

CHILD'S PERMANENCE REPORT

Where there will be an Application for a Placement Order) PRACTICE DIRECTION 14C XXXEX B REPORT TO COURT WHERE THERE HAS BEEN AN APPLICATION FOR A PLACEMENT ORDER

NAME	XXXX
Date of birth	26 th December 2016
Photograph of child	XXXX
Date photograph taken	9 th March 2017

Xxxx

Please note details of birth father unknown

Birth Mother – Xxx Xxx

2. Adoption agency details

Name of agency	Coventry City Council
Address	Permanency Team, Civic Centre 1, Earl Street, Coventry, CV1 5RS
Tel. no.	02476 831873
Adoption agency case reference no.	Protocol number: 115789

Name of social worker completing this form	xxxx
Address if different from the one above	
Tel. no.	02476 831873
Email	xxxx@coventry.gov.uk
Signature:	
Is the social worker qualified under the Restriction on the Preparation of Reports Regulations 2005 to prepare this report?^(b)	Yes
If no, give details below of the person who is qualified and has supervised the preparation of this report	
Name	
Signature	
Name of team manager^(c)	xxxx
Address if different from the one above	

	02476831873
Email	xxxx@coventry.gov.uk
Signature	

Name of social worker responsible for family finding (if known)^(d)	xxxx
Address if different from the one above	
Tel. no.	02476 831873
Email	xxxx@coventry.gov.uk

Date report completed	16 th March 2017
Date report updated^(e)	
Date of agency decision that child should be placed for adoption	ADM granted on 10 th May 2017
Date of care order/placement order or any other orders made	Interim Care Order granted on 28 th December 2016. Updated: Placement Order granted on 15 th May 2017

3. Essential information about the child ^(f)

Surname	Xxx
First names	Xxx
Other names child is known by (including familiar names)	N/A
Date of birth	26 th December 2016
Place of birth	Born at home: Xxx. Xxx and her mother Xxx were taken to University Hospital, Coventry and Warwickshire following the birth.
Nationality	White British
Sex	Female

Current address <i>(can be withheld if confidential)</i> ^(f)	Local Authority Foster Care (Confidential)
Local authority area of this address	Warwickshire.

4. Details of current carer

<p>Name of person(s) at this address who is the main carer of the child Xxx and Xxx Xxx</p> <p>Relationship/status of this person(s) to the child; Foster Carers</p> <p>Tel. no. Confidential</p> <p>Email: Confidential</p>
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5. Family composition

This section should include birth parents, other family members, significant adults and other children and should specify the relationship to the child. Please set out the family members' full names, their dates of birth and their current addresses. For siblings ^(h) note whether full or half-sibling, maternal or paternal and if living with the child.

Name	Relationship	Parental responsibility	DOB	Nationality	Ethnicity ^(g)	Address
Xxx Xxx	Birth mother	Yes	08/09/1995	British	White British	xxxx
Xxx Xxx	Birth father	Yes	27/03/1993	British	White British	xxxx
Xxx Xxx	Maternal Grandmother	No	12/07/1971	British	White British	xxxx
Xxx Xxx	Maternal Uncle	No	02/03/1989	British	White British	xxxx
Xxx Xxx	Maternal Uncle	No	05/02/1989	British	White British	xxxx
Xxx Xxx	Maternal Uncle	No	30/9/1999	British	White British	Foster Placement - Confidential
Xxx Xxx	Maternal Uncle	No	10/08/1994	British	White British	HMP xx
Xxx Xxx Xxx	Sibling Adopted in 2016	No	01/08/2012	British	White British	Confidential - Adopted
Xxx Xxx Xxx	Sibling Adopted in 2016	No	06/07/2013	British	White British	Confidential - Adopted
XxxXxx Xxx	Sibling Adopted in 2016	No	08/10/2014	British	White British	Confidential - Adopted

6. Legal status of child

If there is a court order in force, give name of court, date on which order was made and type of order

Yes - Interim Care Order granted at Coventry County Court.
Date: 28th December 2016.

Update:
Placement Order granted on 15th May 2017.

Have any orders been applied for but not yet granted? If so, which orders and at which court and date of application?

No

Give date of final hearing if known

Final Evidence: 12th April 2017.
Final Hearing 12th and 13th June 2017.

If the child is subject to proceedings, who are the parties to the proceedings?

Ms Xxx Xxx – Mother
Mr Xxx Xxx – Father
XxxXxx – Child (Represented through her Guardian, Xxx)

Is the child provided with accommodation under section 20 or section 59(1) of the Children Act 1989?

No

Give details and date of any formal or advanced consent to the placement of the child for adoption and the making of the adoption order (and whether yet witnessed by a CAFCASS officer). If subsequently withdrawn, give date withdrawn.

N/A

Give details and the date where the parent or guardian has made a statement under section 20(4)(a) of the 2002 Act that they do not wish to be informed of any application for an adoption order. If such statements were subsequently withdrawn, give the dates of these withdrawals

None made.

Has the child any rights/claims under section 30 of the Fatal Accidents Act 1976 or any other rights to or interest in property which they may lose or gain if an adoption order is made?

If yes, please give details

It is believed that Xxx does not have any rights or claims to damages under the Fatal Accidents Act 1976, which she stands to lose if adopted.

