; • Match placement to child.	Hierarchy of desired outcomes: **1.** SGO **2.** CAO **3.** Permanent Fostering with Care Order (possible resumption of PR by carers through SGO/CAO); **4.** Residential with Care Order Assumes that assessment indicates that child's needs can be best met in family setting

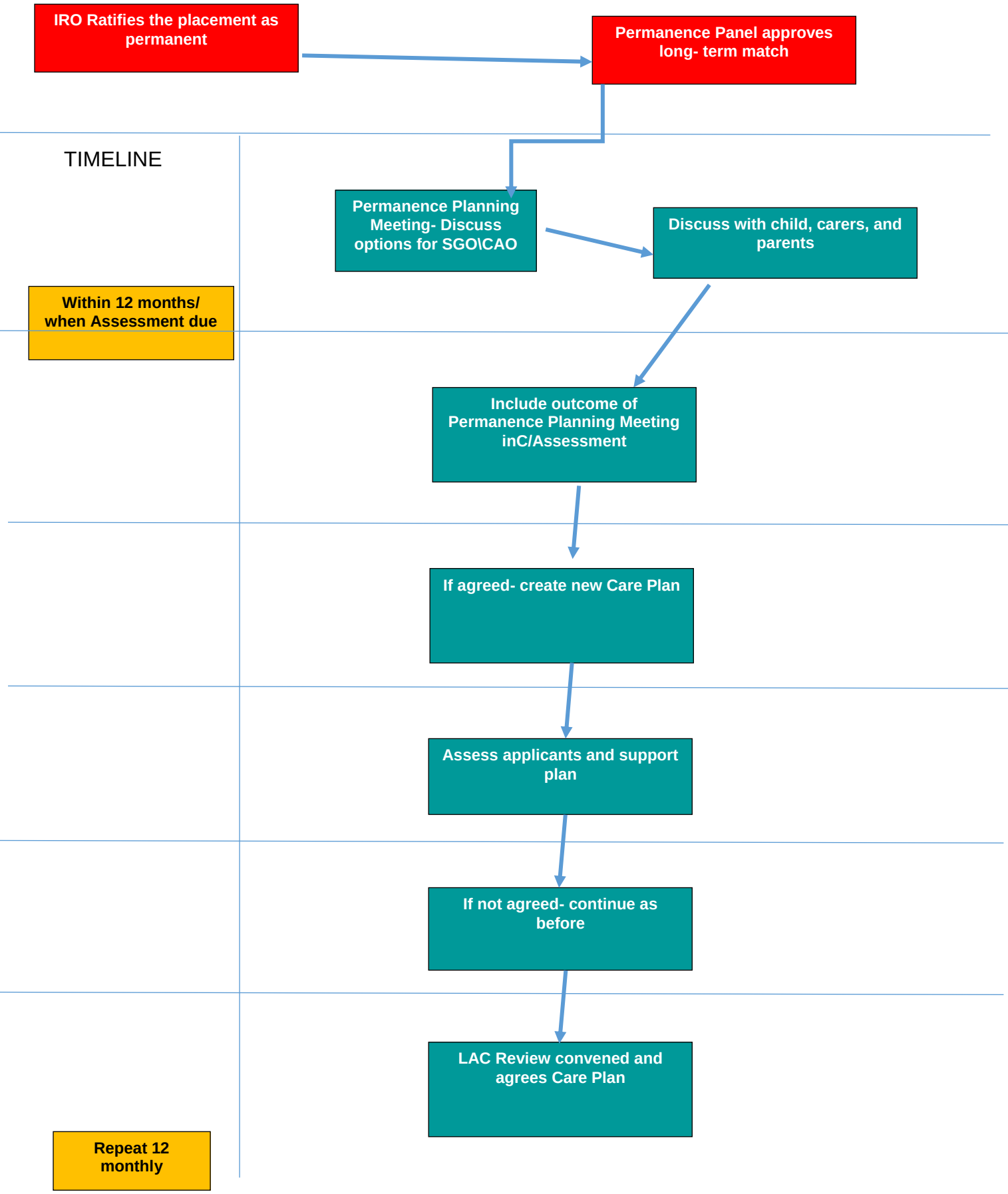
d. CYP 11 - 16 – connected people available

Permanence Planning Meetings	Permanence Planning in Panels	Permanence Outcomes
This meeting possibly informed by feedback from a Family Group Conference to consider Connected carers options. Attended by: • Team Manager; • Social Worker; • Connected Carers/SGO Team.	A panel considers- • Need for permanence; (permanence panel) • Approval of Connected carers; (fostering fostering) • Match & support.(matching meetings)	Priority order of outcomes- 1. SGO 2. CAO; 3. Care Order – possibility of move to SGO/CAO.

Appendix 3

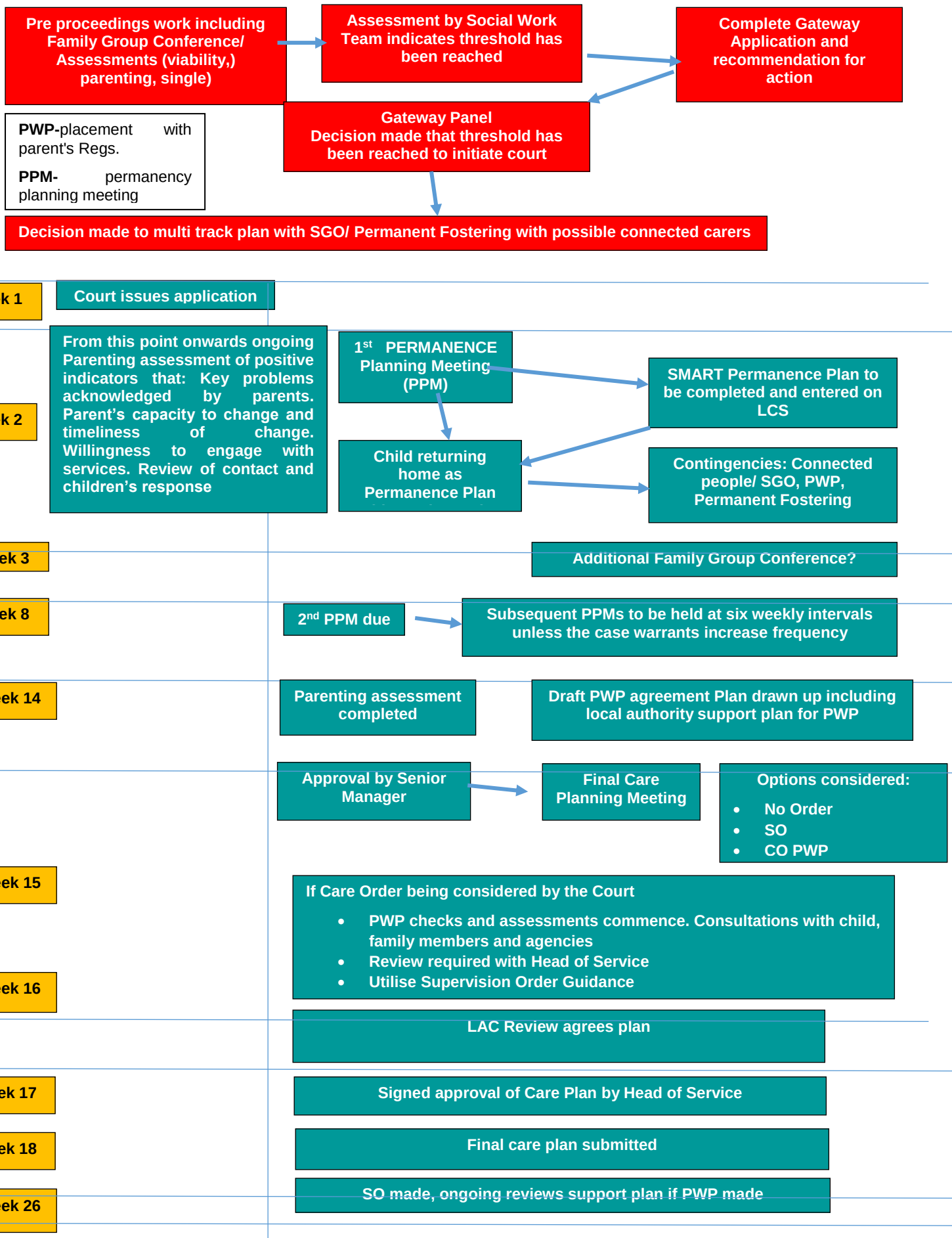
Permanence Planning Process Flowcharts

Good Practice Permanence Flow Chart
(Children Who Are Placed in Permanent Foster Care)

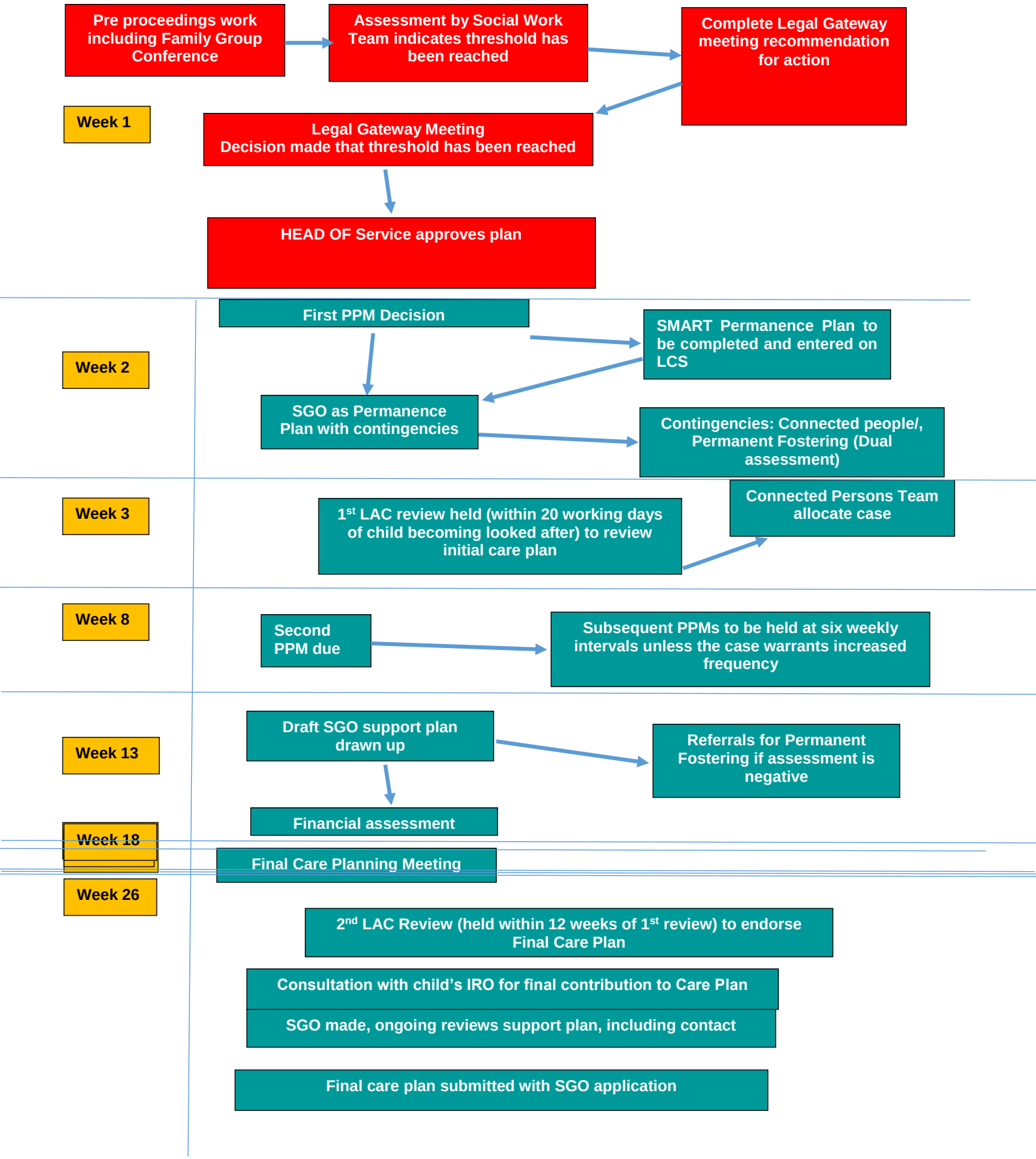


Good Practice Reunification Flow Chart

26 weeks – "Think realistic options before a Care Order at home" in Court



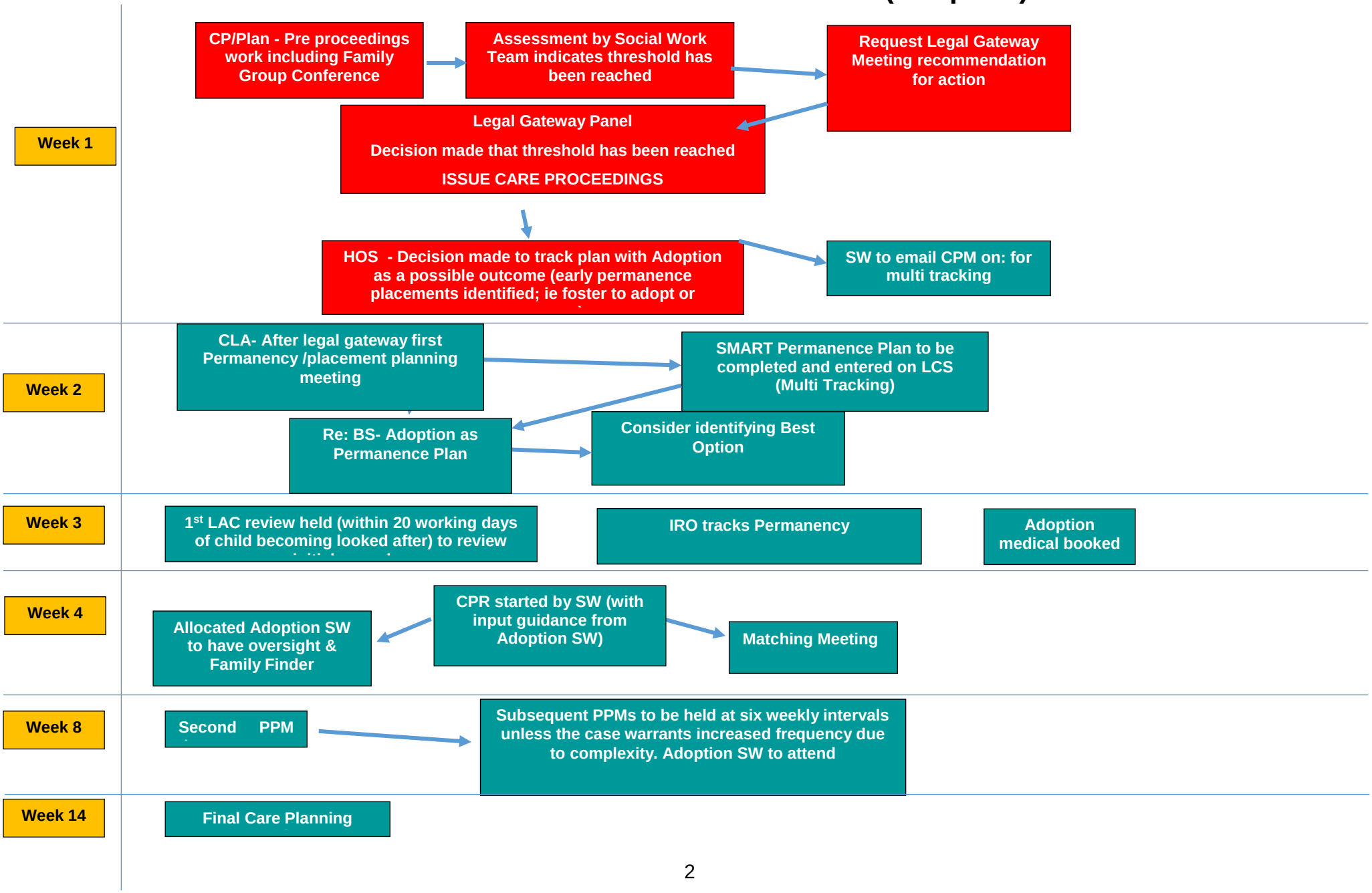
Good Practice Permanence Flow Chart SGO



Appendix 4
Early Adoption Planning
(The Journey from Permanence to Adoption)

For the Adoption Policy, Please see Adoption Handbook

Good Practice Permanence Flow Chart (Adoption)



Week 15

2nd LAC Review (held within 12 weeks of 1st review) to endorse Final Care Plan

IRO: Ratifies Plan, Recommend SHOPA, Checks Re:BS, Adoption medical, sibling assessments, referral to SCAYT,ASF

Family Finder attends

Week 16

Papers ready for ADM (SHOBPA)/ CPR/ assessments/ export reports/ medical/ form Family finding report (information about potential adopters available/whether in-house or interagency). All sibling groups to be subject to sibling assessment prior to ADM (SHOBPA)

Week 17

Agency Advisor/

QA/Audit of CPR shared with ADM, SW & TM

Week 18

Final Care Plan submitted

Week 19

ADM (SH

ADM (SHOBPA)

Week 26

Final Hearing PO Granted

CASE TRANSFER TO CHLDREN AWAITIING

meeting

Week 27

Adopter identified

Before or after PO Granted, hold Shortlisting decision meeting to determine chosen adopter

Matching meeting to ratify shortlisting decision

Information shared in full with potential adopters ("bump into" meeting)

Plan introductions

Paperwork submitted three weeks before matching panel

Agency Advisor/

QA/Audit APR

Week 33

Linking Panel

Week 34+

Introductions → Placement

Matching

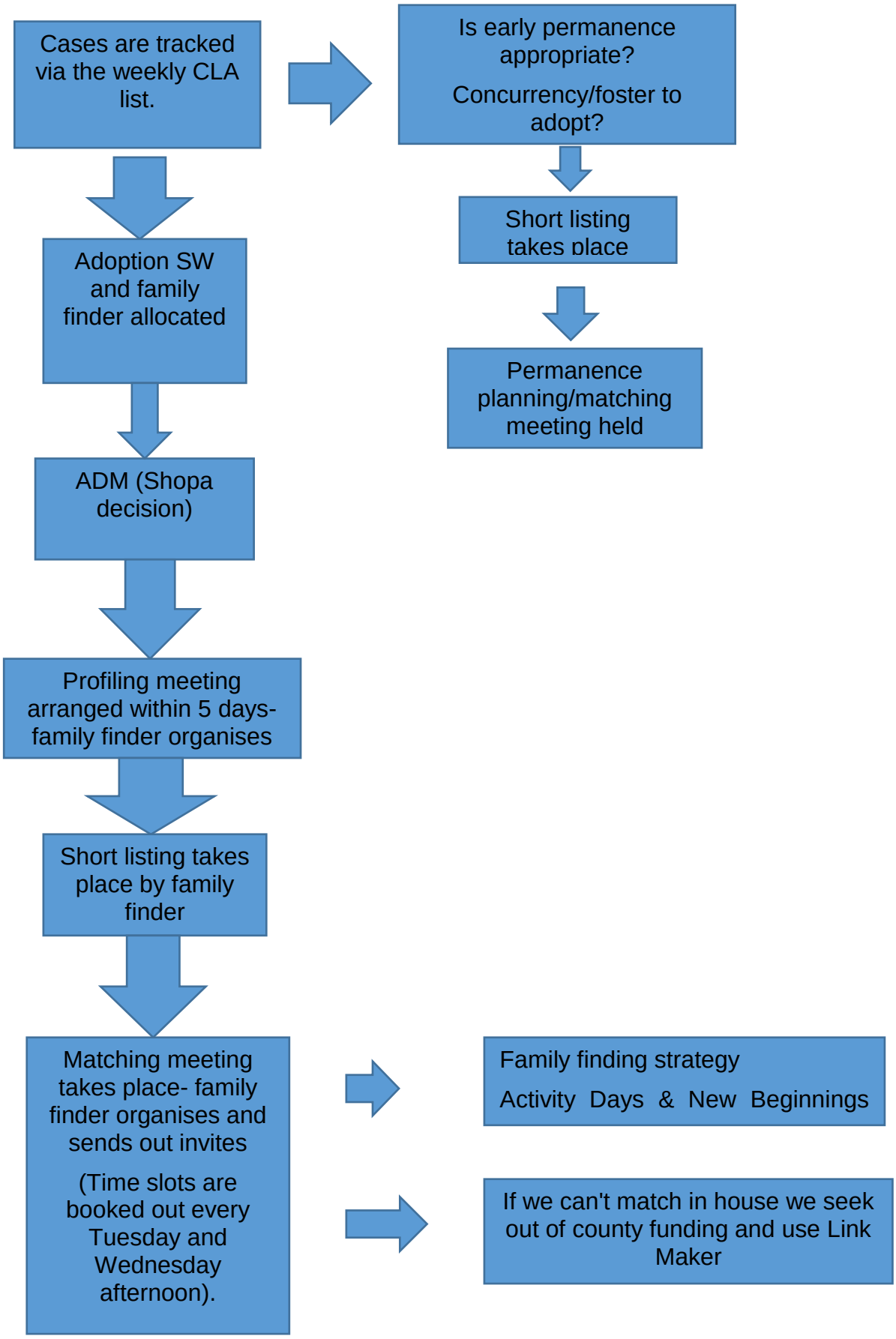
Adopter not identified

Family Finding Continues -

If inter-agency continued FF activity – Exchange Events, Activity Days, Linkmaker, When placement identified process as per week 27 to week 34

WEEK 30 - Communication / Escalation to Senior Manager delay / sibling assessments / changes of plan

Matching Meeting Process for Adoptive Placements



1. Process

1.1 The process is self-explanatory using the flow chart, it is the role of the Children Awaiting Adoption Team to organise the matching process including the profiling meeting

1.2 The profiling meeting normally takes place at the foster carer's home and the allocated social worker also attends. The purpose of the meeting is to gather information using a set template. This looks at a child's holistic needs, their health and development, behaviour and emotional needs.

1.3 Short listing following the profiling meeting takes place at the office utilising the "Adopters List".

1.4 Multi-professional matching meetings are organised by the family finder, the supervising social workers for the prospective adopters attend. The allocated social worker, family finder and adoptions social worker all attend. The IRO and the foster carer's supervising social worker is also invited to attend to promote a full discussion. Email invites are sent to all relevant parties with a copy of the child's CPR and profile and the PAR's and profiles or the prospective adopters.

1.5 Set time is set aside on a Tuesday and Thursday afternoon to ensure there is always availability, including room bookings, minute taker and staff know to keep themselves free as much as possible.

2.Result

2.1 Multi- professional approach- we aren’t making matches in isolation.

2.2 Full discussion of need takes place.

2.3 Panel dates are set.

2.4 Discussion around preparation takes place and direct work- therapeutic parenting, ASF, SCAYT.

2.5 Evidence based matching.

2.6 Timely decisions are made.

2.7 Allows for full exploration of transcultural placements and this prevents any bias.

NB. Further Adoption guidance will be added to this section and rolled out in the next few weeks

Adoption by Foster Carers

(This does NOT include reference to Concurrency or Fostering for Adoption)

1.1 Government focus continues to remind adoption agencies of early care planning and minimising delay for children. In 2013, 73% of children adopted in the USA were adopted by their foster carers (53% of these were non related foster carers). Historically, a similar mind-set was held in relation to concurrent adoptive placement, which the UK has since embraced with significantly positive impacts for the children. Coram BAAF suggests, based on the evidence from the USA, that with a more consistent and positive view of carer adoption, this opportunity of adoption permanence could be extended to a wider number of children in care.

1.2 This view will potentially:

a. Increase permanence at an earlier stage
b. Decrease disruptions
c. Reduce placement moves
d. Increase the amount of children that can be adopted
e. Increase the likelihood of open adoption.

1.3 When a foster carer expresses an interest in adopting a child in their care they are offering a potential permanence option for the child which needs to be fully explored. Every case should be considered on its individual merits.

1.4 It is important that any decision where foster carers wish to adopt their foster children is based on the long term interests of the child in the first instance and on the potential of the foster carers to be adoptive parents.

1.5 Foster carers who express an interest in adopting a child in their care need to be clear that the adoption procedures apply in their case as in any other and the adoption assessment will be in respect of their suitability to adopt generally. If they are approved as prospective adopters their suitability to adopt a specific child or children will be addressed separately as part of the matching process.

1.6 The process will vary depending on whether or not there is already an adoption plan in place for the child.

2. Benefits of foster carers adopting the child in placement:

a. Potentially less likely to experience disruption.
b. A continuing secure relationship.
c. The chance to remain in a familiar school, community and neighbourhood.
d. Tendency for shorter time to permanency.
e. Greater likelihood of contact with birth family continuing.
f. Less moves for the child.
g. Adoption considered for children that wait longer, as their needs are4 already know to the foster carer and is not a stumbling block in matching.

3.Benefits for the birth parents of the child:

a. They know and have a relationship with the foster carers.
b. Option of an open adoption.

c. Less likelihood of a contested adoption hearing.

4. Key considerations:

a. Address with the foster carer at an early stage in the child's care planning whether they would want to adopt the child in placement. This will allow a fully considered response rather than a rushed response if this does not happen and the foster carer informs of their intent at a late stage in the child's adoption journey.
b. Assess the foster carers' application and motivation in their own right rather than comparing this to a stranger adopting the child.
c. Assess the wishes and feelings of the child.

5. Routes to adoption of a child in placement by their foster carer:

a. Apply to adopt and be assessed and matched via the mainstream route.
b. Make a direct application to court to adopt the child. This is known as non-agency adoption.

I. Mainstream adoptions:

a. This process has the implication that the burden to seek the leave of the court to oppose the making of the Adoption Order is transferred to the birth parents. This is a much easier test for the Local Authority as an adoption agency to satisfy and therefore this should always be the first option wherever possible.
b. The assessment of the foster carers as adopters will be a mainstream assessment and if they are approved, then their suitability to adopt a specific child will be addressed as part of the matching process.
c. Fast track assessment processes will apply (16 weeks to complete the assessment and seek approval rather than 24 weeks)
d. Approval and matching at the same panel can apply.
e. Adoption allowances for the first 2 years post Adoption order being granted ***may*** apply.

II. Non agency adoptions:

a. There may be situations where the Adoption Agency is not able to accept an application from a foster carer to adopt or where a local authority is not in support of the child remaining with the foster carer. In these circumstances the foster carer can consider making a non-agency application direct to the court to adopt the specific child. The foster carer can make such an application after the child has been living with them for over a year but can make an earlier application with the court's permission.

b. The foster carer should notify the local authority in which they live of their intention to apply to the court to adopt a specific child (which may be different from the local authority that has care of the child). Where the LA that has care of the child is in support of the application it is appropriate for this agency to complete the report for the court as they will have the detailed information of the child and their circumstances. However the LA with responsibility for the child should notify the area in which the proposed adopters live of the likelihood of

such an application as a matter of good practice and discuss with the agency that will complete the report for the court.

c. Where the LA is not in support of the application and the child lives in another LA area it will be for this area to complete the report for the court.

d. This is the same route as that followed for step parent adoption.

e. The court will need to be satisfied:

   - that the parent or guardian consents to the making of the adoption order;
   - that the parent or guardian has consented under section 20 (and has not withdrawn the consent) and does not oppose the making of the adoption order; or
   - that the parent's or guardian's consent should be dispensed with.

f. The adopters need to seek the leave of the court to dispense with the consent of the parents and the court will need to determine at the date of the hearing whether adoption is the appropriate course for this child. All of the factors in Re BS will need to be considered and a holistic analysis carried out by the court. This is a much harder test to evidence. Because of this it is only advisable to follow and advise on this route if there is consent by the birth parents.

g. If the foster carer plans to make a direct application, they must give notice of their intention to the Local Authority between 3 months and 2 years before applying to court.

h. Once notice of intention is received the agency need to give serious consideration and ensure the foster carer is offered information and counselling. Once notification has been received, the child cannot be removed without leave from the court.

III. Early discussions:

a. Where the foster carers have expressed an interest in adopting the child and the meeting agrees that this option should be explored by the child's social worker as it is they who formulate the care plan for the child. Consideration should be given at an early stage in the care planning, CLA reviews and in permanence planning meetings in an open and transparent way.

b. The social worker will arrange a **professionals meeting** to consider the offer of permanence being made by the foster carer. This meeting should include a manager from the children's team to chair, the child's social worker, a representative from the Adoption service – but not the family finder if already appointed – the supervising social worker from the relevant fostering service. This meeting will consider the offer being made by the foster carer.

c. The areas to be covered will consider the following:

   - What is the current care plan for the child?
   - The child's wishes and feelings.
   - The assessment of the child's needs and the foster carer's ability to meet these needs via adoption in both the short and the long term.

- The availability of other approved adopters for the child and whether considering an assessment of the foster carers – with no guarantee of outcome – will cause delay in securing permanence for the child.
- The length of the placement, quality of the attachment and risks to the child's emotional well-being of disrupting the attachment.
- The contact plan for the child.
- Any implications for sibling contact both now and in the future.
- Any risks relating to geographical considerations, both in the short and long term.
- What are the foster carer's plans regarding their fostering career and the impact that this could have on the child requiring permanence.

d. It is important that this professionals meeting considers the offer being made by the foster carers regarding adopting the child but the key outcome is whether the professionals consider whether or not the child could remain with these foster carers. The meeting cannot decide whether the foster carers are suitable adopters – this is for the adoption agency to consider as part of a full adoption assessment.

e. The meeting considers that a long term placement with these foster carers is the appropriate care plan for the child, the next step is to look at how this might be best achieved. A care planning meeting should be held, which the foster carers will be part of, to formalise the plan for the child. However it is good practice for the Local Authority to feed back to the foster carers after the professionals meeting - ideally by the child's social worker and the fostering social worker.

f. The foster carers will be invited to discuss their expression of interest with the local authority's adoption agency. As noted above the foster carers have to be suitable to adopt generally and as such they must meet the basic criteria to adopt, as would any applicant wishing to adopt. The adoption agency will complete an **initial screening/counselling visit** with the applicants to determine if they will accept an adoption application from them. If the adoption agency agrees to accept an application then the adoption assessment will begin. It will be for the adoption agency to decide whether the application can be "Fast Tracked" taking into account the individual circumstances of the applicants.

g. It is ultimately the decision of the Adoption Agency whether or not to accept an application from any applicant. Consideration will be given to the reasons the foster carers report for wanting to adopt the child and the support that will be available to them. Consideration will be given to other options of permanence like Special Guardianship and long term fostering and whether these options are appropriate or not.

h. Consider:
    - Age (It is not allowed to rule an applicant out on age),
    - Health
    - Space
    - Attitudes of extended family members (is the child treated differently),
    - Household composition
    - Location (there will be a risk if birth family is aware of the address and is considered extremely dangerous or vexatious)

- Pets
- Fostering alongside adoption (this should not automatically rule the applicant out. If the child is settled and used to other children moving on, then continuing fostering is an option. Perhaps short term fostering will be more appropriate for any new children placed)
- Risks of birth family.
- Ensure the applicant is aware of the full background of the child and birth family rather than making assumptions around this.

iv. Assessment:

a. The Expression of Interest should be treated as the Registration of interest. If the Local Authority is unable to accept the Registration of interest, then a letter explaining the reasons should be issued within 5 days. If the Registration of interest is not accepted, then there needs to be consideration of the support they will need to support the child's care plan. At this point the applicants have no recourse to the Independent Review Mechanism.

b. If the Registration of interest is accepted, then the 16 week timescale starts. Preparation training will be an expectation. This can be delivered in a group setting or individually. It needs to cover the following topics:

- Lifelong nature of adoption.
- Legal differences between fostering and adoption.
- Roles and responsibilities of an adoptive parent.
- Child development and attachment.
- Contact and managing birth family issues.
- Behaviour management.
- Education and health.
- Talking about adoption and life story work.
- Adoption support.

c. Specific areas of assessment include:

- Impact of adoption on the existing family members.
- Is the decision to adopt a decision from the foster carers or were they pressured into doing this. Do they understand the differences in the role and responsibilities of adopters from those of foster carers?
- Inheritance.
- Do they recognise the lifelong nature of adoption?
- Evidence the applicants ability to provide good quality care
- Assess and analyse the journey the foster carer has made to reach the decision to apply to adopt, which will offer some evidence relating to their commitment to the child.

6. Foster carers who are interested in adopting where there is no adoption plan in place.

6.1 This scenario is more common when children in care have lived for some years with their foster family and the foster carers and the child want to make the arrangement legally permanent. If the Local Authority does not have a placement order then it does

not have permission to place the child for adoption. If the foster carers wish to explore adoption then consideration would have to be given as to whether adoption is in the best interests of the child and whether an application to court for a placement order to allow the local authority to place the child for adoption should be made. In these circumstances the views of the child's birth parents or others with parental responsibility would need to be considered before moving forward with any plan. Consideration would need to be given to the foster carers making a non-agency application.

Appendix 5

Early Permanence Adoption Timeline

For the Adoption Policy, Please see Adoption Handbook

Early Permanence Adoption Timeline

Prior Involvement from point of becoming looked after family finding to SHOPA					CLAR – Children Looked after Review – at second review post becoming looked after				SHOPA to placement order				
Case Progression Manager	**CCSW**	**Family finder**	**ASW**	**IRO**	**IRO**	**CCSW**	**CAA SW**	**CAA PM**	**ADM**	**CCSW**	**CPM**	**CAA SW**	**Family Finder**
● Consider permanence options case progression manager receives CLA list- makes contact with the ASW to discuss twin tracking and possible options. ● Hold permanence clinics every two months in each locality to discuss twin tracked cases •Chair placement planning meeting within five working days of child being placed if concurrent placement agreed	● Consent for adoption medical ● Apply for M&B ● Apply for birth certificate ● Complete sibling assessment ● Consider suitability of concurrency. ● Make appropriate referrals for viabilities in order to rule all suitable family and friends out ● Attend Permanence clinic to review cases which are being twin tracked ● Complete Reg 25a paperwork if a match is made for a concurrent placement in conjunction with ASW to be approved by senior manager	•Arrange matching meeting if concurrency are suitable	• Complete Reg 25a paperwork if a match is made for a concurrent placement in conjunction with ASW to be approved by senior manager	● Inform CAA re care plans of adoption cases in order for family finder and CAA SW to be allocated ● Considers suitability of F4A or concurrency and informs R&A	● Ratifies plan ● Monitor progress of LSB ● Recommend SHOPA if appropriate ● Checks Re BS ● Checks adoption medical ● Monitor completion of siblings assessment ● Consider recommending referral re ASF and or SCAYT+	● Progresses LSB ● Completes CPR ● Ensure adoption medical completed ● Complete Placement Order Report ● Book time slot for ADM consultation within 6 weeks from date of CLAR ratifying plan of adoption ● Share decision re CLAR with birth parents within 2 days of CLAR verbally & 5 days in writing ● Ensures LCS is up to date ● Keep Case Progression manager informed of progress of the case	● Family finder attends CLAR	● Allocate social worker as adoption social worker and allocate family finder	● Recommend support to birth family via referral to PAS ● Ensure guidance for birth parents has been issued ● Recommendations regarding changes to CPR	● Present case to ADM consultation ● Share CPR with birth parents within 2 days of SHOPA verbally and 5 days in writing ● Amend CPR following ADM consultation within 5 days of SHOPA ● Ensure photo are available for LSB ● Make a referral to PAS within 5 days of SHOPA ● Progress any CICA or RHA claims if recommended at SHOPA stage ● Ensure LCS up to date ● Lodge placement Order report & final evidence ● Attend pre-matching meeting, consider if F4a is suitable. ● Visit child with allocated CAA worker within 2 weeks from SHOPA ● Arrange contact planning meeting 5 days prior to submitting final evidence • Keep case progression manager informed of progress of the case	•CPM to track all cases at point of SHOPA to reduce drift and delay. To ensure that early permanence options are also explored if appropriate.	● Support discussions re reductions in contact	● Track SHOPA referral to NAR (3 months post SHOPA) ● Apply for out of county funding for complex children not matched as soon as identified no in house matches available or likely to be available ● Liaise regarding the possibility of concurrent planning or F4A ● Organise pre – matching meeting within 5 days from SHOPA ● Attend profiling meeting ● Complete profiling form and profile within 5 days of meeting ● Discussions with R&A re matching ● Prepare family finding strategy for all children not matched at 2 weeks from placement order within 2 days ● Review timescale re adoption medical and action if not up to date