7. CAFCASS Guardian's provisional view on whether adoption would be an appropriate plan if a care order is made ⁽ⁱ⁾

Include name of Guardian, the date their view was given and whether written or verbal

The Guardian, Jennie Dawe reported verbally on the 21st March 2017 that Xxx requires permanency at the earliest opportunity. The Guardian reported that she would support the plan of adoption if the assessments of Xxx and her partner Xxx were negative as there are no viable family members to offer permanency to Xxx.

Xxx needs to secure permanency at the earliest opportunity where she can grow securely and safely into adulthood.

8. Chronology of the child's care since birth ^(j)

Age of child (yrs and mths)	From	To	Placement details – name of parent/carer and observations on the care provided	Reason for move
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			<p>Birth mother, Xxx Xxx reported that she did not know she was pregnant.</p> <p>It is not clear as to the experiences Xxx would have been subjected to whilst in utero, as Xxx had very clearly indicated that she was not in a relationship with Xxx's Father, Xxx Xxx. However, regardless as to whether the relationship continued, Xxx was in a relationship with Xxx Xxx who has a history of violence. Reports again indicated no domestic violence incidents within the relationship, however this cannot be ruled out. According to Xxx, prenatal abuse can cause changes in the mother's stress response systems, increasing her levels of the hormone cortisol, which in turn could increase cortisol levels in the foetus.</p> <p>"Cortisol is a neurotoxic, so it has damaging effects on the brain when elevated to excessive levels.</p> <p>Further to this, following birth, a child that has been subjected to domestic violence incidents whilst in utero may present with symptoms that include nightmares, startling easily, being bothered by loud noises and bright lights, avoiding physical contact and having trouble experiencing enjoyment.</p> <p>Reference: Psychology office: (517) 353-6396 [online] levendo1@msu.edu</p>	
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CoramBAAF Form CPR (2015) Part 1. Information about the child

Birth	26/2/16	26/2/16	Xxx was born at home at 01.00, weighing 7.76 lbs. A referral was received from West Midlands Ambulance service stating that Xxx and baby had been transported to University Hospital Coventry and Warwickshire. The referral reported that this was the fourth child to Xxx, All four pregnancies had been concealed pregnancies.	Birth at home, taken to University Hospital, Coventry and Warwickshire.
	28/12/16	28/12/16	Strategy Discussion: Professionals are concerned that this is Xxx's fourth concealed pregnancy for which she had not sought ante-natal care, neglecting baby's health needs.	
	29/12/16	29/1/16	Xxx was served with legal papers at UHCW Ward 25, in a private meeting room. Xxx was advised to seek immediate legal advice.	
	29/12/16	29/12/16	A Discharge Plxxxing Meeting held at UHCW. Xxxwas discharged to Local Authority Foster Care. Xxx advised that she was in a relationship with Xxx Xxx (Xxx Xxx's cousin) and that they jointly wished to care for Xxx together.	Xxxwas discharged from hospital to Local Authority foster care.
	30/12/16	30/12/16	Initial Court Hearing. Interim Care Order granted at Coventry County Court. Case Transfer to North East neighbourhood team.	
	30/12/16	30/12/16	Statutory visit to foster carers home. Xxx was asleep throughout the whole visit. She presented as clean and well dressed.	

CoramBAAF Form CPR (2015) Part 1. Information about the child

	01/1/17	01/1/17	<p>Midwife visit to foster carers home.</p> <p>The midwife completed the heel prick test and stated that Xxx had put on weight, appearing to be fit and well.</p>	
	03/1/17	03/1/17	<p>Referral sent to the Contact service and notification of Xxx's birth to the Community Based Assessment Service and the Permanency team to concurrent plan.</p>	
	04/1/17	04/1/17	<p>Visit to Xxx's last known address to inform him of Social Care involvement and serve him with papers from court.</p> <p>No answer.</p> <p>Letter posted requesting that Xxx contacts Social Care urgently.</p>	
	05/1/17	05/1/17	<p>Supervised Contact: Xxx attended contact on her own. Xxx had stated that he did not want anything to do with the baby.</p> <p>Xxx was attentive towards Xxx, although needed prompting to change Xxx's nappy. Xxx also spent some time on her phone during the time Xxx was awake.</p>	
	10/1/17	10/1/17	<p>Supervised contact: Xxx was attentive towards Xxx. Lots of cuddles and kisses given.</p>	
	13/1/17	13/1/17	<p>Supervised contact: Xxx was attentive towards Xxx, holding her for the duration of the contact session. Xxx provided the basic care needs, such as a feed and checking if Xxx needed a nappy change.</p>	
	16/1/17	16/1/17	<p>Home visit to Xxx Xxx in order to deliver and serve the Court paperwork . Xxx reported that " he believes 110% that he is not the biological father of Xxx".</p>	

CoramBAAF Form CPR (2015) Part 1. Information about the child

	17/1/17	17/1/17	Court Attendance – Case Management Hearing. Xxx in attendance. Agreed for DNA testing to confirm paternity.	
	31/1/17	31/1/17	DNA testing completed on Xxx Xxx, Xxx Xxx and XxxXxx. Test results confirmed that Xxx Xxx was the biological father of Xxx.	
	31/1/17	31/1/17	Independent Reviewing Officer (IRO) visit to Foster carers home. Xxx was awake and content throughout the visit, she was clean and dressed. Xxx had access to toys and a play mat.	
	06/2/17	06/2/17	Telephone call to Xxx. Message left asking Xxx to call Social Care regarding the DNA test results.	
	22/2/17	22/2/17	Statutory visit to Foster Cares Home. Xxx was seen awake, presenting as content. She fed well during the visit. Xxx had her 8 week immunisations. A discussion was held with the foster carer regarding Xxx's routine. Carer reported that Xxxslept well and only wakes once during the night for a feed.	
	06/3/17	06/3/17	Adoption Medical Paperwork submitted to Looked After Health Team.	