Placement order granted to match selected					
CCSW	**Family Finder**	**CAA PM/ Case Progression Manager**	**CAA SW**	**ASW**	**IRO**
● Finalises LSB up to point of placement order within 5 days of order granted ● Update CPR up to point of placement order within 5 days of order granted ● Update LCS up to point of domestic adoption family finding within 5 days of placement order ● case to transfer to the CAA within 10 days of receiving the placement order. ● Inform birth parents of placement order decision within 2 days verbally and 5 days in writing	● Record case notes for any adoptive families considered but not progressed to matching meeting ● Potential matches identified followed by matching meeting up to a maximum of 3 matches within 2 weeks from placement order ● Share CPR and medicals within 1 day of decision with ASW ● Start preparation of new family and moving on with a child (not family specific)	● Review matches and chair matching meeting with ASW, Family finder and CAA SW and agree most suitable match ● Ensure all documents up to date at point of placement order ● Allocate case as allocated worker within 2 days of all paperwork being completed. Escalate if needed ● Review any children not yet matched at timescale of matching meeting with TM ● Review family finding strategy within 2 days of submission ● Review all timescales and ensure no delay ● Check all actions completed from minutes of SHOPA and P/O ● Ensure CAA SW priorities any outstanding actions from SHOPA / CPR	● Attend matchings weekly Update LCS or identified match within 2 days of meeting ● Notify ASW of matches within 1 day of decision ● Attend visit to adopters with and complete Adoption Placement Report (APR) within 5 days of match being agreed ● Book panel slot 6 weeks from matching meeting ● Send for update to Medical adviser ● Consider application to ASF and action if needed ● Track and action any reviews of adoption medical	● Share CPR and medicals with adopters with 1 day of decision ● Finalise matching process within 5 days of matching meeting. This can be extended on the request of the adopters for a further 5 days ● Initial visit to adopters with CAA worker within 5 days	● Review CLA with normal timescales as well as according to Reg 36 of adoption regulations

Progressing match to Placement			Placement to order			Place
CAA SW	**ASW**	**CAA PM**		**CAA SW**	**ASW**	**CAA PM**	**CAA**
● Facilitate F/C adopter visit within 5 days of initial visit to adopters, during this visit agree a bridging plan ● Prepare linking paperwork within 5 days from initial visit including APR; PR; Post Adoption Support Plan & ASF ● After linking paperwork is submitted, continue preparation with child (non-family specific) ● Arrange pre-linking meeting within 5 days of linking paperwork has been shared with adopters ● Arrange duty Chair for APP Meeting ●Send bridging plan to chair of APP meeting confirm to all parties when finalised ● Submit to panel ● Submit support plan and CPR + linking paperwork to ASSA if out of county placement before pre linking meeting ● Attend panel ● Update LCS ● Undertake general preparation of adoption with the child in conjunction with the foster carer and SSW. Foster carer to reinforce any preparation work undertake ● Arrange Life Appreciation Day if necessary •Arrange bump into meeting/s if appropriate	● Support adopters to complete their section of the match ● Attend foster carer adopter visits •Complete health and safety check prior to child being placed ● Attend panel ● Ensure welcome book is complete ● Support adopters to liaise where needed with the Medical Advisor	● Review linking paperwork •Chair Bridging preparation meeting and subsequent APP and review APP meetings		● Take welcome book out and start more specific preparation with child after ADM received ● Advise F/C on preparation techniques •Attend bridging preparation meeting ● Start introductions 1-5 days after welcome book has been shared, dependant on age of child ● Attend APP meeting on day of introductions, finalise bridging plan ●Attend review APP meeting ● Midpoint review during bridging ● Liaise with provider RE ASF to inform Re bridging dates ● Update LCS ● Complete placement plan ● Complete statutory visits ● Place child and sign paperwork ● Submit adoption application with ANNEX A 10 weeks after placement ● Attend court and follow judicious process to point of order	●Attend bridging preparation meeting ● Attend APP meeting and review APP meeting ● Visit adopters to assist adoption application prior to 10 weeks	● End involvement of family finder once child is placed	● Arrange care planning meeting 5 days after consideration change care plan, within permanence tracking meeting and ● Arrange CLAR to consider suitability of change of care pl care planning meeting. ● Care planning meeting to be held within 10 days. If SGO is considered pursue ASF. ● If no change of care plan clear archiving and timescales. ● CLAR taking place ● Update medical sought from Medical Adviser ● If change of care plan then complete change of care plan for ADM 10 days from, Care Planning Meeting ● Complete revocation paperwork if appropriate 5 weeks fro ● Lodge application

Appendix 6

Child Permanence Report (CPR) Guidance

CPR Guidance / Information Sheet

1. What is the Child's Permanence Report (CPR) needed for?

1.1. The CPR is required for the following purposes:

a. The Agency Decision Maker's consideration at SHOPA. The CPR is also required for Adoption Panel when a SHOPA is being requested for a relinquished child

b. When prospective adopters are considering a potential match, the CPR will be provided to inform them of the background, needs and circumstances of the child/ren

c. The CPR will also be submitted as part of the paperwork required for the Adoption Panel when considering a potential match between the child/ren and specific prospective adopters

d. For the child (when a young adult) to gain a good understanding of their birth family and the reasons they were in need of an adoptive placement

2. Why is it important to keep the CPR updated?

2.1 A case will not be heard at either SHOPA or the Adoption Panel if the CPR has not been updated within the past three weeks. If not updated, this will inevitably cause delay for the child/ren.

2.2 It is important for any prospective adopters to gain as much up-to-date information regarding a child's needs and circumstances as soon as possible so that they are able to make an informed decision regarding whether they want to progress with a potential match. Young children change so much so the CPR needs keeping up-to-date to describe the child he/she is now. Accuracy and honesty are essential whilst giving life to the child so the reader has the opportunity to connect.

2.3 The CPR needs to reflect the child's age and developing personality.

3. Why is the CPR such an important document for the child?

3.1 The CPR's most important function is to inform the child when he/she is a teenager/young adult of:

a. The reasons why he/she was in need of an adoptive family
b. Their birth family members
c. Their early history and significant events.

3.2 When we place children with an adoptive family their immediate needs are often the ones we focus upon. However, an adopted person will continue to have specific needs throughout their life with regard to being an adopted person. Your role in relation to the lifelong process of adoption is a really important one as it can enable an adopted

child/person to gain a level of understanding of where they come from and the decisions that were made on their behalf.

3.3 It could be perceived that it is difficult to make sense of the present and look to the future if you can't make sense of the past. As such, the work you do at the beginning of the adoptive journey for a child will have an impact upon an adoptive person's sense of self not just for today but potentially throughout their life time.

4. Considerations when writing the CPR?

4.1 Use an appropriate 'tone' throughout. The CPR should not read as a Court Report. Whilst you are writing, keep the teenage child/young adult in mind at all times.

4.2 The correct 'tone' can be a difficult concept as you will need to include difficult information so that the child is clearly informed of the reasons he/she could not stay with their birth family. Although this information needs to be recorded, ensure that you don't use emotive language and stay with the facts rather any level of judgement.

4.3 Be mindful that once something is written down it can be perceived as factual, so ensure that information recorded is factual and that there is a reason you are including it in the CPR.

4.4 Although this may sound basic, make sure that names are spelt correctly, that the document is grammatically correct and dates are recorded correctly. Many adoptive people have difficulties one way or another with their levels of self-esteem and if this is not adhered to, it may communicate to the adopted person that they were not worth spending time and care upon.

4.5 Answer the headings. For instance, where it says 'Birth Mother's Chronology', provide information of significant events regarding birth mother's history and not just events that have happened since the child was born.

4.6 Ensure that you have gained and included up-to-date information regarding the child's siblings. Although they may not be directly included in the permanence plan for the child, they will be very important to the child/young person when trying to make sense of their history and identity in terms of their birth family members.

4.7 All siblings need to be included. There is often more information about older siblings than is recorded in the CPR. If you can't get information on a sibling, include what has been done to try and get this information so that the adopted young person knows that 'we' cared enough to try and find as much information as possible.

4.8 Ensure that there is a detailed chronology from birth in relation to the placements a child has experienced and an account of the level of care they received within these placement. For an adopted person, gaps here are gaps in their life. They may not have anyone around them to fill in these gaps other than your report.

4.9 In relation to chronologies, as previously stated, these should be as thorough as possible but each entry needs to be brief and there also needs to be consideration why you are recording certain information and why you are leaving other information out.

4.10 Include all known key family members complete with relationship to the child and ethnicity. Significant others may be really important to a child as they may have played a part in the child's early life.

4.11 Draw from information gained in other professional reports if appropriate. There is a section within the CPR whether you are asked to list these reports. For example, this may be: Parenting Assessments, Psychological Reports, Sibling Assessments and Medical Reports.

4.12 Bring the 'Description of the child' section to life. Again this will be needed for prospective adopters when considering whether they would want to be considered. It will also be very important for the child when older to minimise any 'gaps' the young person has around their earlier lived life.

4.13 Include as much information regarding birth parents' appearance, personality and interests. This is likely to be of great importance to the child when older.

4.14 Be clear on why decisions around contact arrangements have been made so that the young person is aware of the important decisions and the reasons these decisions were made on their behalf.

4.15 Analysis regarding why adoption is the right permanence plan for the child rather than being placed with parents, birth family members or long-term foster carers is required. This needs to be succinct and bring all aspects together. Other parts of the report shouldn't be cut and pasted here as repetition is not needed.

4.16 Include the Welfare Checklist in the analysis section of the Report. Ensure that the correct Welfare Checklist is documented. This needs to be the Welfare Checklist from the Adoption and Children Act 2002.

4.17 Free from case chronology information – chronology's can be long so summarise significant information.

4.18 Should not include cut and pasted sections from other legal documents or assessments that have been completed.

4.19 Information about siblings that is not relevant to the child should not be included.

4.20 Should be free from assumptions

5. Although CPRs could be perceived as yet another document/report you have to write, their most important reader is the young adult the child you are currently working with will become. With this in mind, you have a very important role to play when producing 'yet another report' So simply stated:

5.1 Remember who is going to read this form:

a. The child (as a child and as an adult)
b. Birth parents
c. Prospective parents/carers

d. The people who will be involved in making the decision regarding the child's future e.g. Adoption Panel in recommending whether the child should be placed for adoption; and recommending that the child should be placed with prospective adopters.
e. The Judge making the decision, subject to the courts leave the parents, (with any necessary redaction).

5.2 This form is a **historical record** and **explanation** for the child's future years. Therefore, please include as much relevant detail as possible and ensured that the Child's Permanence Report (CPR) is continually updated until permanence is obtained. **The significance of this document is reflected in the legal requirement that it is kept for 100 years.**

5.3 The CPR comprises a core report and a number of other sections which are completed and become a part of the report depending on the circumstances of the child.

6. Guidance to writing the section "Understanding the Child" in the CPR

6.1 General considerations in writing a profile of a child for a CPR:

a. A CPR is the basis for making decision about a child in the Adoption Panel; it provides the information upon which a child is matched with adoptive parents and the information that goes to adoptive parents. It therefore needs to be comprehensive and accurate.

b. There is no shortcut to the process of writing a CPR. A social worker will need to know the child either through direct face to face contact and/or by talking to people who do know the child. Information will need to be collected, analysed to develop a picture of a child's needs upon which recommendations about a future placement, including support needs, can be made. It is not enough just to ask a foster carer to write the profile of the chid.

c. This profile will need to be comprehensive, taking note of physical, emotional, social and cognitive development. It will be necessary to build a picture of a child's capacity to form attachments in a new family and the support to this process that might be needed. It will be necessary to build both a picture of a child's presentation and behaviour as well as their sense of self, including self-esteem, sense of identify and their capacity to manage their emotional world.

d. This profile will need to consider current and historical context. A picture of a child's relationships/attachments, behaviour and sense of self will need to include some consideration of the current placement context including the likely impact of professional decision making (Court/Social Services/Education). This picture will also need to consider the historical context; the child's experience of care etc.

7.Understanding the child

7.1 The child's physical characteristics. Height/build, colour of eyes/colour of hair. Who do they look like/take after? Physical characteristics that may affect matching.

7.2 The child's personality. What are they like? The need for a balanced picture.

7.3 Overall developmental level. Whether they are meeting milestones with their cognitive/physical/social/emotional development. When a child is in reception or year one this is something that is profiled in school. Are they any concerns about their development?

7.4 Physical development. This is covered in a child's adoption medical. How is their fine motor development (pencil control etc.)? How is their gross motor development? Are they clumsy/uncoordinated?

7.5 Cognitive development. Increasingly we find that children who have experienced developmental trauma show areas of delay of deficit in their cognitive functioning. This reflects the way that the developing brain is affected by the environment in the early years of life. Factors like impulsivity/distractibility/ability to follow instruction/self-organisation/capacity to focus attention/capacity to take in information/capacity for empathy need to be screened in the context of the child's developmental level and taking into consideration the child's developmental level and taking into consideration the child's often unsettling situation. Can they play/can they engage in fantasy- make believe? For school age children it is important to talk with their class teacher to see how they approach learning/self-management in this setting.

7.6 Social Development (Attachment). Attachment really describes how a child uses caring adults at times of stress/hurt/anxiety to regain a sense of security. It is therefore assessed by looking at a child's current relationships with carers/parents, but it can also be assessed by looking at a child's beliefs about themselves and parental figures. Generally it is worth asking about the way that a child uses carers when hurt/upset/stressed. Do they ask for help/allow care and then get back to whatever they were doing (in an age appropriate way)? Some children seem very avoidant when one would expect them to need help, whilst others are not easily calmed down. Does the child show either of these patterns? It is also worth asking about the child's capacity to play or explore in a calm and secure way. A lot of insecure children look for attention in a variety of positive and negative ways. Is this pattern seen? Is the child able to identify and talk about feelings appropriately? Are they able to accept affection and discipline without wariness or fear? Do they give the impression that their careers are special people or do they go to anyone? Is there a sense that they take responsibility for the adults (inverse attachment)?

7.7 Social Development (peer). Children who have attachment difficulties often also show a difficulty with their peers. It is useful to ask about their capacity to negotiate/take turns/problem solve. Increasingly, we are asked to consider whether children should be placed together or apart with siblings. It is important to consider whether children should be placed together or apart with siblings. It is important to consider the overall impact of a sibling group on carers (by completing good assessments individually) but also to consider whether there are contra-indications to placing together within the dynamics of the group. There is a useful check list compiled by Gerrilyn Smith in the BAAF GUIDE "Together or Apart". This list covers areas like victimization-abuse within the sibling group, re-traumatisation, and

a high level of aggression-rivalry. There are forms within the BAAF guide that can be used to assess the quality of sibling relationships.

7.8 **General Behaviour.** It is useful to ask about a child's attitude towards food and mealtimes. (Do they 'stuff' without any sense of limits/is there stealing of food?). How are they with bedtimes; can they separate and settle with self-soothing or is this an anxious time? Do they show nightmares/night terrors? How are they with their toileting? Is this age appropriate/is there bed wetting/soiling/smearing etc. Has any anxiety about toileting been noticed? Does this child show fears or worries or anxiety? Do they have obsessions or rituals? How are they with rules and boundaries? Often children with insecure attachment show controlling/oppositional behaviour and some children show anxiety when told off. Some children seem too compliant. Are any of these patterns shown?

7.9 **Behaviour and learning in school.** With school age children it will be important to take time to talk with their teacher to get a picture of their academic standard and progress as well as their overall pattern of relationships with school and their behaviour.

7.10 **Sense of self.** Is there a sense of this child's self-esteem? How do they take praise? Do they have self-believe? Can they manage new tasks/new situations with confidence or do they crumble and look for help straight away? Are they self-aware? Do they have the capacity to look at themselves and reflect on feelings and behaviour? Do they have an appropriate awareness of their body?

Ask your manager for "a good example of a completed CP.

Appendix 7

Supervision Orders

1. Introduction

1.1 Children's Social Care policy is to utilise appropriate measures under the Children Act 1989 to protect children who are suffering, or likely to suffer from Significant Harm. Thus for a child to be the subject of a Supervision Order, the grounds for Care Proceedings must be met, and the child's needs, together with the management of the Supervision Order, through Child In Need planning, is seen as of equal weighting to all children who have been the subject of proceedings. Supervision Orders are time limited, and may be extended where needed on application to the court, but at all times the care and safeguarding needs of the child should be primary considerations for all children's services staff.

1.2 When considering applying for a statutory order it is important to be mindful of the overriding principle within the Children Act 1989 that the least intervention should always be considered as the primary option. The Local authority should within its assessment evidence analyse the issues of risk and how these will be mitigated. To assist the Children Act 1989 sets out the following conditions that need to be met before a supervision Order will be granted.

2. Key Points

2.1 A court may only make a Care Order or Supervision Order if it is satisfied:

2.2 That the child concerned is suffering, or is likely to suffer Significant Harm; and

2.3 That the harm, or likelihood of harm, is attributable to:

a. The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or

b. The child being beyond parental control.

2.4 A Supervision Order does not confer parental responsibility upon the parent or guardian with care of the child. The Supervision Order will be in place for the period of time directed by the court.

2.5 No Supervision Order may be made with respect to a child who has reached the age of seventeen (or sixteen, in the case of a child who is married).

2.6 Supervision Orders can be made with respect to a child who is subject to a Residence Order/ Child Arrangements), Special Guardianship Order, or any Section 8 Order and will not end those orders, being expected instead to support the carers in the best possible care of the child.

3. Duration of Orders

3.1 Upon application the Local authority must be clear the purpose of the supervision Order, what will be achieved and the timescale required. The maximum length of time a Supervision Order can be granted for is twelve months. However it is important that the practitioner is clear about the timescale that we would want the Supervision order to run for. An Application can be made to the court (must be made during the life of the

existing order) to extend or further extend a Supervision Order for such period as the court may specify, but cannot extend in total for a period beyond three years from the date on which the Supervision Order began. Whilst a Supervision Order is in force it shall be the duty of the supervisor, who will be a registered social worker to:

a. Advise assist and befriend the supervised child;
b. Take such steps as are reasonably necessary to give effect to the order; and

Where:

a. The order is not wholly complied with; or
b. The supervisor considers that the order may no longer be necessary;
c. To consider whether or not to apply to the court for its variation or discharge.

4. Directions of the Court available within Supervision Orders.

4.1 Directions can be made, which are sometimes relevant for older children, e.g. requiring them to live in a specific place in the case of a child who persists in returning to the home of a person who is a risk), or requiring them to attend medical appointments (e.g. a child with anorexia or self-harming or other diagnosed mental health problems). There may be other circumstances in which directions are appropriate.

4.2 A Supervision Order may require the supervised child to comply with any directions given from time to time by the supervisor which require him to do all or any of the following things:

a. To live at a place or places specified in the directions for a period or periods so specified;
b. To present himself to a person or persons specified in the directions at a place or places and on a day or days so specified;
c. To participate in activities specified in the directions on a day or days so specified.

4.3 It shall be for the supervisor to decide whether, and to what extent, he exercises his power to give directions and to decide the form of any directions which he gives.

4.4 Within the Supervision Order there is the opportunity to impose obligations on a responsible person, (Schedule 3). This makes the requirements the responsibility of the parent/carer as well as the child, but it needs their consent at the final hearing to include it in the order.

4.5 (Paragraph 8) requires the responsible person to give details of the child's address and allow the supervisor reasonable contact with the child.

4.6 The responsible person, in relation to a supervised child means:

a. Any person who has parental responsibility for the child; and
b. Any other person with whom the child is living.

4.7 A Supervision Order may require the supervised child to submit to a medical or psychiatric examination or to submit to any such examination from time to time as

directed by the supervisor. See Schedule 3 for further details particularly in relation to medical/psychiatric examination and treatment.

5. Standards

5.1 A Supervision Order should only be considered when no lesser option will meet the child's needs;

5.2 An in principle decision to recommend care proceedings, including to obtain a Supervision Order should be taken following presentation of the matter to the appropriate Gateway Panel;

5.3 Children's wishes and feelings should be ascertained as soon as possible;

5.4 The social worker applying for a Supervision Order must be clear about the plans and timetable for the child as informed by their assessment;

5.5 The SWET should clearly set out that a supervision order is the only order that would safeguard the child within their individual circumstances as oppose to the alternatives;

5.6 Any social worker, who has obtained an interim or final Supervision Order, shall immediately inform any person who is caring for the child, as well as their team manager and other significant professionals, and enter the details on the child's electronic record.

6. Management of Supervision Orders

6.1 At the finalisation of the proceedings, a Care Plan will have been presented to the court detailing the aspects of the Supervision Order. A Care Plan for the Supervision Order must be immediately moved after the proceedings into the Child In Need Plan and should match the aspects of the Care Plan presented to the court.

6.2 The child's situation should be managed through the Child In Need where the Child and Family Plan will be actively considered. The Child and Family Plan should be reviewed in line with the Child in Needs Procedures. There will be a review of Supervision Order at the midway point, which will be no greater than 9 months; this review will be chaired by an Independent Reviewing Officer. The purpose of this will be to review progress against the support plan. (Escalation process).* this is only for complex cases, as agreed by Court and recorded clearly in the court order.

6.3 Child in Need visits to the child should take place at a minimum of every four weeks the child should be seen alone (dependent on age and understanding) and his or her wishes and feelings obtained, and recorded. The child should be visited outside any Child In Need meetings held at the child's home.

7. Extending Supervision Orders

7.1 During the Child In Need Meetings constant attention should be given to whether the Supervision Order will need to be extended.

7.2 No later than three months before the expiry of Supervision Order the matter will be placed before the Legal Gateway Panel alongside an update Child and Family Assessment, which clearly identifies progress made against the plan, clear analysis of the child's needs and how they are likely to be met alongside the Permanence Plan. This discussion and the outcome should be fully recorded within the Legal Gateway minutes.

7.3 If at the Legal Gateway Panel meeting it is recommended that the Supervision Order is not providing the level of safeguarding required for the child, it may be felt that it is necessary to return to court to seek a Care Order.

7.4 In an emergency a decision to place the matter before the court can be taken by a Service Manager.

NB an application for a Care Order whilst a Supervision Order is in force will be treated as a fresh Care Proceedings application and the threshold for making a S.31 order will have to be proved as at the date of Local Authority intervention (usually the date of the new application.

Appendix 8

Special Guardianship Order

LCC Flowchart, Financial Process for SGO Payments

Step 1

A request for a financial assessment should be made following an approved viability assessment. The Social Worker (SW) should send a Finance Information Sharing (FIS) form to the Assessment Officer on the carer's LCS record via the 'SGO/Adoption Allowance Assessments ' LCS worktray to inform the Assessment Officer that a means test is required and provide all relevant details (Carer's name, address, telephone number, e mail address, NI Number and if there is any special requirements needed, e.g. translators. Also the name and LCS numbers of child/ren that the SGO application is for and **the date that the means test is due to be filed with court**) for the Assessment Officer to be able to make contact with the prospective carer and complete the assessment. **A case note should be added to each SU's record that the application relates to showing that the means test has** been requested.

At the point when the above means test is requested social worker should fill in an IC1 and send the completed IC1 and guidance attached below to the carer for their use with their possible benefit claim should the SGO be granted.

ic1 - informal carer form.pdf IC1 guidance.pdf

A minimum of 15 working days should be allowed for the financial assessment to be completed.
The draft support plan and Reg 15 notice to be with the applicant a minimum of 4 weeks prior to the final hearing

If all the required information has **not** been inputted on the FIS form by the originating SW requesting the assessment then it will be reassigned back to originating SW containing the message/request in Response 1, attached.

Template 1 (LCS).msg

The case will still to be added to SGO tracker sheet by the Assessment Officer and will be chased up with originating SW, their PM & TM, after 7 days using template 2 if no new form has been resent.

Template 2.msg

The request will be added to a list of means test requests that we are unable to progress and distributed to relevant HoS on a weekly basis.

If all information submitted then the request will move to Step 2.

Step 2

The Assessment Officer will telephone the carer to advise a letter and information relating to the SGO means test process will be sent to them via the secure e mail and that they will be required to complete the simple registration process in order to access the information (Information will only be sent as a hard copy in exceptional circumstances). The Assessment Officer, at this stage, will also arrange a telephone appointment with the carer to complete the means test assessment form. Evidence from the carers to support the information given must be returned to the Assessment Officer within 7 days of the means test being completed – this will be made highlighted to the carer during the initial call.

Telephone appointment:

If there is no answer by the applicant when the Assessment Officer phones to book an appointment, a follow up e-mail, (**template 3**) (with text alert of the email) is to be sent to the applicant advising that a financial assessment needs to be undertaken and for them to contact the assessment officer within 2 working days.

Template 3.msg Email alert.msg

Should there be no response from the applicant to the follow up e-mail, the Assessment Officer is to make a further attempt at a phone call. If there is no answer to this then an e-mail using template 4 is to be sent to the originating SW, their PM & TM advising of the situation and request that they get in contact with the applicant.

Template 4.msg

The request will be added to a list of means test requests that we are unable to progress and distributed to relevant HoS on a weekly basis.

Evidence:

If, following the telephone appointment being completed with the applicant, only part of the required evidence has been returned then a follow up e-mail is to be sent to the applicant (**template 5**) (with text alert of the email) advising what is missing and when the deadline is to return it by (i.e. the date 7 days from the telephone assessment).

Template 5.msg

Should no evidence (including any missing elements) not be returned by the applicant by the end of the 7 days an e-mail is to be made by the Assessment Officer to the applicant advising that the evidence needs to be returned by the end of the following working day (**template 6**) (with text alert of the email). A phone call to the carer will also be made advising them of the e mail sent.

Template 6.msg

Should there be no response by the applicants by the given deadline then an e-mail is to be sent to the following working day to originating SW, their PM & TM advising of the situation and request for them to assist by contacting the applicant (**template 7**) to offer help in collecting the information and sending it to us if the carer is experiencing difficulties.

Template 7.msg

If there is no response from Social Worker by the end of the following working day, as mentioned in the e-mail, the LCS form is to be re-assigned back to worker as no further action can be taken by Assessment Officer until evidence has been returned.

The request will be added to a list of means test requests that we are unable to progress and distributed to relevant HoS on a weekly basis.

If the telephone appointment goes ahead and evidence is submitted in full within 7 days of telephone appointment then the request will move to Step 3.

Step 3

The SGO Means Test is formally assessed by the Assessment Officer who will review the information in the completed means test in line with the evidence provided from the carers and any benefits that they are entitled to, making any necessary enquiries prior to finalising the SGO Means Test. The Assessment Officer will send the completed means test to the Welfare Rights Service for the possible deductions to the carers to be verified and also to ascertain whether a full Welfare Rights check is required to ensure that carers are aware of the correct and full entitlements they can claim should the SGO proceed.

The Assessment Officer will use the secure e mail system to send the part of the completed form containing the evidenced figures back to the carer to confirm agreement with the carer that all the information contained is correct.

The Assessment Officer will send a secure e-mail using **template 8** to the applicant requesting for confirmation of their agreement that the evidenced figures used within the means test are correct, allowing the applicant 2 working days to respond (with text alert of the email).

Template 8.msg

If there is no response after the 2 working days then an e mail will be sent to the originating social worker, their PM & TM advising that there has been no response to the agreement and requesting them to assist with getting in contact with the applicant (**template 9**).

Template 9.msg

Should there be no response to the e mail to the originating social worker by the end of the following working day, LCS request form is to be returned to originating social worker as no further action can be taken by Assessment Officer until evidence has been returned.

The request will be added to a list of means test requests that we are unable to progress and distributed to relevant HoS on a weekly basis.

If the confirmation is received from the applicant within 2 working days then the request will move to Step 4.

Step 4

The Assessment Officer returns by reassigning the original LCS work tray request as a formal notification to the originating SW together with the final version of the Assessed SGO Means Test highlighting the final monthly payment to the carers from the outcome of the means test, outlining the breakdown of the payment, making particular reference to any deductions for CB/CTC that have been applied, which must be reiterated by the SW to the Carer that these should be claimed should the SGO be granted. Please see template 10 below.

This then needs to be signed off by the originating SW's Senior Manager by the originating SW consulting with them directly.

Template 10 (LCS).msg

Where Welfare Rights identify and advise on benefit claims, a three month review will take place where the advice is followed up to ensure the claims have been processed as expected, and to ensure any further expected entitlements have been realised. This may lead to an amendment to the means test to accurately reflect the financial position at that point and any changes that the carer may have had to their circumstances as a result of the new caring responsibilities. A second means test will also be prepared showing the anticipated outcome if advice is confirmed at the 3 month review stage. A breakdown of this will also be provided to the ASW so that they have all the information prior to court on how the balance of payments from LCC/DWP may change. If the three month review confirms that the anticipated benefits are now in place then WRS service will advise the SGO Assessment Officer and revised payment amounts will be applied

Step 5

In the case of a dual assessment with PWFF Team the financial assessment is returned to the ASW to include in the support plan. The ASW will complete the sections of the support plan relating to support for the adult, including financial support. They will then send the part completed support plan to the CSW who will complete the remainder of the plan relating to child and seek approval from Senior Manager/HofS regarding the financial element. The CSW will then send the completed and approved support plan to legal

Step 6

The finalised SGO Means Test is filed to and presented in court by the CSW quoting the **Final monthly payment to guardians**, which may include any appropriate deductions (e.g. for Child Benefit/Child Tax Credit/Disposable Income) outlined in Step 4.

Step 7

After the SGO is granted CSW contacts Business Support Team to set up the SGO carer as a supplier (up to 2 working days to arrange) and to also arrange the input of the CPLI(s) and approval of payments for the standard SGO allowance and for any enhancements that were agreed at court. Along with this request the SW **must** also provide the finalised court agreement details/amounts, including the assessed Means Test (inc any deductions to be applied) and details of any agreed enhancements/one off payments in respect of the order. End dates of 2 years should be added to any Enhancement CPLIs.

Court papers reflecting the agreed financial award must be uploaded to LCS.

Step 8

Following the Court Hearing and any orders being made the CSW **must** update LCS of action and payments / case notes against child/ren.

N.B. SW must check to see if there has been a prior Reg 38.6 funded placement and end that placement/CPLI as appropriate. SW MUST attach the assessed, agreed version of the means test that the monthly payments are based on as agreed in court.

Step 9

Once approval is received, the Business Support Team contact Children's Services & Schools Payments Team in Exchequer Services via LCS in the form of a Finance Information Sharing Form (FIS) requesting payments to be made, confirming amounts, supplier number, start dates, deductions and any amounts previously overpaid as Reg 38.6. etc

Step 10

Children's Services & Schools Payments Team pick up the FIS Forms in LCS and process payment from the next scheduled payment run based on the Means Test Assessment and any deductions are entered into the system i.e. Child benefit, child Tax Credit, Disposable Income.

Step 11

Backdated payments are made (If applicable) after taking in account any pre-paid PayPoint/overpaid Reg 38.6 payments.

Assessment Officer is informed that the SGO is now in place if CTC deductions apply so that it can be checked if deductions are accurate when in place.

Step 12

Electronic Records are updated by Children's Services & Schools Payments Team and Declaration letters are issued to the carers confirming the amount awarded and start date.

Step 13

Approx. 3 months after the SGO has been granted the Assessment Officer should check that the predicted CTC/CB allowances that have been deducted from the carer's monthly payments are being paid at that rate to ensure the carer is receiving the appropriate funding.

Step 14

SGO Payments will automatically cease at the age of 18 for standard SGO allowances and at the end date of any Enhancement CPLIs. Social workers must include the end date to ensure there is no continuation of the enhanced element of the allowance. Any extension to these payments should be directed via the agreed route for a decision and further agreed CPLIs should be added and approved as guided above, with end dates for the agreed period in line with LCC's SGO Policy.

TEAM CONTACT DETAILS

Assessment Officer:

Email: SGOandAdoptionAllowance@lancashire.gov.uk

Tel: 01772 531119

Children's Services & Schools Team, Exchequer Services:

Email: paymentscare@lancashire.gov.uk

Tel: 01772 536972

Case Support Finance Team, Social Care:

Email: cypsupportfinance@lancashire.gov.uk

Tel: 01254 220333

Points to Note/Additional Information

The 'Registration of Interest' pack sent to potential carers will include a copy of the letter and means test sent by the Assessment Officer to the carer at a later stage and also a summarised list of documents that the carer may need to provide evidence of during/after the assessment in order for them to be able to prepare for this stage.

- **All information contained within the means test must be evidenced.**
- **All carers will be means tested regardless of benefits received.**
- **Only Loans relevant taken to meet the needs of the child/ren are to be included. Loans won't be considered unless SW can evidence why the loans should be taken into consideration. Any referred to SW for justification will be notified to HoS on their weekly report from the SGO Assessment Officer.**
- **One new means test should be completed when there are any additional SGO child/ren to a family currently with children subject to SGO payments and any current payments for existing SGO children would be included within the means test as Income and the means test will be just for the additional SGO child/ren.**
- **Any of the Income/Expenditure figures included in the means test should not take into account the child/ren subject to the current SGO application.**
- **If there are any cases which require back dated SGO funding the calculations must be checked and confirmed by the Assessment Officer prior to the figures being discussed with the carers and CPLIs being added to LCS?**
- **The means test that is agreed at court following assessment (plus any agreed enhancements, either regular/one-offs) must be attached to the child's record on LCS.**

Appendix 9

Placement with Family & Friends Assessment Protocol

Placement with Family and Friends Assessment Protocol

1. Abbreviations used:

1.1 PWFFT – Placements with Family and Friends Team

1.2 CSC – Children's Social Care

1.3 At the outset, it should be noted that the responsibility for referral to the PWFFT lies with the CSC Social Work Team. Legal will not make this referral.

1.4 It is also imperative that communication takes place regularly between CSC and PWFFT about ongoing assessments and that legal are notified promptly by the CSC SW of any delay with the assessment.

1.5 Full reasons for the delay should also be communicated to legal by the PWFFT (CC: the CSC Social Worker) with a position statement (joint with PWFFT if appropriate) being filed where necessary.

1.6 For guidance on the procedures for referrals via LCS see here - R:\CIS\Adoption & Fostering Recruitment & Assessment Team\SGO\Reg 24 Process\Process of LCS referral.pdf

1.7 At Court, CSC must ring the duty manager or Team Manager from the PWFFT to discuss and agree appropriate timescales if the agreed 4 weeks for a viability and 8 weeks for a full assessment cannot be allowed.

2. Stages

a. Stage 1

[To be completed within 2 working days of Case Management Hearing or Initial Pre-Proceedings Meeting]

i. All referrals to the PWFFT to be made via LCS using the Connected Persons Viability Assessment Form.

ii. PC4 checks to be undertaken by CSC Social Worker.

iii. CSC Social Workers must consider at a very early stage whether it is necessary to start to consider alternative family Carers for a child who is:-

- Subject to any assessment by CSC and is likely to be removed from the parents care as a result;
- Is part of the Pre-Proceedings Process (Parents should be asked to provide details of proposed alternative Carers at the initial Pre Proceedings Meeting);
- In respect of whom an application has been made (Parents should be asked to provide Carers/enquiries should be made and the appropriate referral should be made by the Social Worker when the SWET is completed);

- Only in very urgent (EPO type circumstances) should the referral in Form A be deferred until after the Case Management Hearing.

iv. **The referral to the PWFFT is to be made on LCS using the Connected Persons Viability Form only. Viability Assessments on a Word Document will no longer be accepted and the PWFFT are to be involved in all viability assessments from the date of implementation of this protocol.**

v. (The CSC Social Worker is not expected to visit or to commence the assessment at this juncture) but is required to ensure that as a minimum Part 1 of the Form A will include:

- the full name(s) and date(s) of birth for the Applicant;
- The full names and date(s) of birth of all adults living in the Applicant's property;
- The full names and date(s) of birth for all children living in the property;
- A current address and current contact number for the Applicant;
- The full name, e-mail address and contact tel no for the Solicitor with conduct (not Counsel).
- The type of assessment being requested and the filing date for submission of the report with the courts
- Confirmation that the proposed care has been spoken to and is in agreement with the referral being made

vi. The following sections of the form must be completed:

- With whom and where is the child/ren currently living
- Current legal status. Is there an allocated solicitor for LCC?
- Have proceedings been initiated
- Reasons why the child is requiring the placement
- What are the long term plans for the child
- Is the proposed carer in the timeframe for any injuries
- Summary of family history
- Confirm that the child would have appropriate sleeping arrangements
- Confirm that LCS checks have been undertaken and whether there are any areas of concern/safeguarding issues evident.

NB: Once agreed this Protocol will be circulated to all Chambers also, so that LA Counsel are aware of the timescales and are asked to assist in ascertaining as much information as possible at the first hearing to expedite the referrals process.

b. Stage 2

[To be completed within 4 working days of Case Management Hearing or Initial Pre-Proceedings Meeting]

i. Once the CSC Social Worker has completed the Connected Persons Viability Form, they will reassign that via LCS to their Practice Manager.

ii. The Practice Manager will then be responsible for sending the referral to the PWFFT by re-assigning it (do not finalise the form) the "Placement with Friends and Family Team Tray" on LCS.

iii. Social Worker or Practice Manager from CSC to provide a copy of the court order.