	15/5/17	15/5/17	<p>Care and Placement Order granted at Coventry County Court.</p> <p>Xxx has been cared for in one foster placement following her birth to the present day. She has been included as “one of the family” and received a good level of nurturing care. She looks to her carers for reassurance and comfort, which is given readily by all.</p> <p>Update: 20/6/17 Xxx presents as a happy and contented baby, she enjoys the interaction that she receives from all of the members of the foster family. The level of care has continued to be nurturing which has ensured that she has felt safe and secure.</p>	
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Descriptive and evaluative report on child ^(k)

In compiling this report, where evidence has been drawn from the reports of other professionals, give details below

Name of report	Author of report	Professional position	Date of report
Foster Carers Report.	Xxx and Xxx Xxx	Foster Carers	09/03/2017
Looked After Childrens medical report.	Xxx	Locum Consultant Community Paediatrician	11/01/2017
Pre-Adoption medical report..	Awaiting the report from Health	Paediatrician	11/01/2017
Guardian's report	Ms Xxx	Child Guardian	10/4/2017

Description of the child ⁽¹⁾

9.1. Physical description

Xxx is a very young baby who has a scattering of wispy brown hair. She has blue eyes and a white complexion.

Xxx was born weighing 3.52kg. She is steadily putting on weight, taking feeds approximately every 4 hours. Her weight as of 12/7/2017 was 4.85kg, on the 50 – 75 centile.

The Pre-Adoption medical on 11th January 2017, Xxx was described as a baby who is physically well and developing age appropriately.

Update: 20/6/17

Xxx continues to steadily put on weight, being on the 95th centile as of the beginning of June 2017.

Within the last week she has started to roll, this being two rolls in one direction, and yet working out how to get back!

She is reaching and trying to work out how to move closer to her toys, especially anything shiny or a mobile phone.

9.2 Child's personality

Xxx is a young baby who is smiling socially, making gurgling sounds and enjoying the attention she is receiving from her foster carers and their children.

The foster carers had described Xxx as a pleasure to look after, and only cries if she is unhappy. The foster carers are able to quickly meet her needs before she becomes distressed. Xxx is showing that she is forming a good attachment to her carers, who she will look for reassurance.

Xxx is currently only 10 weeks old, her personality has not developed enough to describe, however she is a content baby, easily settled and beginning to take in sounds and sights around her.

Update:20/6/2017

Xxx continues to be baby that is facially bright, smiling and “chatting”. She is loving being centre of attention from the foster carers and their primary school aged children.

She continues to like going out for walks in her pushchair, bath time and being out to bed with a lullaby.

Xxx is not currently presenting with any concerning behaviours.

9.3 Interests, likes and dislikes

Some of the Information has been taken from the carer's report of 9th March 2017

Xxx is an easy baby to care for, described by the foster carers, as "like any other 10 week old baby". She is a good routine, which gives her structure and a sense of safety.

Xxx enjoys some time under her play gym watching the hanging toys above her and talking to them with her gurgling sounds. Xxx also enjoys having lots of cuddles and being sung to.

As part of her bedtime routine, Xxx enjoys bath time where she likes to splash the water with her legs and arms.

No current dislikes had been identified.

Update 20/6/17

Xxx at 6 months old likes to explore her environment, this is by being on the floor, reaching, rolling and grabbing toys. She has 3 soft cuddly rabbits that are her favourites. They also provide her with comfort when she goes to sleep. Xxx likes the rabbits to be stroked on the side of her face.

Xxx also uses a tummy for self-soothing and comfort.

9.4 Self-care skills

Xxx is a young baby who is reliant on her main carer to meet her all of her care needs, including feeding, bathing and dressing.

The foster carers had stated that Xxx is like any other baby of the same age to care for. She is easily settled this being through cuddles, being sung to or being taken out in her pushchair for walks.

Xxx is a good routine feeding approximately every 4 hours during the day, and waking once during the night for a feed. Xxx is then settled back to sleep through soothing and cuddling.

Update 20/6/17

Xxx is still a young baby of 6 months old, therefore still reliant on her carers to provide all of her care needs.

Xxx is now sleeping through the night, having her last bottle at approximately 6.30 – 7.00pm. The foster carers had been asked to begin weaning Xxx prior to her transition into her adoptive home, this still had not been started as of 15th June 2017. Xxx is ready for weaning due to her drinking a 7oz bottle of milk extremely quickly and crying for more every 3 to 4 hours.

9.5 Emotional, behavioural and social development

Xxx is of the age where she is completely reliant on her carer to meet all of her physical, emotional and developmental needs.

She had experienced a significant lack of emotional warmth whilst in utero, and also possibly exposed to alcohol, drug misuse and domestic violence incidents.

Xxx is thriving within her foster placement, she is a contented baby, forming a good attachment to her carers, something she will hopefully be able to transfer to new care givers. Xxx is easily settled through cuddles, soft tones or being sung to.

The recent LAC medical of 12/1/2017 reported that she developing well, socially smiling and sleeping and eating well.

Xxx was born a healthy weight, and continues to steadily put weight on. Her development and growth will continue to be monitored through the Looked After Health services.

Update 20/6/17

Xxx being 6 months old is thriving. She is a healthy weight, alert and presents as a happy baby who smiles and laughs a lot.