(See Attached Additional Guidance for Instructions on LCS)

c. Stage 3

[To be completed within 5 working days of Case Management Hearing or Initial Pre-Proceedings Meeting]

i. The Team Manager on the PWFFT checks the "Placement with Family and Friends Tray". A check will be made a minimum of once per day.

ii. The PWFFT Manager will then move any new referral to the Duty Allocations Tray and a Duty Practice Manager will allocate any Connected Persons Viability Assessment referral to either a Duty Social Worker on the PWFFT or a Social Worker on that team who has capacity.

d. Stage 4

[To be completed within 6 working days of the referral to the PWFFT]

i. The allocated Social Worker in the PWFFT will make contact with the CSC Social Worker and the subject(s) of the assessment and joint visit will be arranged within 5 working days (2 working days if the placement is unregulated).

ii. The PWFFT will keep a log of their attempts to contact the subject(s) of the assessment and this will be shared with CSC and legal as and when necessary.

iii. Once the visit has taken place the PWFFT Social Worker will complete Part 2 of the Connected Persons Viability Assessment.

iv. The PWFFT Social Worker will then re-assign the Connected Persons Viability Assessment Form via LCS to their Practice Manager.

NB: If there has not been any response to the referral from CSC by the PWFFT within 2 clear working days, the CSC Social Worker should contact the PWFFT to check on progress.

e. Stage 5

[To be completed within 1 working day of the receipt of the completed (Parts 1 and 2) Form A]

i. The Practice Manager PWFFT will then complete Part 3 of the Form A.

3. Possible Outcomes

a. Viability Only

i. If the assessment is not progressing beyond the viability stage (i.e. the assessment is for contingent care and a full assessment is not required at that time) then the PWFFT Manager will outcome Part 4 indicating whether or not the PWFFT would proceed with a full assessment in the future if required.
ii. There would be a discussion between CSC and the PWFFT about the care plan and whether an SGO Assessment, Fostering Assessment, Joint SGO & Fostering Assessment or any other assessment would be necessary/appropriate in the future.
iii. The PWFFT will agree any redactions with the subject(s). It is noted that it will only be in a very rare case that anything other than financial information will be redacted from any assessment.
iv. The PWFFT Manager would then send the completed Connected Persons Assessment Referral to the CSC Social Worker and Practice Manager and to the Solicitor with conduct at Legal. Once legal received a Viability from PWFFT Team Manager, this will be considered to be a final document and a final decision.
v. Legal will file the viability with the Court and serve on the subject.
vi. In the event of a negative viability, the Local Authority would not propose to undertake a full assessment, whether that be SGO or Fostering.

b. Immediate/Urgent Regulation 24 Approval

i. What is Regulation 24? - R:\CIS\Adoption & Fostering Recruitment & Assessment Team\SGO\Reg 24 Process\Regulation 24.pdf

ii. Who does what if Regulation 24 is agreed?

1. CSC Social Worker
   a. Makes the referral for viability assessment
   b. Conducts a joint visit with the Fostering Service SW
   c. Arrange for parents to attend the Placement Planning meeting
   d. Attends the Placement Planning Meeting
   e. Contributes to the Delegated Authority Agreement
   f. Completes the child specific Risk Assessment
   g. Ensures that the carers have all essential placement documentation
   h. Visits the child in placement weekly until the first review
   i. Provides the Fostering Service with copies of Placement Documents and Risk Assessment
   j. Creates the placement on LCS using placement code U3
   k. Completes the sections of the Joint Assessment appertaining to the child
   l. Attends the Fostering Panel with the Fostering SW

2. Fostering Service Social Worker
   a. Conducts the viability visit with the CSC SW
   b. Completes Part 2 of the viability report – "The assessment"
   c. Attends the Placement Planning Meeting
   d. Provides finance with the cares bank details so payments can be set up

e. Provides the Foster Carers Agreement for the carers to sign and retains a copy for the file
f. Completes a child specific Safe Care Policy for the carers and retains a copy
g. Provides the cares with a lockable box for confidential documents
h. Books the assessment onto a fostering panel before the Reg 24 expiry date
i. Completes the assessment and files this

3. Fostering Service PM
   a. Completes Part 3 of the viability report – "The Manager's Recommendation"
   b. Arranges and chairs the Placement Planning Meeting within 5 working days of the placement being approved

4. Fostering Service Senior Manager
   a. Completes Part 4 of the viability report – "The Decision"
   b. Circulates a PDF copy of the report to CSC, Fostering, Legal and Business Support
   c. Sets up the Carers as approved on LCS

5. Legal
   a. Once in receipt of the Viability Assessment and confirmed Reg 24 Approval, legal will file with the Court, and serve on the parties. (The PWFFT/Fostering will already have agreed redactions with the subjects).

c. Positive Viability and Immediate Further Assessment

i. Once Part 4 of the Connected Persons Viability Assessment has been completed, on the day of receipt of part 4 the PWFFT Team Manager will send the positive viability to the legal team and to the CSC Social Work Team.
ii. There would be a discussion between CSC and the PWFFT about the care plan and whether an SGO Assessment, Fostering Assessment or a Joint SGO & Fostering Assessment is appropriate.
iii. There would also be discussions about who the strongest subject(s) are if there have been multiple initial viability assessments and who should proceed to a full assessment.
iv. The PWFFT will [within 5 working days] produce a short position statement setting out for the Court and the Parties, the decision that has been taken as to the type of full assessment i.e. SGO Assessment, Fostering Assessment or a Joint SGO & Fostering Assessment and the reasons for that. It will also deal with reasons as to why (where there are multiple candidates for full assessment) those that have been selected to proceed to full assessment have been chosen and the others disregarded.
v. The PWFFT will agree any redactions with the subject(s).
vi. The PWFFT Manager would then send the completed Connected Persons Viability Assessment to the CSC Social Worker and Practice Manager and to the Solicitor with conduct at Legal.
vii. Legal will file the viability (and any positon statement) with the Court and serve on the subject(s). Redactions will be agreed with the subjects in advance and it is noted that it will only be in a very rare case that anything other than financial information will be redacted from any assessment.

NB: When a viability is positive and further assessment is agreed appropriate, a Permanence Planning Meeting may be called by the Placements with Family and Friends Team. This is to determine the persons to be assessed (the best options

from a number of proposed carers) and the nature of assessment to be completed, in-line with the care plan. Also included in the meeting will be timescales for the completion of assessment, including the sections completed by CSC.

viii. If the Subject(s) withdraw for any reason, then the Form A will be completed to this effect and treated as if it were a negative viability assessment.

d.Specific Notes In Relation to Single SGO Assessments

i. The PWFFT will be the lead on any referral but will work closely with CSC.
ii. The PWFFT will assess all prospective SG's provided that they have the capacity to do so.
iii. If they do not have capacity then the assessment will be referred back to CSC (confirmation to be sought as to which format for the report will be used CSC style or the new PWFFT report). I think it needs to be the new format for all assessments
iv. The Child's CSC Social Worker will assist the PWFFT in completing parts 4 and 5 of the SGO Assessment (as they will be more familiar with those aspects that pertain to the child).
v. If the PWFFT are undertaking the assessment, they will also undertake the means test and produce the Reg 15 and 16 notices (however, it is noted that any financial remuneration is to be agreed by CSC). Support Plans should be drawn up in consultation with the SW CSC. PWFFT will complete the sections relating to the Applicant including any financial support that they may be entitled to and they will then send this to the Child's Social Worker to complete the remaining sections of the Support Plan.
vi. All documents, including the Assessment, Financial Assessment, Reg 15, Reg 16 and Support Plan are to be sent to the relevant Manager for QA 5 working days prior to the filing date.
vii. Redactions are to be agreed between the SGs and the assessing Social Worker and a redacted version of the SGO assessment and Support Plan or a clear note of the redactions required provided to legal with the documents. It is noted that it will only be in a very rare case that anything other than financial information will be redacted from any assessment.
viii. If the PWFFT are assessing, they send the assessment and Reg 15 and Reg 16 Notices to legal for filing and serving. The Child's Social Worker will file the completed Support Plan including the approval from Head of Service for any allowance the applicant may be entitled to. This should be no less than one working day prior to the filing date.
ix. Legal will then serve the documents on the prospective Special Guardians and the parties (in accordance with any direction given by the Court).

NB: The Special Guardianship Regulations require mandatory return of the Statutory Checks, Medical and DBS checks. The Local Authority cannot therefore submit an SGO Assessment or give an indication of any recommendation until this information is received from outside agencies. The Local Authority cannot file a contingent report whilst awaiting the outcome of these checks.

NB: It was also noted that there is to be a midpoint review at which any issues will be communicated from the PWFFT to CSC and legal and a position statement provided so that the Court and all parties could be updated if that was required.

Appendix 10

Becoming Looked After

Becoming Looked After

Terms of Reference and Template

1.Purpose

1.1 *For the purpose of these Terms of Reference, a child is any person under 18 years old.*

1.2 Following feedback from the LGA Peer Challenge in June 2019, we have streamlined and simplified our processes by combining BLA and Legal Gateway to reduce the number of panels that CSC have.

1.3 The Legal Gateway Meeting will be the decision making forum for all children who we think should be LAC (planned work* - i.e., pre-proceedings has been the care plan for the child and this has not affected positive parenting) to become LAC. The Chair would have already had sight of the legal gateway documentation therefore would be aware the team are requesting removal.

** planned work is whereby you have been working with the family for a certain length of time and the parents are unable to effect change in their parenting style, therefore, resulting in continued significant harm for the child/children. The senior manager and HOS would have already agreed (case planning) that the child (ren) would need to be removed. The Legal Gateway Meeting will enable the service to obtain threshold advice from our legal representatives and the Chair will formalise the decision. There will be times when a Child's/children's safety demand immediate removal from parents, the HoS should receive the completed Legal Gateway consultation form as a decision making tool, and once agreed, urgent legal advice is sought, which will be emailed to the SW the same day. The decision still needs to be formalised at the next Legal Gateway Meeting for tracking purposes. Therefore the same form completed for the HoS, with legal advice sought will be sent to the legal team to process and slot into the next Legal Gateway Panel.*

1.4**.** Any other senior management decision, whether it may be it be financial or BLA required from either HoS or Senior Manager will be presented to a Senior Manager Panel, a 2 hour slot on the day of the Permanence Panel, i.e. 2 hours prior to the Permanence Panel starting. SWs will send cases to BS for listing for 20 minute slots. If cases are being presented for planned BLA, the same paperwork currently used will be completed. For requesting finances, or any other matter, please use current processes.

1.5. The threshold for a child to become looked after has been fully considered, that no alternative arrangements can be made to prevent a child from entering into local authority care and full consideration has been made of their age and individual circumstances. Becoming looked after will **not** provide better outcomes for the child should they remain at home.

1.6. Ensure effective, multi-agency, SMART care planning and purposeful intervention. This should be evidenced in the completed assessment. Agree and record whether

accommodation under s20 or s31 is required; if the latter applies then the case is to be booked in for legal advice and the actions/timescales set out must be adhered to. When accommodating under s20, legal advice will be sought and any actions and timescales are to be adhered to.

2.Process:

2.1 The BLA paperwork will be with business support ***three working days*** before the Senior Manager Panel.

2.2 The paperwork to be forwarded to SM/HoS ***two working days*** before the Senior Manager Panel date.

2.3 A 'slot' to attend will be co-ordinated by business support and the social worker and their manager will be notified.

2.4 An outcome will be given on the date of ***approved/not approved/review date*** (for further information).

2.5 This completed proforma with chair's decision will be uploaded on LCS by the business support worker; an update of actions for SW/TM/PM will be included on case notes.

2.6 **NO** child or young person will be left at risk of harm whilst awaiting a 'slot' for approval. Approvals will be given in emergency situations, however the case will be listed for the first available Panel date.

2.7 The review date will be the first available Permanence Panel date.

3. Expectations*:*

3.1 With regards to s20, the practice manager and the social worker are to provide a clear plan to return the child home to their Senior Manager, identifying what resources are required and the timescales when this will be achieved. If the timescales set by the chair are different from those set in the social worker's plan, the chair's approval is required to extend those in permanency panel. An action will be for all BLA s20 cases approved at Senior Manager Panel to be reviewed at the Permanence Panel in 3 weeks; dates for Permanence Panel will be fixed at Senior Manager Panel. This will prevent drift/delay for child/children being returned home.

3.2 It is the responsibility of the team/practice manager to ensure the actions from Senior Manager Panel are being followed and any barriers to completion are clearly recorded and escalated.

3.3 Social workers/team/practice managers attending should have a comprehensive knowledge of the case and be able to answer queries.

4. BLA Template and Agenda

4.1 See Template below for requesting a child/ren to become a "Child in Our Care".

CHILDREN'S SOCIAL CARE BLA Template and Agenda for requesting a child/children to become a "Child in Our Care"			
Date:		**District:**	
Membership		**Name**	
Chair of panel - HoS/senior manager			
Team manager/practice manager/social worker			
Family group conference coordinator/ representative			
Outreach/edge of care representative - life chances			
Paperwork		**Completed**	
Request for BLA (this template) completed			
Up to date care plan			
Minutes of a care planning meeting with senior managers			
An up to date social work assessment			
LCS No:			
Child(ren)'s name(s):		**Date of birth:**	
Review the case:		**Yes**	**No**
Date when case last heard:		**Date**:	
Legal status:			
Is the chronology up to date:		**Yes**	**No**
Is the C&F completed:		**Yes**	**No**	**Date**:

Practice manager's rational (succinct) for accommodating child/children *(PM to add case note to case file once completed)*
Team Manager's rational (succinct) for accommodating child/children *(PM to add case note to case file once completed)*
The Threshold
1. What are the risks to the child/children if they remain at home?
2. Can the risks be managed by a robust risk management plan? If not, why not?
3. How long has the child lived in in this environment /parenting style and what is the impact on the child if they stay?
4. How have you managed the risk so far? Why now? What's tipped in the assessment to ask for removal?
5. Do the parents recognise they need help in parenting their children? Are they working with you?
6. What work have you completed with the family to prevent the child/children being in accommodation - timescales are to be noted.

7. What are the child's views? *Describe behaviours with carers if too young to comment.*	
8. If pre-proceedings have not been tried - why should the child/children should be removed without trying pre-proceedings first *(we cannot manage the risk by leaving children at home)*	
9. Has a FGC taken place? If not why not?	
10. Connected carers? Private fostering?	
11. Edge of care (outreach/ASU/respite/life chances)?	
12. What will be the will the impact on the child's/children's emotional/developmental/physical/ mental wellbeing if removed? Give a breakdown for each criteria). Is the request for one child to become looked after? Is there other children we are not seeking removal for? What will the impact and risks to others remaining at home or for the one that we are requesting to be removed?	
(a) Emotional:	
(b) Developmental:	
(c) Physical:	
(d) Mental:	
13. Have you advised the parents of your plan to ask for removal?	

14. Have you advised how to prevent of accommodation could be achieved?

15. Have you advised that if child/children removed the case may go to court?

*(All family members should be considered where there is a 'realistic prospect' of a placement and for requests to place outside of the family, a good, balanced analysis is expected of why this is in the best interests of the child/young person).

*If s20 is being requested, **do parents have capacity to consent?** (No child should ever be accommodated under s20 (CA89), prior to **intense support** being put in place to allow the child to remain at home. Any s20 should take into consideration that we are more likely to return a child home if active intervention takes place and the child is returned home within 6 weeks. The parent/carer are to be an active part of the care plan from the onset, this includes bringing the child into care, being party to all decision making, proactively taking their child to school, events or activities wherever possible.

16. What is your permanence plan? Why is that the best/only option for child/children?

Decision by Chair for <u>not approving</u> child/children to Become Looked After

The chair of the panel must:

a) Record a clear rational as to why the decision has been made not to accommodate a child.
b) Give clear direction as to what should happen now, who or what services should be involved and a referral to edge of care, pre-proceedings, outreach, permanence panel, case planning, LGW.

Chairs decision with actions for (SW/PM/TM/SM)

Action	By whom	Completion Date

Decision by Chair and rational for accommodating child/children

*Record a clear rational as to why the decision to accommodate a child has been reached including how threshold has been met and why there is no alternative option other than local authority care. Family and Friend Carers **must** be the first option and why they have been ruled out. Give direction on proposed type of placement. Unless there are significant identified needs that cannot be met in foster care a foster placement should always be the preferred placement, and placed within a 20 mile radius.

The chair is confident that after considering this form, assessments/care plan and verbal discussion with the team; there is no alternative other than becoming looked after and this is in the child's best interest *because the* ***<u>IMPACT</u>*** of the child/children being in care will be provide a better outcome in the short/medium/long term then being at home with family/parents.

a) The Chair agrees that pre-proceedings is not an option as the risk is too high for the children/child to remain in the home with parents
b) Child to be accommodation and case to be booked into LGW within 1 week?
c) Child to be accommodation under s20 for a period of six weeks (maximum) with the plan to reunify with family. Or connected carers with support to apply for SGO/CAO under private law.

Chairs decision with actions for (SW/PM/TM/SM)

Action	By whom	Completion date

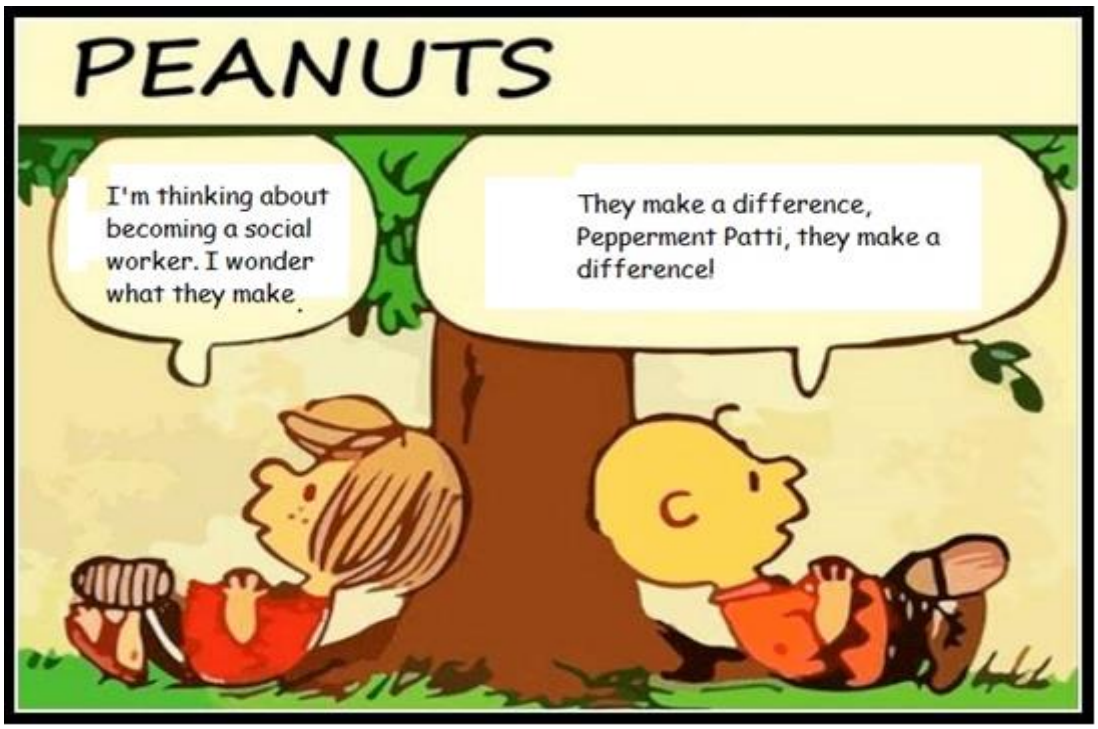
Signed:			
Print Name:		**Date:**	

5.Examples

Scenario	Level of authorisation	Pre-requisite
Issue care proceedings with proposed LA plan of foster care or residential	HoS care planning meeting	Senior manager care planning, or senior manager approval of team manager care planning
Issue care proceedings with LA plan of HPA	HoS care planning meeting	Senior manager care planning, or Senior manager approval of team manager care planning
Issue care proceedings with LA plan of supervision order	Senior manager care planning	Team and practice manager agreement to the plan – via case discussion or care planning
Child subject to ICO and HPA with view to change care plan to one of foster care or residential	Senior manager care planning	Team and practice manager agreement to the plan – via case discussion or care planning
Child Looked After change of placement	Briefing note to senior manager	Team manager care planning
Request for child to Become Looked After (s20 or planned issue)	HoS/SM BLA panel	Senior manager care planning, or Senior manager approval of team manager care planning

Appendix 11

Preparation for Legal Gateway & Pre-Proceedings



Preparing for Legal Gateway

1.What do I include?

1.1. Chronology is mandatory.

1.2. Include a genogram/direct work with child/ C/F especially pre-birth assessment /partner agency report.

2. A Good Referral:

2.1.1 You evidence not just the risks around parenting but the impact on each child in the family (Chronology) this is key to decisions in respect of Threshold. Remember all children at home need to be included.

2.2 Your information is factual and detailed. e.g. poor school attendance; 56%. 7 Health appointments missed between Oct 2018 - Jan 2019. Domestic Violence incidents and reports; Dates and detail.

2.3 You are clear on who is in the family network (potential carers), names and contact details.

2.4 You can demonstrate what you have done to locate absent fathers/mothers?

2.5 Your direct work with the child evidences their voice and where possible the IMPACT of harmful parenting.

2.6 You are clear why the risks are not manageable under a Child Protection Plan.

2.7 You are clear why you have brought the case to legal gateway now (what is the precipitating event that led you here)

2.8 You are clear what you want to achieve out of pre-proceedings what your primary Permanence Plan is?

2.9 Do you know what expert assessment you would like (look at the pre-proceedings form)

2.10 Outline what you think parents should do that is specific and measurable – do not use "parents must engage".

2.11 You have already discussed this with the practise/Team manager and have agreement.

2.12 You have been through the Social work toolkit!!

2.13 You have had idea on what you want. i.e.; pre-proceedings or Issue and are aware what assessments you would like .(See guidelines how ask experts on instructions)

3. The Chair's rationale for the decision making at LGM

3.1. Following feedback from the LGA Peer Challenge in June 2019, we have streamlined and simplified our processes by combining BLA and Legal Gateway to reduce the number of panels that CSC have.

3.2. The Legal Gateway Meeting will be the decision making forum for all children who we think should be LAC (planned work* - i.e., pre-proceedings has been the care plan for the child and this has not affected positive parenting) to become LAC. The Chair would have already had sight of the legal gateway documentation therefore would be aware the team are requesting removal.

**Planned work is whereby you have been working with the family for a certain length of time and the parents are unable to effect change in their parenting style, therefore, resulting in continued significant harm for the child/children. The senior manager and HOS would have already agreed (case planning) that the child (ren) would need to be removed. The Legal Gateway Meeting will enable the service to obtain threshold advice from our legal representatives and the Chair will formalise the decision. There will be times when a Child's/children's safety demand immediate removal from parents, the HoS should receive the completed Legal Gateway consultation form as a decision making tool, and once agreed, urgent legal advice is sought, which will be emailed to the SW the same day. The decision still needs to be formalised at the next Legal Gateway Meeting for tracking purposes. Therefore the same form completed for the HoS, with legal advice sought will be sent to the legal team to process and slot into the next Legal Gateway Panel.*

3.3 On the day of the Legal Gateway Panel there will be a 2 hour slot Legal Gateway Panel to Social Worker, Managers and Senior Managers to present cases for decision making for BLA, finances or any other matter. SWs will send cases to BS for listing for 20 minute slots. If cases are being presented for planned BLA, the same paperwork currently used will be completed. For requesting finances, or any other matter, please use current processes.

3.4 The minute taker will capture the Chair's rationale of the decision made following legal advice including any other relevant information leading to that decision and dates and times of pre-proceedings and issuing of cases.

Social Work Toolkit for PLO

Checklist of Evidential Documents for LGW

Evidence Checklist for LGW - If time permits all or as much as possible of the following information should be available at the Legal Gateway, this is not an additional task – this information should be available as evidence of your intervention and the assessment process to date.

Do not delay the LGW to seek or collate this.

	YES √	NO X	N/A N/A
Copy of child's birth certificate We often get the spelling or date of birth wrong or don't have the full names.			
Copy of the parents and child's passports if available. If not, details of what passports are held so that any immigration issues can be flagged up early on			
The Single Assessment Where appropriate replacing Initial and Core and S47 Assessments			
Child Protection Minutes and Child Protection Plan for all children concerned			
Police Disclosure If given at CP conference we will need permission to disclose it so we need it at the LGW to enable legal services to obtain permission. If there is no police disclosure but there are convictions or a history of offending, the parents full names and dates of birth need to be available so that legal can make an application under police protocol for disclosure this takes some time to come through so the sooner we make the application the better.			
Family Support Work Give details of support which has been put in place, including any form of contract with the parent(s) as to what the intervention is, for how long and how it is going.			
Family Group Conference or Family Meeting Detail any referral made for FGC and date of FGC – enquiries should have been made of parents of any family/friends to put forward; (or seek a direction at first hearing). Use of a Genogram to explore this with parents at an earlier stage is good evidence and be produced.			
Connected Persons Assessments If someone has been put forward, timescales of initial checks to come back (if the court application could be interim removal and there is a family member/connected person who may be able to provide a safe placement, we should be doing all that we can to see whether at the first hearing they are likely to be agreed as interim carers).			
Missing Family Members If there is a parent or other significant missing relative what enquiries have been made to trace them and what might be helpful in tracing them – legal can raise this with mother's solicitors (applies to any non-resident parents/those with PR).			
Previous Siblings If there are other siblings known to LCC or another Authority, have the files been read and what is the position?			
Referrals If we have received referrals from any agency, i.e. police, health, education, we need to see those referrals			
Police Protection If the child has been taken into police protection you should provide confirmation of this in a form setting out where, the time and date and the reasons – we need to ask the police for this try and do this before the LGW.			

Checklist documents (evidential) to be files and served on parties by Day 2 are:			
(i) Previous Court orders and Judgments/reasons (ii) Any assessment materials relevant to the key issues including S7 and S37 Reports. (iii) Inter-agency material (health, education, Home Office, immigration tribunal documents and reports.			
Checklist documents, decision making records are only to be disclosed upon request by any party. (i) Records of discussion with family. (ii) Key LA minutes and records for the child; Pre-existing care plans (e.g. child in need plan(s); Looked after children plan(s) and CP plan(s). (iii) Letter(s) before proceedings.			
In each case, documents need not be sent to the parties or listed in the index if they are ***older than two years*** *before issue unless reliance is placed on the same*			
NB: Lawyers to prepare (to be filed and served with application and core documents above): (1) threshold statement (two pages); (2) allocation proposal.			
List of evidential documents which will be served on the parties but not filed with the Court			
Date Document			
xxxx previous judgments, justices facts and reasons, previous court orders xxxx Assessment materials relevant to the key issues including S7 and S37 reports			
xxxx Inter agency materials (health, education, home office, immigration tribunal documents and reports) requires court direction for disclosure			
List of decision making records which will not be served on the parties or filed with the Court initially.			
If the parties request the documents, they will be served but not filed with the Court, (two years or less unless LA will rely on older documents)			
xxxx records of discussions with family			
xxxx Key LA minutes and records for the child			
xxx Pre-existing care plans, e.g. CIN plans, CLA plans and CP plans			
xxxx Letters before proceedings			
xxxx Family Group Conference minutes			

Legal Gateway Meeting

REQUEST FOR LEGAL GATEWAY MEETING

CHILDREN'S SOCIAL CARE
☐ **CSC to tick if requesting LGM**
Send to – legalgatewaymeetings@lancashire.gov.uk

LEGAL REPRESENTATIVE PROVIDING LGM ADVICE NOTE

LEGAL REPRESENTATIVE
☐ **Legal Representative to tick if returning Advice**
Return to – legalgatewaymeetings@lancashire.gov.uk

LGM File Ref 892. (Completed by CP Legal)

Legal Gateway Meeting Document

PART 1 – Request for Legal Gateway Meeting - to be completed by CSC and submitted to legalgatewaymeetings@lancashire.gov.uk

REQUEST FOR LEGAL GATEWAY MEETING	
Name of Senior Manager authorising LGM	
Preferred Meeting Date	
Preferred Time Slot **(Lunch Break – 12.30pm to 1.30pm)**	☐9.30am ☐10.30am ☐11.30am ☐1.30pm ☐2.30pm ☐3.30pm ☐4.30pm
Is this case known to legal or are there any related cases, current or concluded	☐ Yes ☐ No *Details:*

SOCIAL WORK TEAM DETAILS				
CSC Team Name & District				
Name				
Role	Social Worker	Practice Manager	Team Manager	Senior Manager
Telephone Nos				
Email				

CHILDREN AND FAMILY MEMBERS					
Child's Full Name	**DOB**	**SU Number**	**Mother's Name**	**Father's Name**	**PR**
					☐Yes ☐ No
					☐Yes ☐ No
					☐Yes ☐ No
					☐Yes ☐ No
					☐Yes ☐ No

PART 2 – Case Information - to be completed by CSC

Children's Social Care

CASE INFORMATION

Part 2 of this form acts as CSC's Case Information to Legal.

Documents provided by CSC should be current and relevant.

I have attached the following documents:	If not attached, why or when it will be made available
☐ Chronology	
☐ Genogram	
☐ Most recent CP Minutes	
☐ Most recent C & F Assessment	
☐ s47 Report	
☐ Pre-birth Assessment	
☐ Schedule of Expectations	
☐ Family Group Conference Report	

The above document list is not exhaustive.

By providing these documents with your request, your Case Information needs only to be short and succinct.

Brief case history:

Impact on the child:

Reason for seeking legal advice at this time - precipitating incident:

Parenting capacity (list strengths) and gap in capacity causing risk of or actual significant harm:

Wishes and feelings of the child(ren) and views of the parents and significant others/extended family:

Proposed outline Permanence/Care Plan:
Specific legal advice required: ☐ **Step down from Pre-proceedings to Children In Need/Child Protection Plan** ☐ **Pre Proceedings Protocol to be commenced** ☐ **Issue Care Proceedings** **Please note, legal advice will be given in relation to all legal issues arising from the particular facts of this case**

Part 3 – To be completed by the Legal Representative and returned as a full document to CP Legal, via the LGM mailbox.

L E G A L A D V I C E N O T E
Note of discussion:
Legal Advice:

Name of Legal Representative:

Part 4 – CSC Case Progression Instruction

Following the conclusion of the Legal Gateway Meeting, this whole form will be returned to CSC for retention on LCS, and for Senior Management Instruction as to the progression of the case as follows:

☐ **Step down from Legal**	☐ **Children in Need/Child Protection Plan**

☐ **Pre Proceedings to be commenced**

Date letter before proceedings to be sent	Date of 1st Pre-proceedings meeting	Date of meeting with SW & Family	Other Meetings	

☐ **Issue Care Proceedings**	Date of SWET to be filed with Legal:

Chairs decision

Name of Senior Manager/Head Of Service:

Date:

Save for circumstances in which an urgent application to court is required, Senior Management instruction as to the progression of the case is to be provided to the Legal Department within 2 working days.

Twin Tracking Checklist

	YES √	NO X	N/A N/A	DATE
Assessments of relatives/friends: have viability assessments been completed? Regulation 24 placement required (in exceptional circumstances) Need to ensure all family have been assessed/ruled out?				
Has paternity been confirmed? ○ Does DNA testing need to take place? ○ Action / Timescale:				
Does a sibling assessment need to be completed to inform future adoption placement? Are there previous children who have been placed for adoption and have those adopters been considered?				
Have the permanence and placement co-ordinators been contacted within the adoption team about the children?				
Are the child(ren) appropriate for referral to the Concurrent Carer Team				
Completion of Adoption Medical Forms: ○ Form PH (mother) completed? ○ Form PH (father) completed? ○ Forms M & B sent off and returned?				
Request for Adoption Medical made and Form IHA-C sent to Paediatrician? ○ Date of Adoption Medical ○ Adoption Medical Form returned? ○ Adoption Medical Forms sent to Agency Medical Advisor (before SHOPA Meeting date)				
Date of CLA Review. Adoption plan ratified by IRO?				
Date of decision regarding the child should be placed for adoption (SHOPA)				
Child Permanence Report (CPR) completed?				
Completion of Placement Order Application Report has this been				

completed and submitted?				
Has the Life story Book template / Later life letter been started / completed?				
Is there a need for Life story work to be undertaken with the child (ren)?				
What Family Finding Strategy needs to be put in place for the children and are the P&P co-ordinators aware?				
Matching Issues (use the Adoption and Permanent Placement Planning Tool where appropriate)				
Is permission needed for inter-agency adoptive placement?				
Is permission needed from the courts to begin advertising and recruiting to the child (ren) prior to the granting of a Placement Order?				
Previous children adopted, have adopters been approached so siblings can be placed together?				
Anticipated Post-adoption / post-placement support issues?				
Final care Plan				
Has consultation taken place with the Children Awaiting Adoption Team regarding the Final Care Plan?				
Contact proposals in the Final Care Plan (direct and indirect contact / adoption mailbox / resource issues relating to contact / sibling contact)? What is the current plan, if there is a need to reduce contact, how is it going to reduce and why is it going to reduce? Focus on the needs of the child. Have you liaised with the Children awaiting adoption team about this and are they in agreement?				
Criminal Injuries Compensation Claim: Is child / children eligible? o Has the report been completed?				
Is permission needed from the courts to disclose Court reports / assessments to prospective adopters, carers, CAMHS?				
Timescale for completion of Adoption Order Application Report o Any issues anticipated in applying for this o Adoption Order Hearing date				
Is it planned for responsibility for the child to transfer to another Team (Children Awaiting Adoption Team)				

Thinking about Pre-proceedings

Connected persons assessment

Have you accessed or referred to Edge of care intervention? This is vital if you are thinking about pre-proceedings. It is really important for you to evidence all **appropriate support and interventions** to the parents.

What do you want to do in pre-proceedings- what is your primary **permanence plan?** What assessments do you need; assessment around parental capacity to change? Psychological, drug/alcohol testing/DNA?

Think - FGC before pre-proceedings?

Have you completed the chronology? **The last two years are key**. Use this as an aid to discuss the case with your manager and senior manager and whether the case should be referred to LGW. Your senior manager will decide whether the case

Think Partners!! Has the child/family received appropriate support and responses from our partner agencies? **Has the child protection plan been given time to work? <u>What</u>** evidence have the partners provided you of the impact

Think about the timing of presenting your case to LGW, the decision to commence pre-proceedings is just the first step. Your social work activity increases after the decision. You will provide

If the case/family has had **previous proceedings** or there is an unborn where there has been previous children removed, make sure you have accessed the **court bundle and read the key documents** from these proceedings. Ideally

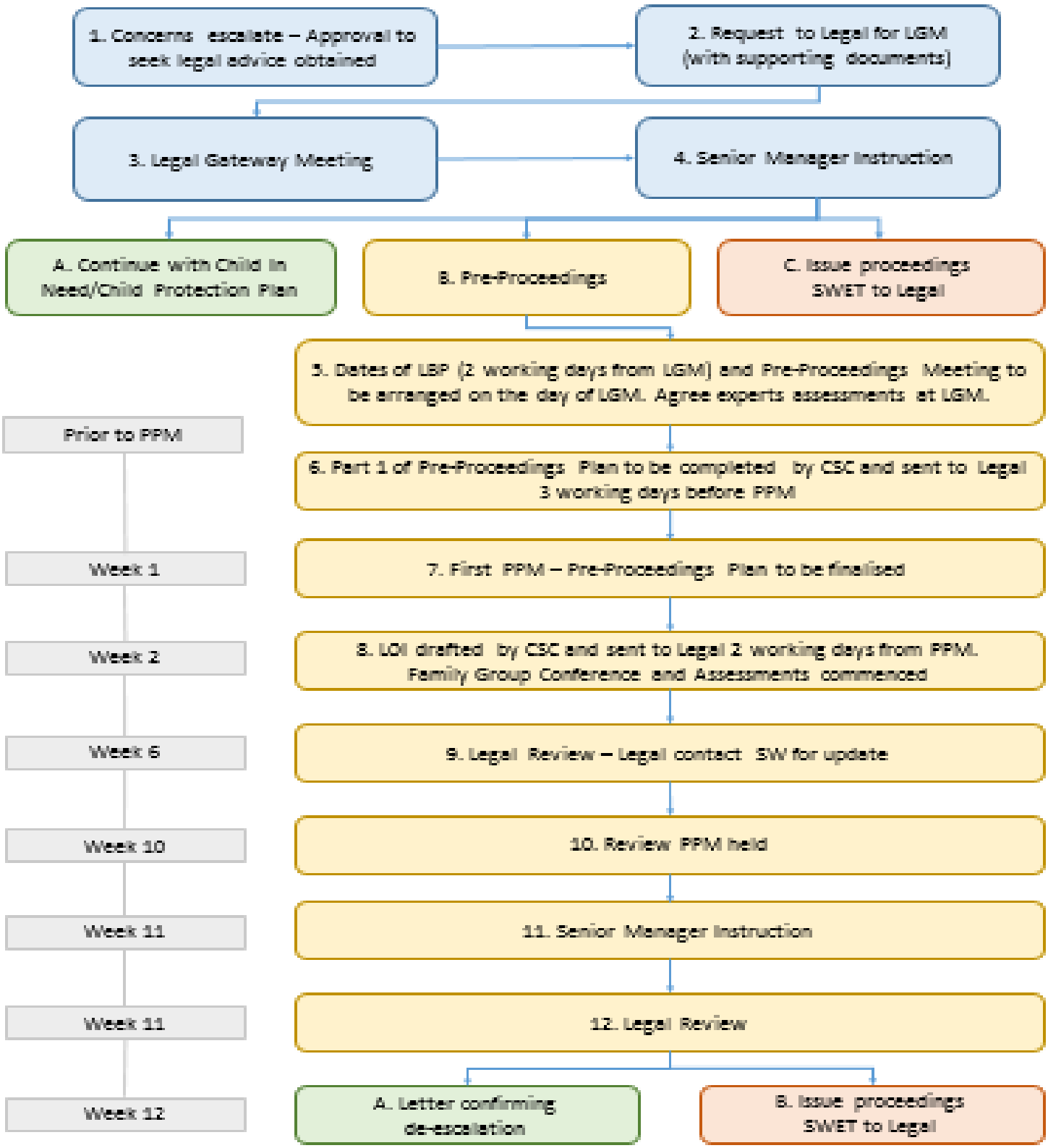
In **ALL** cases where there has been **other LA involvement** with family **ensure** you have accessed the key information

Think- permanence! Pre-proceedings & **concurrency**

What evidence have you got to show your efforts to **track absent parents**? **Do they have Parental Responsibility**?