It is unsure as to what extent Xxx would have experienced domestic violence whilst in utero and the implications of this. Positively, at present, Xxx has formed a good attachment to her carers, she presents as content and happy, and responds well to touch, singing and cuddles.

Xxx is a sociable baby who is curious, chatty and engaging.

9.6 Identity

Xxx is White British Child, she is currently placed with Foster carers who can positively promote her White British culture.

As Xxx grows and matures she will have knowledge of her birth family. It is important for Xxx to grow up with a sound sense of identity which in turn will encourage her to develop confidence and self-esteem.

As per statutory requirements and good practice, Xxx will have a life story book that will narrate her journey as a looked after child and offer her a gentle but clear explanation of her plan and why decisions were made in her best interests. It is recommended that the life story book is used as a tool to support Xxx and always be available to her. Xxx will be able to add memories and achievements as she matures.

Equally, Xxx will have a later in life letter that will be written by her social worker which will evidence the decisions made on behalf of her in a more detailed and comprehensive manner. It is recommended that she has access to this, with support, when she is of an emotional age to cope with the content of the letter.

This will also explain in greater detail why Xxx was not able to be placed with her three full siblings.

9.7 Religion – Has a religion been identified for the child? Does the child actively participate in their religious faith? Has the child been formally admitted to their religion through a recognised ceremony (state which)?

Xxx does not have an identified religion.

9.8 Language – Identify child’s first language and any other languages the child uses in daily living

Xxx’s first language is English.

Update: 20/6/16

Xxx is now 6 months old, she is recognising voices and turning towards these. She understands when told how beautiful she is and gives big smiles.

Xxx is a very vocal baby, making lots of different noises to get her “voice” heard. She responds

well when being spoken to, offering lots of babbling sounds.

9.9 The child's health^(m)

Xxx was born at home following her mother stating that she did not know she was pregnant. Due to this, Xxx did not receive any antenatal care.

Birth mother had been misusing cocaine, cannabis and alcohol for a number of years and subsequently, due to her not knowing she was pregnant with Xxx she continued to misuse illicit drugs during her pregnancy.

Illicit drug use during pregnancy affects both the mother and the developing foetus, due to the fact most drugs cross the placenta. Research has shown there to be a range of "adverse consequences associated with drug misuse in pregnancy, including spontaneous abortion, Congenital malformations, low birth weight, poor growth and premature delivery" (Greenough A. et al, 2005).

Xxx has been seen at a recent Looked After Children Medical on 11/1/17 where it was reported that she was developing age appropriately and meeting her developmental milestones.

During the medical Xxx was weighed, this being 4.05kg on the 50-75th centile.

Xxx was making appropriate "grunting" sounds and giving social smiles.

Due to Xxx's mother smoking tobacco during pregnancy and having asthma Xxx would be more disposed to chest related illnesses.

There is a family history of asthma, depression and mental ill health issues, which could make Xxx at a slight increased risk of mental ill health difficulties in the future.

It is possible that Xxx may have been exposed to domestic violence incidents whilst in utero. Xxx may have experienced trauma which would have raised her Cortizol levels and could make her more susceptible to anxiety. Xxx needs reassurance and a therapeutic style of parenting in order for her to feel safe and secure. There are currently no presenting health concerns.

Reference:

Greenough A. et al (2005) Effects of substance misuse during pregnancy, The Journal of the Royal Society for the Promotion of Health 125(5): 212–213

10. Summary report from the agency medical adviser ^(m) **(Insert or attach)**

Please read in conjunction with the attached LAC medical, Child Protection Medical and Pre-Adoption Medical.

Xxx did not receive any antenatal care throughout her pregnancy, due the pregnancy being concealed.

Xxx was born by normal delivery at 01:00 hours at home on 26th December 2016. Following her birth, she was taken with her mother to University Hospital, Coventry and Warwickshire by ambulance.

Xxx was checked by midwifery being reported to be in good condition and she did not require resuscitation. It is believed that Xxx was born at approximately 40 weeks gestation, her birth weight being 3.52 kg.

Xxx was discharged from hospital on 29th December 2016 to Local Authority foster care.

Xxx is not currently on any medication, neither does she have any known allergies, but does have sensitive skin.

At 2 weeks weeks old, Xxx's weight was 4.05kg, on 50-75th centile, with her body length of 49.5cm on the 2nd -9th centile.

The LAC Medical reported that during the medical examination Xxx was making content noises and smiling. No concerns at that time were identified regarding Xxx's developmental progress.

Xxx had settled well with her foster carers (placed into foster care on 29.12.2016) where she is thriving.

There is a maternal family history of asthma, dyslexia, and Attention deficit hyperactivity disorder (ADHD) which all can increase the risk for Xxx in the future.

It should also be acknowledged that with stable and nurturing care and environment, she is likely to grow and develop in par with the other children in the community but uncertainties remain in regards to neurodevelopmental delay.

11. The child's education

This section should include all school placements, including playgroup and nursery provision

From	To	Name of provider and address	Type of educational provision
N/A			

Does the child have a Statement of Special Educational Needs under the Education Act 1996?	No
If yes, include a summary of the main features and requirements. Attach any relevant copies of the following: the Statement, Annual Review Report, latest school and educational psychologist's report and other relevant reports or plans.	
If no, is the child receiving additional support, e.g. School Action, School Action Plus or Behavioural Support?	
N/A	

11.1 Summary of child's educational progress and needs⁽ⁿ⁾
N/A

12. Summary of relevant family history and the child's history ^(o)

The following information had been taken from The Parenting Assessment by Mr Xxx Greenway, dated 5.4.2017 and the most recent legal bundle.