Have you considered what you want to test out in pre-proceedings? Read the guidance on which expert (if any) you would wish to assess the parents?

Pre-Proceedings Flowchart – CSC and Legal



May 2019

Letter before Proceedings – Template Letter

LETTER BEFORE PROCEEDINGS – TEMPLATE LETTER

Office
Address

Contact
Direct line

My ref

Fax

E-mail

Date

IMPORTANT

DO NOT IGNORE THIS LETTER
TAKE IT TO A SOLICITOR IMMEDIATELY

Dear [parent and/or full name(s) of all people with parental responsibility]

Re: [*insert name(s) of child (ren)*] – LETTER BEFORE PROCEEDINGS

Lancashire County Council is concerned about your ability to care for your child/ren. A decision has been made that unless improvements are made within [*timescale*], Lancashire County Council will start Court Proceedings, and apply for a Care Order. This may result in your child/ren being removed from your home.

This letter sets out our concerns, and what action has already been taken to try to help you.

You still have the chance to improve things and stop Lancashire County Council applying to Court.

You are invited to attend a meeting which will take place on [*date and time]* at *[insert name and address of office]*. A map is also enclosed. Please contact the child (ren)'s social worker [*name*] on [*tel. no.*] to confirm you will come to the meeting.

You can get FREE independent legal advice before the meeting takes place. You should take this letter to a solicitor immediately so that they can attend the meeting with you. A list of local

solicitors who work with children and families is available via http://solicitors.lawsociety.org.uk. They are all separate from Children's Social Care.

The meeting is to discuss why Lancashire County Council is worried about your child/ren, what you need to do to improve matters, and the support we will offer to help you. We will also make clear what steps we will take if there are no improvements.

Our concerns about your child/ren are very serious. If we begin court proceedings and the Court feels the child/ren cannot remain with you for the time being, then we will consider whether he/she/they can live with one of your relatives rather than with foster carers. We will discuss this at the meeting.

WHAT WILL HAPPEN IF YOU DO NOTHING

If you do nothing we will have to go to Court. If you do not answer this letter or come to the meeting, we will go to Court as soon as we can to make sure *[name(s) of child (ren)]* are safe.

YOUR WIDER FAMILY

Our concerns about *[name(s) of child (ren)]* are very serious. If we do have to go to Court and the Court decides you cannot care for your children, we will first try and place them with one of your relatives, if it is best for your child to do this. At the meeting we will want to talk to you and your solicitor about who might look after your child if the Court decides that it is no longer safe for you to do so.

We look forward to seeing you at the meeting with your solicitor on [date]. If you do not understand any part of this letter, please contact your social worker [name] on [tel. no.]. Please tell your social worker if you need any help with child care or transport arrangements in order to come to the meeting, and we will try to help.

Information your Solicitor will need is:

Local Authority Legal Contact:
Name of Lawyer:…….
[*Enter name of the Local Authority, Lawyer's address, phone numbers and email]*

Lancashire County Council

PO Box 78

County Hall

Preston
PR1 8XJ

Solicitor:
Reference: LSG2/
Tel: 01772-
Fax: 01772 533493
DX: 710928 Preston County Hall

Yours faithfully

[Name]
Team Manager
Local office/service

cc Social Worker [name]
Local Authority Solicitor

Enc: Map of office

PLEASE SHOW / TAKE THIS TO A SOLICITOR

Here are the main things that we are worried about:

- **Brief Case History:**
- **Impact on child:**
- **Precipitating incident:**
- **Parenting capacity and gap in capacity causing risk of or actual significant harm:**
- **Proposed outline Permanence/Care Plan:**

DATE(S)	PROBLEM

Here are the things that you have done well:

DATE(S)	STRENGTH

What Children's Services have done to try to help:

WHO	WHAT HELP HAS BEEN GIVEN	WHEN

Experts in the Family Courts: Guide & Sample Questions

1. Introduction

1.1 New Rules on the use of experts in family proceedings along with new Practice Directions came into force on 31 January 2013. The Rules provide that no party may call an expert or put in evidence an expert's report in any family proceedings without the court's permission; and that in children proceedings the court's permission is required before an expert may be instructed, and before a child may be medically or psychiatrically examined or otherwise assessed for the purpose of obtaining expert evidence for use in the proceedings.

1.2 In the light of the new Rules and Practice Direction, the Law Society has drawn up these templates to assist practitioners who instruct experts in family law proceedings:

- letters of instruction
- pre-proceedings letters of instruction, for local authority use
- preliminary enquiries of an expert
- terms and conditions to accompany an instruction
- a guide to types of expert and sample questions

1.3 They can be found at: www.lawsociety.org.uk under Advice.

2. This document

2.1 In deciding whether to give permission for expert evidence to be obtained to help the court resolve the case justly, the court will take account of a number of factors including the issues to which the expert evidence would relate and the questions which the court would require the expert to answer.

2.2 This document aims to provide guidance on the types of expert and the kinds of questions that it may be helpful to ask with the purpose of helping the court reach a decision on the issue which is before it.

2.3 Before instructing an expert, it is essential that the instructing solicitor is satisfied with the expert's qualifications, relevant experience and post qualification training. Medical practitioners will be registered with the General Medical Council (www.gmc-uk.org) and specialists will be a member of the relevant Royal College – website links are provided in this guide.

3. Independent Social Workers

3.1 Independent social workers are accredited social workers who have a minimum of between five to ten years post qualifying experience. They practise as freelance experts.

3.2 Independent social workers are particularly useful in providing a perspective on the overall functioning of the family unit, the abilities of the parents and the behaviour of the child.

3.3 Issues on which independent social workers can advise include:

- Parenting and risk assessments in child care proceedings
- Family relationships and functioning assessment
- Domestic violence
- Residence and contact
- Assessment of children with emotional and behavioural difficulties

3.4 For more information on independent social workers, see www.basw.co.uk

Sample questions

3.5 Please comment on the relationships within the family between XXX and XXX.

3.6 Please assess the understanding, insight and acknowledgement of XXX, in respect of the [specific behaviour/harm] which has occurred in this family.

3.7 Please provide an opinion as to whether there are any issues in respect of failure to protect any of the children.

3.8 Please provide an opinion as to whether XXX can care adequately for all the children bearing in mind [specific circumstances]

3.9 In the event that your opinion is that XXX cannot provide care for all their children, please give a likely indication as whether XXX could reasonably provide care for each child separately, on a long term basis.

3.10 Please assess with XXX whether they understand and accept the local authority's concerns in relation to the care of their children.

3.11 Please assess what assistance should be offered to XXX from the local authority should the children be placed in his/her care.

3.12 Please comment on the nature of the sibling relationships and the benefits and disadvantages of individual or joint placements.

3.13 If removed from parental care, do the individual needs of the children outweigh the need for placement together?

4. Clinical Psychologists

4.1 Clinical psychologists work with people with mental or physical health problems which might include anxiety and depression, mental illness, adjustment to physical illness, neurological disorders, addictive behaviours, childhood behaviour disorders, personal and family relationships.

4.2 Clinical psychologists can advise on matters such as:

- Parental assessments
- Residence and contact

- Likelihood of recovery from psychological disorders
- Assessment of drug and alcohol dependency

4.3 For more information on clinical psychologists, see www.bps.org.uk/

Sample questions

4.4 Please carry out a full cognitive assessment of XXX and advise on his/her overall level of functioning.

4.5 Please advise as to how information should be given to XXX, taking into account the findings of his/her cognitive assessment.

4.6 Please assess XXX's likelihood of recovery from [psychological disorder].

4.7 Please explain the steps that XXX should take in order to recover from [psychological disorder/drug or alcohol addiction].

4.8 Please assess how likely it is that XXX will be able to perform his/her parenting duties following treatment for [psychological disorder/drug and alcohol abuse].

5.Forensic Psychologists

5.1 Forensic psychologists specialise in the psychology of offending behaviour. They carry out psychological evaluations, write reports setting out their findings and attend court to give expert testimony. Forensic psychologists will have experience in writing reports for and attending court.

5.2 A forensic psychologist can be trained in clinical, social, organisational or any other branch of psychology.

5.3 Issues on which forensic psychologists can advise include:

- Psychological assessments of parental fitness
- Family relationships and functioning
- Residence and contact
- Domestic violence

5.4 For more information on forensic psychologists, see www.bps.org.uk/

Sample questions

5.5 Please assess XXX's understanding, insight and acknowledgement of [specific harm/behaviour].

5.6 Please assess XXX's parental capacity to keep the children safe from harm both in the past and in the future.

5.7 Please assess XXX's parental ability to provide appropriate boundaries and supervision around the children, including sexual matters.

5.8 Please assess XXX's insight into [specific harm/behaviour] and the impact that that has had upon the children.

5.9 Please advise on whether XXX can provide appropriate levels of care for all their children, and, if not, please give an indication as whether XXX could reasonably provide care for one or more children separately on a long term basis.

5.10 Please assess whether XXX is able to prioritise the needs of his/her children and whether he/she will be able to provide for their current and future needs.

5.11 Please assess whether XXX is likely to refrain from domestic violence within their relationship in future.

6. Child Psychologists

6.1 Child psychologists specialise in working with children up to the age of 18. Child psychologists work with children in a variety of settings including family, school and residential settings. Often they then go on to develop a particular area of practice or expertise for example, clinical child psychology or educational child psychology.

6.2 Child psychologists can advise on matters such as:

- Family relationships and functioning
- Domestic violence
- Contact and residence
- Sexual or other emotional abuse

6.3 For more information on child psychologists, see www.bps.org.uk/

Sample questions

6.4 Please undertake a psychological assessment of the child focusing on his/her cognitive functioning, intellectual, educational, emotional, social and behavioural development and comment on any matters of concern.

6.5 Please comment on the child's level of understanding of their situation.

6.6 Please comment upon any harm which the child may have suffered in respect of their psychological, intellectual, educational, emotional, social and behavioural development and assess what the cause of such harm may be.

6.7 Please assess the child's understanding of domestic violence, and what the effect of witnessing such violence has had on him/her.

6.8 Please comment on the child's attachments to the father/mother, to [other family member] and the children's attachment to each other [if applicable].

6.9 Please comment on the quality of the relationship between child and parent.

6.10 Please assess the sexualised behaviour of the child. Please advise on any work which may be required to resolve issues arising out of their sexualised behaviour.

6.11 Please advise on the most appropriate level of contact between the child and the parents.

6.12 In the event that the children are to be separated, please advise on the appropriate level of sibling contact.

6.13 Please advise on the support services which should be put in place to assist the child.

7.Psychiatrists (drug and alcohol abuse)

7.1 Drug and alcohol psychiatrists are concerned with the assessment and treatment of people with complex medical and social needs arising out of addiction to drugs, including, over the counter medication, solvents or alcohol.

7.2 A drug and alcohol psychiatrist's knowledge covers all aspects of addiction including the effect of addiction on the family. Drug and alcohol psychiatrists are particularly useful in providing assessments of parenting abilities in light of substance abuse, the likelihood of recovery and the possible effects that substance abuse may have on children.

7.3 Issues on which drug and alcohol psychiatrists can advise include:

- Parenting and risk assessments
- Family relationships and functioning
- Residence and contact issues
- Assessment of drug and alcohol dependency

7.4 For more information on psychiatrists, see www.rcpsych.ac.uk/

Sample questions

7.5 In your opinion, is the parent able to sustain an alcohol/drug free lifestyle over the long term?

7.6 In your opinion, is the parent likely to be able to control her alcohol and/or drug use to provide appropriate care for XXX?

7.7 Please assess the parent's attitude in response to the local authority's concerns and explore with them whether they accept those concerns and understand why they have been raised.

7.8 Please assess whether XXX will be at risk if he/she were to return to the care of the parent.

7.9 Please assess whether the parent has any other form of coping strategy other than by abuse of alcohol or drugs.

7.10 Please assess whether the parent can work cooperatively with relevant professionals.

8. Child and Adolescent Psychiatrists

8.1 Child and adolescent psychiatrists undertake the diagnosis, treatment and management of psychiatric disorders from infancy up to the age of 18. The main difference between a child psychologist and a child psychiatrist is that treatment provided by psychiatrist may be accompanied by the use of medication.

8.2 Issues on which child and adolescent psychiatrists can advise include:

- Assessment of family relationships and functioning
- Children's psychiatric conditions

8.3 For more information on child and adolescent psychiatrists, see www.rcpsych.ac.uk/

Sample questions:

8.4 Do you consider XXX to be suffering from any psychological or psychiatric condition?

8.5 Does XXX have - whether in his / her history or presentation - a mental illness / disorder (including substance abuse) or other psychological or emotional difficulty and, if so, what is the diagnosis?

8.6 If the answer to the above is yes, are there any features of either the mental illness or psychological / emotional difficulty or personality disorder which could be associated with risk to others, based on the available evidence base (whether published studies or evidence from clinical experience)?

8.7 What are the factors which would explain his / her difficulties, if any (taking into account any available evidence base or other clinical experience)?

8.8 Specifically is XXX suffering from or has XXX suffered in the past from [e.g. depression or post-natal depression]? If so please set out any relevant history giving detail of past and present treatment.

8.9 If XXX is suffering from any psychological or psychiatric condition, please comment on the impact of this on their parenting abilities?

8.10 How do any / all of the above (and their current treatment if applicable) affect his / her functioning, including interpersonal relationships?

8.11 If you consider XXX to be suffering from any psychological or psychiatric condition, can you indicate what treatment, therapy or support might be indicated? What is the likely duration of such treatment?

8.12 Can you provide any information about local resources from which treatment or other support could be sought?

8.13 Please advise as to the prognosis for recovery or relapse and what effect relapse would have on XXX's ability to parent.

9. Adult Psychiatrists

9.1 Adult psychiatrists diagnose and treat individuals over the age of 18 over a wide range of psychiatric disorders.

9.2 Within adult psychiatry there are other areas of specialisation, including rehabilitation (or recovery) psychiatry, addictions, eating disorders and perinatal psychiatry. The main difference between a psychologist and a psychiatrist is that treatment provided by psychiatrists may be accompanied by the use of medication.

9.3 Adult psychiatrists are particularly useful in providing assessments of how psychiatric disorders will affect an individual's abilities to parent, the effect this will have on the child and the long term prognosis for the adult.

9.4 Issues on which adult psychiatrists can advise include:

- Parenting and risk assessments
- Psychological assessment of parental fitness
- Family relationships and functioning assessment
- Residence and contact

9.5 For more information on adult psychiatrists, see www.rcpsych.ac.uk/

Sample questions

9.6 Do you consider XXX to be suffering from any psychological or psychiatric condition?

9.7 Does XXX have - whether in his / her history or presentation - a mental illness / disorder (including substance abuse) or other psychological or emotional difficulty and, if so, what is the diagnosis?

9.8 If the answer to the above is yes, are there any features of either the mental illness or psychological/emotional difficulty or personality disorder which could be associated with risk to others, based on the available evidence base (whether published studies or evidence from clinical experience)?

9.9 What are the factors which would explain his/her difficulties, if any (taking into account any available evidence base or other clinical experience)?

9.10 Specifically is XXX suffering from or have they suffered in the past from [e.g. depression or post-natal depression]? If so please set out any relevant history giving detail of past and present treatment.

9.11 If you consider XXX to be suffering from any psychological or psychiatric condition can you comment on the impact of this on their parenting abilities either currently or in the past?

9.12 How do any/all of the above (and their current treatment if applicable) affect his/ her functioning, including interpersonal relationships?

9.13 If you consider XXX to be suffering from any psychological or psychiatric condition can you indicate what treatment, therapy or support might be indicated? What is the likely duration of such treatment?

9.14 What is the capacity of XXX to participate in therapy?

9.15 Can you provide any information about local resources from which treatment could be sought?

9.16 If possible please advise as to the prognosis for recovery or relapse and what effect relapse would have on XXX's ability to parent.

9.17 Are you able to indicate the prognosis for, timescales for achieving and likely durability of, change?

9.18 What other factors might indicate positive change?

9.19 Does the parent's/adult's history or presentation indicate any features of personality disorder?

10. Radiologists

10.1 Radiologists are medical specialists who employ the use of imaging to both diagnose and treat disease visualised within the human body. Radiologists are particularly useful in providing information on the causation of injuries in children and the likelihood of abuse.

10.2 Radiologists can advise on:

- Domestic violence
- Assessment of injuries/causation

10.3 For more information on radiologists, see www.rcr.ac.uk

Sample questions:

10.4 What is seen on radiological/CT/MRI examination?

10.5 What significance should be placed on this?

10.6 What injury (ies) did the child suffer? Is there any organic cause or other explanation for what is seen?

10.7 If injury was suffered, what was the cause of injury, its mechanism and likely timing?

10.8 What was the clinical course of the child's presentation and how does this correspond with the appearances on the X-ray/CT/MRI scans?

10.9 The parents have described an incident as follows…….. Could this account for any injuries identified?

10.10 Are the copies of the X rays of sufficiently good quality on which to base any conclusion about the timing of the [injury] and, if not, can anything be done to improve them?

11. Ophthalmologists

11.1 Ophthalmologists are surgical and medical specialists who deal with the anatomy, physiology and diseases of the eye. Ophthalmologists are particularly useful to provide information on the causation of injuries in children and the likelihood of abuse.

11.2 Issues on which ophthalmologists can advise on include:

- Domestic violence

11.3 For more information on ophthalmologists, see www.rcophth.ac.uk

Sample questions

11.4 Has the child sustained any ophthalmologic injury?

11.5 Please comment as to the likely cause and timing of any injury sustained by the child.

11.6 Can you comment specifically on whether both retinal haemorrhages occurred at the same time and whether they occurred at the same time as the haematomas identified by expert Y?

11.7 Can you comment on the difficulty or ease with which it is possible to date retinal injuries and the factors which make it difficult or easy to do so in the case of this child's injuries?

12. Paediatricians

12.1 Paediatricians deal with the care of infants, children and adolescents and a broad range of medical problems from the acute, for example meningitis, to chronic diseases such as childhood diabetes. Paediatricians may work in community-based services, for example to support children with disabilities.

12.2 Paediatricians are able to take a holistic view of the family unit and deal with the growth, development and the health of children, from birth to adolescence. They are able to advise the court on a range of issues from the general wellbeing of the child to the causation of specific conditions and diseases.

12.3 Issues on which paediatricians can advise include:

- Parenting and risk assessments in child care proceedings
- Family relationships and functioning assessment
- Domestic violence
- Residence and contact

12.4 For more information on paediatricians, see www.rcpch.ac.uk/

Sample questions

12.5 Has the child sustained any injury or harm?

12.6 Please comment as to the likely cause, mechanism or timing of any injury or harm sustained by the child.

12.7 Please comment on the difficulty or ease with which it is possible to date the injury or harm in this case.

12.8 Please advise as to whether there has been a parental failure to protect the child.

13. General Practitioners

13.1 General practitioners provide a wide spectrum of care within the local community: dealing with problems that often combine physical, psychological and social elements.

13.2 General practitioners are able to advise on the wellbeing of the child, the functioning of the family unit and the causation of conditions and diseases.

13.3 Issues on which GPs can advise include:

- Parenting and risk assessments in child care proceedings
- Family relationships and functioning assessment
- Domestic violence
- Residence and contact
- Assessment of injuries and causation.
- Drug and alcohol dependency.

13.4 For more information on general practitioners, see www.rcgp.org.uk/

Sample questions:

13.5 Has the child sustained any injury or harm?

13.6 Please comment as to the likely cause, mechanism or timing of any injury or harm sustained by the child.

13.7 Please comment on the difficulty or ease with which it is possible to date the injury or harm in the case of this child's injuries?

13.8 Please provide an opinion on whether there has been any parental failure to protect the child.

13.9 Please comment on the relationship within the family between XXX and XXX.

Part 1 – To be completed by CSC and sent to the Legal Department three days before the Pre-Proceedings Meeting (please use front sheet for LGM minutes to avoid duplication of work)

Case Details for Pre Proceedings Plan

A meeting is to take place on (insert date) in respect of the following child (ren):

CHILDREN AND FAMILY MEMBERS					
Child's Full Name	**DOB**	**SU Number**	**Mother's Name**	**Father's Name**	**PR**
					☐Yes ☐ No
					☐Yes ☐ No
					☐Yes ☐ No
					☐Yes ☐ No
					☐Yes ☐ No
					☐Yes ☐ No

SOCIAL WORK TEAM DETAILS				
CSC Team Name & District				
Name				
Role	Social Worker	Practice Manager	Team Manager	Senior Manager
Telephone Nos				
Email				

The Wider family members invited to this meeting are as follows:

NAME	RELATIONSHIP TO CHILD	Has PR for the child?	D.O.B	ADDRESS

(Please use pre-proceedings letter sent out to avoid duplication)

Here are the main things that we are worried about:

[Outline concern and give examples of when this happened. This should capture chronic ongoing concerns as well as acute episodes/incidents], Precipitating incident/ Parenting capacity and gap in capacity causing risk of or actual significant harm/ Impact on child).

DATE(S)	PROBLEM

Here are the things that you have done well:

DATE(S)	STRENGTH

What Children's Services have done to try to help:

WHO	WHAT HELP HAS BEEN GIVEN	WHEN

Proposed Outline Permanence/Care Plan:

-

Part 2 – To be completed by the Local Authority Legal Representative at the Pre-Proceedings Meeting

Pre Proceedings Plan & Schedule of Expectations

Following discussions at the First Pre-Proceedings Meeting on the [insert date] a Pre-Proceedings Plan was agreed between:

NAME	**RELATIONSHIP TO CHILD**
[1] Lancashire County Council	None
[2]	
[3]	
[4]	
[5]	

- **The Pre-Proceedings Plan must be completed within 12 weeks.**
- **The timetable may only be extended in exceptional circumstances.**
- **This Pre-Proceedings Plan must be completed by (insert date).**
- **The review Pre-Proceedings Meeting will take place on (insert date).**
- **The outcome of the Pre-Proceedings process will be confirmed to the parties' legal representatives in writing by (insert date).**

AGREEMENT BETWEEN …… AND LANCASHIRE COUNTY COUNCIL

Schedule of Expectations & Pre-Proceedings Plan	**Yes/No**	**Date**
The Child (ren) will live with _____ who will allow staff from Children's Social Care to visit and meet with the child (ren) as and when required.		
The Child (ren) will have Contact with [insert name(s)] as follows: Such Contact will take place at [insert venue and specific times if necessary] and will be [supervised (if so by whom)/unsupervised].		
Social Work Assessments to be completed:		
ALTERNATE CARERS TO BE ASSESSED The family members put forward as alternative Carers to be assessed during the Pre-Proceedings Process are as follows:-		

Name	D.O.B	RELATIONSHIP TO CHILD	ADDRESS	CONTACT TELEPHONE NUMBER

The allocated social worker will make a referral to the Family Group Conferencing Service		
The Local Authority will undertake an initial assessment of the alternate Carers identified		

DNA TESTING It is agreed that there will be DNA testing to establish the paternity of the child/ren to be undertaken by (insert company) by (insert date). The mother XXX consents to a DNA sample being taken from the child/ren for the purposes of such testing. The Local Authority will arrange and fund such testing and will make the results available by [insert date].		
Experts in the family courts- The Local Authority will instruct the Expert and will fund ALL the assessment (s). **COGNITIVE ASSESSMENT** It is agreed that there will be a cognitive assessment of [insert name] to be undertaken by [insert Expert Name or at least specialism] by [insert date].		
OTHER EXPERT ASSESSMENT (Psychological/Psychiatric/ISW/PAMS) It is agreed that there will be a _____ assessment of [insert name] to be undertaken by [insert Expert Name or at least specialism] by [insert date].		
HAIR STRAND DRUG TESTING [Name] agreed to undergo Hair Strand Drug Testing for [insert drug(s)] for the period [insert time period]. *Record here if the hair sample needs to be sectioned and that the subject has been informed not to cut or dye their hair in the meantime.*		
ALCOHOL TESTING [Name] has agreed to undergo Hair Strand Alcohol Testing for the period [insert time period]. [Name] has agreed to provide a sample of blood and undergo LFT and CDT Alcohol Testing for the period. [Name] will ensure that s/he engages with such testing and attends any appointment made to take their hair and/or blood sample.		
PROVISION OF MEDICAL RECORDS (Adults) [Name] has today provided consent to the Local Authority to obtain their [GP/Hospital/Mental Health] records for the purpose of pre-proceedings and court proceedings concerning his/her child (ren.		

The Local Authority will obtain those records and send a copy to [Name's] legal representatives no later than [insert date]. PLEASE INCLUDE DETAILS OF GP, HOSPITAL/MENTAL HEALTH WHERE RECORDS ARE HELD.		
PROVISION OF MEDICAL RECORDS (Children) [Name] has today provided consent to the Local Authority to obtain the [GP/Hospital/CAMHS/Health Visitor] records for [Child's Name] for the purpose of pre-proceedings and court proceedings concerning his/her child (ren. The Local Authority will obtain those records and send a copy to [Name's] legal representatives no later than [insert date]. PLEASE INCLUDE DETAILS OF GP, HOSPITAL/CAMHS/HEALTH VISITOR WHERE RECORDS ARE HELD.		
SCHOOL REPORTS The Local Authority will request the relevant information/reports from the child/ren's schools and will make the same available to those with Parental Responsibility no later than [insert date].		
POLICE DISCLOSURE The Local Authority will make an application for Police Disclosure from Lancashire Constabulary, and any other relevant police forces as appropriate, in respect of [include all subjects names] and will make the same available to the subjects legal representatives [on receipt of a signed undertaking] no later than [insert date].		
SURE START/CHILDREN's CENTRE REPORTS The Local Authority will request the relevant information from Sure Start/Children's Centre and will make the same available to those with Parental Responsibility no later than [insert date].		
OTHER REPORTS [Name] has agreed to obtain and provide a report to the Local Authority no later than [insert date] confirming their engagement with [insert agency].		
DATE OF REVIEW PRE-PROCEEDINGS MEETING The review Pre-Proceedings Meeting will take place at (insert date, time and venue details). All parties are aware of this date and must attend the meeting.		

The Local Authority will arrange and fund any testing and will make the results available once to you once the results have been received. All assessments *that will be completed on you by the experts will be shared with you once received. If the assessment is negative, you will be invited to make written representations for us to consider within 14 days of receiving the assessment.*

COMPLIANCE

The Local Authority will not start proceedings or seek to remove your child (ren) unless it is in the welfare interests of the child (ren) and will not do so without further discussion or consultation with you, except in the case of an emergency.

In the event that you do not comply with this Schedule of Expectations and Pre-Proceedings Plan, then the Local Authority may:

[a] Where the safety of the children is compromised, bring the agreement to an end and take legal steps which may result in the removal of the children from your care

And/or

[b] Commence Care Proceedings

If you are dissatisfied with the support that you are receiving from the Local Authority, then you should invoke the complaints procedure (a copy of which can be accessed from the Social Worker or their Line Manager).

The Schedule of Expectations and Pre- Proceedings Plan is agreed by:

On behalf of Lancashire County Council			
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Role		Role	
Sign		Sign	
Date		Date	
On behalf of Lancashire County Council			
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Role		Role	
Sign		Sign	
Date		Name:	

At the conclusion of this meeting, a signed copy of this plan must be provided to:

- **the parties and their legal representatives**
- **the allocated social worker – to be uploaded to LCS immediately**
- **the allocated practitioner within the Legal Department**

Responsibility for Evidence Gathering

Responsibility for obtaining the evidence referred to in the Pre-Proceedings Plan is as follows:

DNA testing	Legal
Experts	Jointly as follows:
Cognitive assessment	Legal (with input from CSC)
PAMS assessment	CSC
ISW assessment	CSC
Psychological assessment	Legal (with input from CSC)
Psychiatric assessment	Legal (with input from CSC)
Other assessment	Legal (with input from CSC)
Social work assessments	Dependent upon nature
Assessments of alternative carers	CSC
Hair strand drug testing	CSC
Alcohol testing	CSC
Medical records	CSC
Police disclosure	Legal
School reports	Legal/CSC
Sure Start/Children's centre reports	CSC
Other reports	Dependent upon nature

[GP, Hospital. Mental Health Provider]

[Address of Service named above]

Medical Authority on Behalf of an Adult

Name:

Address:

DOB:

I the above named consent to the release of my medical records to Lancashire County Council, County Hall, Preston, Lancashire, PR1 8XJ for the purposes of the Pre-Proceedings process, and any future Family Court proceedings.

Signed……

Dated…….

[GP, Hospital, CAMHS, HV]

[Address of Service named above]

Medical Authority on Behalf of a Child

Name of Child:

Address:

DOB:

I [name] having parental responsibility for the above named child, consent to the release of their medical records to Lancashire County Council, County Hall, Preston, Lancashire, PR1 8XJ for the purposes of the Pre-Proceedings process, and any future Family Court proceedings.

Signed……

Dated…….

ADD in process for savng any court documents on file on this page

Appendix 12

Section 20 Guidance

What is Section 20?

1. **There being no one who has parental responsibility for the child (e.g. an asylum seeking child who has come to the UK on his own);**
    a. the child has been lost or abandoned;
    b. the person who has been caring for the child cannot provide him with a suitable home, whatever the reason for this and regardless of whether this is short term or long- term problem.
    c. Under section 20(8) any person who has parental responsibility can remove the child from LA accommodation at any time unless there are objections to this by someone who has a child arrangements order to say the child lives with him/her (what used to be called a 'residence order'), a special guardianship order or has care of the child by a special order of the High Court.

2. **The local authority may accommodate a child in local authority foster care if the parents provide consent pursuant to Section 20 Children Act 1989.**

    a. Short-term, interim measure in most cases. If a child has been accommodated for more than a couple of months there should be a review at managerial level and legal advice taken. Some, but not many, section 20 arrangements will be legitimate in the long-term e.g. unaccompanied asylum seekers. If in doubt, seek legal advice.
    b. Concerns about the parent's cognitive ability and/ or litigation capacity- do not use section 20- Issue!
    c. IS the social worker clear that the parents fully understand what section 20 is?
    d. Section 20 will almost always be inappropriate where the circumstances that gave rise to the need to accommodate involve serious, disputed facts e.g. alleged physical or sexual abuse, serious injury, FII, death of a child. In those cases, if proceedings cannot be issued immediately section 20 is to be used as very short term arrangement, no more than a few days.
    e. Parents may withdraw consent at any time. If they do and the withdrawal is clear and unequivocal the local authority must hand the child back – Williams v London Borough of Hackney [2018]. If the local authority does not agree it must issue immediate care proceedings and ask for an emergency hearing.
    f. Consent can only be provided by parents or someone with PR

3. **How should parents' consent be recorded? (Please utilise the s20 Consent agreement for Lancashire and guidance for parents)**

    a. Written and signed
    b. Copy for them and copy for the local authority
    c. If time allows, opportunity for the parents to obtain legal advice should be permitted (please see below).

4. **Do both parents need to consent for a child to be accommodated?**

    a. If one parent provides consent but another parent declines to provide consent, the local authority cannot accommodate
    b. If one parent provides consent but the other parent is not available to provide consent, the local authority **can** accommodate
    c. If one parent does not have PR, technically you don't need their consent but it is good practice to ask and inform them about what's going on. If they seek to have the child placed with them an immediate assessment of the offer to care should be carried out.

d. Police assistance should not be sought to obtain parental consent to section 20 e.g. “if you do not consent the police will exercise their protective powers”. This has been held to be duress.

Section 20 & Informed Consent

- **Is an interpreter required? Is the S20 translated?**

- **Parents on bail:** condition not to contact their children? As the court made clear in *Williams and Another v the London Borough of Hackney* [2015] this does not absolve a LA of its obligation to obtain informed consent to section 20 accommodation.

- Parents must give **valid consent** to section 20 accommodation; their agreement must be 'real' and not under 'duress' (have you explained the proposed care plan?)

- The parents must understand what they are agreeing to; they must have 'capacity. Have you considered the following questions under Section 3 of the Mental Capacity Act 2005?

1. A person is unable to make a decision for himself if he is unable to:
   a. Understand the information relevant to the decision,
   b. Retain that information,
   c. Use or weigh that information as part of the process of making the decision, or
   d. Communicate his decision (whether by talking, using sign language or any other means).

If the answer is NO – unsafe, potentially unlawful Section 20

2. A person is not to be regarded as unable to understand the information relevant to a decision if he is able to understand an explanation of it given to him in a way that is appropriate to his circumstances (using simple language, visual aids or any other means).

3. The fact that a person is able to retain the information relevant to a decision for a short period only does not prevent him from being regarded as able to make the decision.

4. The information relevant to a decision includes information about the reasonably foreseeable consequences of:
   a. Deciding one way or another, or
   b. Failing to make the decision.

If the social worker has doubts that the person has capacity they should stop trying to obtain consent and seek advice from Management and the legal department.

5. The parents must have all the relevant information.
   If the social worker is satisfied the parent is able to agree, the next question is whether the consent is **'fully informed'.** Does the parent:
   a. Understand the consequences of consent or refusal?
   b. Appreciate the full range of choices available?
   c. Know about all the relevant facts?
   d. Understand that they have the right to withdraw consent at any time?

If the social worker is not satisfied the parent is **'fully informed'** again, no further attempts should be made to obtain consent and further advice should be sought, including **legal advice**.

Is the Section 20 Proportionate?

6. Removing a child under section 20 must be fair and proportionate

If the consent is considered to be fully informed, the social worker must then be satisfied that the giving of such consent and subsequent removal of the child is fair and proportionate.

To answer that question, the social worker should consider the current physical and psychological state of the parent, whether or not they have a lawyer, or have been encouraged to seek legal advice, whether it is **necessary** for the **child's safety** to be removed at this time or whether it would be fairer to seek a **care order from the court**.

Section 20 and Parents Rights to Legal Advice

7. Parents must be told they have a right to take legal advice.

8. Parents must be told they have a right to withdraw their consent at any time.

A final reminder….. Whenever considering section 20, we should keep the following at the forefront of our minds: "*Section 20 may, in an appropriate case, have a proper role to play as a short-term measure pending the commencement of care proceedings*".

- ✓ **Review and monitor of section 20 accommodation.**
- ✓ **Consider permanency for the child and child's human rights**
- ✓ **Consider permanency and the need for decisions to be made within the child's timeframe**
- ✓ **Remember…. S20 is usually a short-term measure.**

Lancashire County Council - Section 20 Agreement for Parents

I .....(parent / guardian) who holds parental responsibility agree for my child/ren …….....

To be accommodated by the Lancashire County Council under Section 20 of the Children Act 1989 pending an assessment of the needs of the child and a review of the family is completed.

A. I confirm my consent for my child/ren to access all medical treatment including LAC health assessments and any emergency treatment.
B. I confirm my consent for my child/ren to continue education.

In providing my consent, it has been explained to me:

C. I have been advised to seek independent legal advice.
D. I am aware of my right to withdraw my consent to this arrangement, I can say **NO** to this proposal.
E. I have been offered an independent interpreter.
F. I am advised this agreement will be kept under review and specifically be considered by the Independent Reviewing Officer at each Looked After Child Reviews.
G. I will be having contact with my child/children on the following dates……..

I have been informed of the local authority's concerns and provided with relevant information about the consequences of providing consent or refusal.

I understand this is a voluntary agreement, which has been entered freely and I have the right to withdraw my consent, therefore I can bring this agreement to an end **ANYTIME** I wish to do so.

Signature	Print Name Parent/Guardian	Date
Signature	Print Name Social Worker	Date
Signature	Print Name TM	Date