Birth Mother – Xxx Xxx

Xxx, born 1995, is the fourth child in a sibling group of five, having 3 older half siblings and one younger half sibling. Xxx Xxx, born in 1987, Xxx Xxx born in 1989, Xxx Xxx born in 1994 and Xxx born 1999. Xxx's parents separated when she was approximately 14 months old. Xxx, Xxx's mother then met and quickly began a relationship with Xxx Xxx senior who Xxx looked to as her father, and subsequently took on his surname.

Xxx had reported that she had a difficult and at times an unhappy childhood. Early memories include her mother and step father shouting and being abusive towards each other. However, Xxx states that her mother ensured that all of her basic care needs were met, and that she felt loved. In September 1999, Xxx Xxx xxx was born, half sibling to Xxx.

In 2002, when Xxx was aged 7, Social Care involvement commenced due to the children often being left unsupervised, no positive modelling of age appropriate guidance, domestic violence and alcohol misuse within her mother and step father's relationship.

Xxx and her siblings were made subject to Child Protection plans under the category of Neglect. In 2004, the category in the Child Protection Plan was changed to Emotional Abuse due to violence within the family home, which was perpetuated by both Xxx and Xxx Senior towards each other, and Xxx towards her older child Xxx.

On 1st June 2005, Xxx assaulted Xxx, this led to Xxx and Xxx being placed into Local Authority foster care under Section 20. The children remained in foster care for 2 weeks, until returning to the care of Xxx and Xxx Senior with a robust plan of support. Xxx remained at home until 1st December 2005 when she was again accommodated under Section 20, along with her sibling Xxx Xxx due to Xxx heavily misusing alcohol and domestic violence incidents within the home. A working agreement was put in place, stating that Xxx would not misuse alcohol whilst caring for her children, Xxx and Xxx returned home in September 2006.

Xxx remained at home and has memories of taking on a caring role for her brothers whilst her mother and step father continued to misuse alcohol and cannabis. Home life was described as very chaotic, noisy and violent. Further to this, Xxx recounted her mother and step father having lots of house parties, where alcohol and arguing were a key feature.

Whilst growing up, the family relationships were not harmonious. Xxx's brother Xxx was aggressive and argumentative towards family and neighbours to the point where a restraining order was taken out against him from neighbouring houses. Xxx had also attempted to murder his mother in 2003, and he was remanded at Rainsbrook secure unit for 6 months, being released after Xxx withdrew her statement. Xxx was also aggressive and violent, often physically fighting at home with his siblings and mother.

Xxx attended mainstream primary and secondary education; This was a Xxx Xxx. Their relationship was turbulent from the beginning, starting with petty arguments, pushing and shoving to physical assault perpetrated by Xxx.

After being "kicked out" of her family home, in November 2011, Xxx moved in with Xxx and his mother where she remained on and off until their relationship ended during 2016. During this time Xxx and Xxx had 4 children together. Xxx Xxx born 1.8.2012, Xxx born 6.7.2013, Xxx born 8.10.2014 and Xxx born 26.12.16. All four pregnancies were concealed with no antenatal care being sought. Xxx was unable to prioritise her childrens' needs above her own and failed to recognise risk. Xxx wanted to remain in her relationship with Xxx and chose this over the welfare of her three eldest children, subsequently leading to a Placement Order being granted on 31.3.2015. Xxx Xxx, Xxx and Xxx were adopted on 16.3.2016.

In March 2012, Xxx's step father Xxx Xxx died. Xxx entered into a new relationship some 3 months later with Xxx's brother, Xxx Xxx. Xxx is said to have visited to offer comfort and remained in the household until the relationship ended in 2015. Xxx had reported that she had a good relationship with Xxx who played an active part in her, Xxx Xxx and Xxx's lives until they transitioned into their adoptive placement.

During the summer of 2016, Xxx began a new relationship with Xxx Xxx. They remain together in a relationship, with them both stating they jointly want to care for Xxx.

Xxx was born on 26th December 2016, at home, before being taken to University Hospital, Coventry and Warwickshire. Xxx states that Xxx Xxx was the father of Xxx, but she was no longer in a relationship with him.

Xxx was discharged from hospital on 29th December 2016 to Local Authority Foster Care on an Interim Care Order where she remains to date.

Health

Xxx does not have a formal diagnosis of Mental ill health. The Psychological Assessment completed by Dr Rachel Johnson (22/8/2014) indicated that whilst her cognitive functioning is below average intelligence, she does have the capacity to engage with professionals.

Xxx has asthma for which she uses an inhaler, and has reported that she is dyslexic and at time struggles with reading . There are no further known physical disabilities or any formal diagnosis of mental ill health, however medical reports state that she has suffered from depression, high blood pressure, and arthritis.

There is a maternal family history of asthma and Attention Deficit Hyperactivity Disorder (ADHD). There are no further known physical disabilities or any formal diagnosis of mental ill health.

Xxx reported during her parenting assessment that she has suffered with depression, anxiety and stress and is currently taking medication, Citalopram 20mg.

Xxx did not consent to her medical records being accessed, therefore no further information is available.

Substance Misuse

Xxx smoked tobacco and cannabis throughout her teenage years and self-reported that she had intermittently misused cocaine.

Xxx smoked tobacco during her pregnancy with Xxx(the amount smoked is unclear).

Expert Witness Report of Xxx dated 09.02.2017

(Hair Analysis Results - Cannabis).

Reports that the results are consistent with the use of Cannabis by Xxx Xxx within the overall approximate time period covered by the six hair sections analysed. The six hair sections represent the overall approximate time period from the end of July 2016 to the middle of January 2017.

(Hair Analysis Results - Cocaine).

Reports that the results are consistent with the use of cocaine by Xxx Xxx within the overall approximate time period covered by the three oldest hair sections analysed. The three oldest hair sections analysed represent the overall approximate time period from the end of July 2016 to the middle of October 2016. The three most recent hair sections tested negative for cocaine group analytes. The three most recent hair sections analysed represent the overall approximate time period from the middle of October 2016 to the middle of January 2017.

(Hair Analysis Results – Dihydrocodeine)

The results are consistent with the use of Dihydrocodeine within the overall approximate time period covered by the four most recent hair sections analysed. The four most recent hair sections represent the overall approximate time period from the middle of September 2016 to the middle of January 2017. The two oldest hair sections tested negative for opiate group analytes. The two oldest hair sections represent the overall approximate time period from the end of July 2016 to the middle of September 2016.

Birth Father – Xxx Xxx

Due to persistent lack of engagement and Xxx refusing to consent to access any records, limited information is available.

Xxx Xxx had not engaged with any professionals involved with any care proceeding relating to any of his children. Numerous steps had been taken to make contact with Xxx to seek his wishes and feelings with regard to the plans for Xxx. Xxx had refuted that he was the birth father of Xxx and had stated that he does not want any involvement with Xxx or Xxx. A DNA test of 30.1.2017 confirmed that Xxx is the biological father.

It is known through the previous care proceeding, that Xxx is a perpetrator of violence; this had been towards both Xxx and his mother.

Health

No information is available.

Substance Misuse

It had been reported by Xxx, that Xxx uses cannabis on a daily basis, and several times during the week he will use cocaine and alcohol.

Criminal profile

Date first reprimanded/Warned/Cautioned: 29/03/07, Date last reprimanded/Warned/Cautioned: 05/08/09.

1 Offence against the person (2014)

2 Offences relating to Police/Courts/Prisons (2015)

13. Social worker's analysis of the child's needs and the implications for their future placement ^(p)

Given the history there is a clear need for Social Care involvement to ascertain whether Xxx on her own, or jointly with her current partner Xxx Xxx are able to safely meet the needs of Xxx in the present and long term. Police disclosure of Xxx show that he has a long history of petty crime, battery and possession of cocaine, and a fire arm and offensive weapons.

Although Xxx had stated she did not know she was pregnant, there have been no significant changes in the last 2 years indicating that she would be able to put a child's needs before her own. Her current life style of being homeless (as of 12/3/17) and "sofa surfing" is a cause for concern.

Xxx's own life experiences due to the generational cycle of poor parenting, and domestic abuse had often left her and her siblings at risk of serious harm whilst growing up. This further continued with regard to domestic violence within her own relationship with Xxx which had skewed her views and understanding of how violence, abuse, and substance misuse can impact upon her parenting capacity.

Furthermore Xxx has not fully recognised how domestic violence impacts on a child, causing trauma and anxiety, all of which Xxx may have experienced during her time in utero. This had

been further demonstrated when Xxx had returned on an “on and off” basis over the last 6 years to her relationship with Xxx, often minimising shoving and pushing, and “throwing things” as not being domestic violence incidents.

According to David Howe in “Child Abuse and Neglect” (2005), *“witnessing violence is frightening. Children look to their attachment figures for safety and comfort at times of fear and danger..... However when one parent is violent and attacking the other, there is no safe place to go... If violence erupts suddenly, and without warning, unpredictable fear only adds to the cocktail of developmental difficulty.”*

It has to be noted that Xxx had tried hard to engaged in the assessment process and contact along with her current partner Xxx Xxx, whose engagement has been interment.

The assessment completed during these proceedings regarding Xxx states that Xxx has unresolved issues relating to her previous 3 children being adopted and she does not recognise or have an ability to safeguard against risk. The assessment concluded that Xxx would not be able to provide safe and stable long term care to Xxx. For these reasons, the Local Authority is seeking permanency through Adoption for Xxx. She needs the chance to grow and develop happily, where violence and substance misuse are not an occurrence.

Xxx had not been unable to identify any family members that would wish to care for Xxx long term and the Local Authority have not approached any family members due to social care involvement, therefore no viability assessments had been completed.

An assessment of Xxx and, at her request, Xxx Xxx have been undertaken and the outcome indicates that Xxx would be at risk of significant harm if placed in their care. This assessment was carried out within the PAMS assessment framework, Xxx Greenway dated 5.4.17. The assessments concluded that *“Unfortunately, Xxx once again finds herself in an identical situation as before with a partner whose criminal history and drug use are well documented and essentially normalized and accepted by Xxx and she has acted unsafely throughout her pregnancy. Within the cycle of change model, decisional balance is where the person weighs up the pros and cons of behavioural change and either begins the process of change or remains ambivalent to change. It appears that the dependent nature of Xxx’s relationships are her focus and priority and she does not recognize the risks and dangers to herself and her children whilst she remains within the relationship. Coupled with what appears to also be a significant*

cognitive distortion with what Xxx believes she is doing, what she has to do to change and how she actually does it.

Alongside Xxx's distorted thought process, we have a compounded issue in relation to Xxx's knowledge and skills base in the formulation of the PAM's assessment. It is evident that what Xxx perceives she can do (I Need Help Form) and what she needs help with are incongruent in reality as her knowledge base is extremely poor and her skills base is also extremely poor. Contact has been supervised by Social Care and I have had sight of the contact notes dated from 18.01.2017 to 31.03.2017 in which Xxx has demonstrated that she can, with close supervision offer basic care to Xxx. However this is in the context of a confined and protected environment with no distraction or adult supervision". If a parent is unable to see how a given behaviour (substance misuse, domestic abuse) is affecting the child and recognise the need to change/control that behaviour then they are not able to understand the impact on that child, therefore their reflective functioning is poor and the child remains at risk of significant harm. This also places significant limitations on their capacity to change their behaviour as their recognition for the need for change is outweighed by their acceptance of a problem.

Xxx needs a safe and secure placement. Parents' inability to offer emotional and physical care to the exclusion of other priorities would have a range of consequences for Xxx's sense of emotional security. An unavailable, preoccupied or emotionally, psychologically and physically detached parent would find it difficult to keep children in mind or put them first (Egeland, 2009). Xxx needs to be placed where she can thrive and be safe, this being within an adoptive family who are fully committed to her now and throughout her childhood into adulthood. Xxx would have this through Adoption, which would provide not only a legal permanence but the opportunity to meet her full potential.

Reference:

Egeland, B (2009) "taking stock: childhood emotional maltreatment and development psychopathology". Child abuse and Neglect 33(1):22-27

14. Child's wishes and feelings about adoption and contact **(q)**

Give date when views were last ascertained

Xxx is not of an age where she is able to express her wishes and views. However it would be reasonable to suggest that she would want to grow up in a safe and secure environment where she will be free from risk of harm.

14.1 Social worker's analysis of the wishes and feelings of the child®

It is my opinion that Xxx would wish to live in a safe, stable and secure environment free from violence, substance misuse and neglect, where her needs are a priority and can be put first. Children born to parents who are unable to see and understand risk, and are unable to protect against harm are often not the primary focus of the parents and this in turn potentially places the child at risk of harm.

Xxx would wish for contact via letter box contact with her birth parents.

14.2 Any further relevant information

Xxx has had no positive role models which has skewed her own thinking with regard to what a child needs to be able to grow and develop securely and healthy. Xxx had reported that during her childhood her basic care needs were met and her mother loved her. There is no question with regard to Xxx loving her children, however they experienced neglectful parenting, living in a home where violence and alcohol abuse was an almost daily occurrence and not being afforded the emotional care they required to feel safe and secure.

Xxx had been unable to fully "see" the risks that her relationship she shared with Xxx had on her own emotional and physical wellbeing, and how this ultimately led to their three older children being adopted. Therefore recommendations from the parenting assessment report state that neither Xxx nor her current partner, Xxx would be able to parent Xxx safely, nor would Xxx be able to make and sustain changes to her parenting within Xxx's timescales. The recommendation is that Xxx is not returned to Xxx's care.

15. The child's birth mother ^(s)

Surname	Xxx
First names	Xxx
Are these the names used at the time of the child's birth? If no, what were they?	Yes
Other names used (including familiar names)	
Date and place of birth	08/09/1995 :Coventry
Nationality and immigration status	British
Racial origin, cultural and linguistic background	White British.
Address	Maternal grandmothers address – Confirmed on 6/3/2017. Xxx As of 12/3/17 Xxx is classed as homeless.
Local authority area	Coventry
<p>A recent good quality photograph should be attached or inserted here or reasons given where not available.</p> <p>Photograph of Xxx Xxx</p>	
Date of photograph:	August 2016

15.1 Give a brief description of the birth mother

Xxx is approximately 5, 4" tall, of a large build weighing approximately 15 stone. She has long brown hair which she often wears in a ponytail. She has blue eyes and white complexion.

15.2 Briefly describe the personality and interests of the birth mother

Xxx had stated that she likes to listen to music and watch television. Her favourite food is Chinese food.

15.3 Brief details of the birth mother's education history

Xxx attended Stanton Bridge, a mainstream primary school, then went on to Sidney Stringer Secondary school. Xxx left school at the age of 15, stating that she did not enjoy school and was bullied for being overweight. She did, however, self-report that she was able to return to school to sit her GCSE examinations passing, Maths, English and Science.

15.4 Current occupation or profession

Xxx is currently unemployed.

15.5 Brief details of her employment history

Xxx has not been employed in any paid or voluntary work.

15.6 Brief description of the home and neighbourhood where she lives

Xxx was living with her mother and older brother, Xxx Xxx in the xxx area of Coventry until 12 March 2017.

The house consists of a front room, accessed immediately from the street, a back dining room and a kitchen on the ground floor, and three bedrooms and bathroom to the first floor. It is in a very diverse area of Coventry with many shops, parks and health services close by.

As of 12th March 2017 Xxx was made homeless.

15.7 Brief summary of any relevant health factors

Xxx had reported that that she is in general good health. She has asthma for which she uses an inhaler, and has reported that she has dyslexia. There are no further known physical disabilities or any formal diagnosis of mental ill health. A psychological assessment completed by Dr xxx on 22nd August 2014 as part of the care proceedings for Xxx's other 3 children who have been adopted, indicated that whilst Xxx's cognitive functioning is below average intelligence, she does have the capacity to engage with professionals.

Xxx had self-reported that she began smoking cigarettes at the age of 15, and cannabis at the age of 17. It is known through the drug test results that Xxx misuses cocaine.

It is a possibility that Xxx will have misused illicit drugs and alcohol during her pregnancy,

There is a Maternal family history of asthma, dyslexia and Attention deficit hyper activity disorder (ADHD). There are no further known physical disabilities or any formal diagnosis of mental ill health.

16. Details of birth mother's current partner (if not the child's birth father)

First names	Xxx
Surname	Xxx
Other names (including familiar names)	
Sex	Male
Occupation or profession	unemployed

17. Summary and brief social history of the birth mother

Date where known	Detail any <u>significant</u> events from birth – details of parents or carers, place of residence, education, bereavements or loss, major illness, significant relationships, including any previous marriages or civil partnerships, to give a brief social history of the birth mother relevant to this CPR^(t)
8/9/1995	Xxx was born at Walsgrave Hospital, Coventry on 8 th September 1995, to Xxx Xxx and Xxx . Xxx is the fourth child in a sibling group of five, Xxx Xxx, Xxx Xxx. Xxx Xxx and a younger full brother, Xxx Xxx.
1997	Xxx's parents separated, when Xxx was approximately 14 months old.
1/11/1997	Xxx entered into a new relationship with Xxx Xxx.
3/9/1999	Xxx Xxx Xxx was born to Xxx and Xxx Xxx senior.
1/8/2002-1/8/2004	Between August 2002 and August 2004, Xxx and her siblings were made subject to Child Protection plans under the category of neglect. This was due to their mother, Xxx's failure to implement and model age-appropriate guidance and boundaries, lack of adequate supervision and failure to provide her children with a safe and secure environment.
1/12/2004-1/6/2006	Between December 2004 and June 2006, the category in the Child Protection Plan was changed to emotional abuse due to violence within the family home.

1/1/2005	In additional to the above, Xxx and her siblings Xxx and Xxx were accommodated into Local Authority care on two separate occasions between 2005 and 2006. The first was due to alleged violence perpetrated by Xxx against Xxx and the second due to neglect.
1/7/2011	Xxx entered into a relationship with Xxx Xxx.
23/9/2011	Sidney Stringer School had raised concerns to Social Care: Xxx had reported that she had been “kicked out” of her family home by her mother. This was due to her continually fighting with her older brother Xxx Xxx.
22/11/2011	Referral from Sidney Stringer school to Social Care raising concerns with regard to Xxx and Xxx Xxx Senior drinking in the pub until 8.00pm, and therefore not being home when the children finished school. Xxx moved in with her partner Xxx Xxx.
25/3/2012	Xxx Xxx senior died.
1/5/2012	Xxx has a new partner Xxx Xxx (brother to Xxx Xxx senior)
1/8/2012	Xxx Xxx Xxx was born at University Hospital following a concealed pregnancy. Birth father was not present.
2/8/2012	Xxx and Xxx Xxx were discharged from hospital to the care of Xxx (maternal grandmother).
1/1/2013	Xxx left Xxx Xxx in the sole care of Xxx whilst she moved in with Xxx.
24/3/2013	Police warrant executed at the family home. Intensive cannabis cultivating in the bedroom where Xxx Xxx was sleeping. Xxx Xxx accepted responsibility.
12/6/2013	The learning mentor at Sidney Stringer school informed Social Care that Xxx was heavily pregnant.
21/6/2013	Xxx presented herself at University Hospital, Coventry, (UHCW) for a gestational scan to determine the expected date of confinement. The scan confirmed that Xxx was approximately 39 weeks pregnant.
4/7/2013	Xxx attended an appointment with her midwife, who confirmed that Xxx was approximately 40 weeks plus 6 days gestational. An induction of labour was booked for 10.7.2013.
6/7/2013	Xxx Xxx Xxx was born at UHCW. Birth father was not present.
8/7/2013	Xxx and Xxx were discharged to the care of Xxx Xxx.
28/7/2013	After approximately 3 weeks of caring for Xxx, Xxx decided to leave both Xxx and Xxx in the full time care of her mother, Xxx. Xxx stated that she longer wished to care for her children as she wanted to live on her own with her partner Xxx Xxx.
18/9/2013	Xxx agreed to Section 20 Voluntary Accommodation for Xxx Xxx and Xxx. This was following concerns raised via the Health visitor to Social Care with regard to both children living with grandparents who misused alcohol, and overcrowding in the home.

19/9/2013	Xxx Xxx and Xxx were placed into Local Authority Care with foster carers xxxx and xxxx.
20/9/2013 to 1/8/2104	Xxx attended contact with Xxx Xxx and Xxx. The contact was inconsistent with reports recording little interaction or affection shown to either child.
17/9/2014	A letter before proceedings was issued to Xxx.
1/10/2014	A pre-proceedings letter was issued to Xxx.
08/10/2014	Xxx Xxe Xxx was born at home following a concealed pregnancy. Both were transported by Ambulance to UHCW for a health check. Birth father was not present.
9/10/2014	Xxxx Permanency Social Worker visited Xxx and Xxxat UCHW. Xxx agreed to Section 20, Voluntary accommodation. Xxxwas discharged to foster carers. Xxxx was discharged to the care of partner, Xxx Xxx.
16/3/2016	Adoption Order granted for all three children.
26/12/2016	Xxx Xxx was born at home following a concealed pregnancy. Both were transported by Ambulance to UHCW for a health check. Birth father was not present.
6/3/2017	Adoption medical paper work submitted to health.
6/3/2017	Looked After Children Review ratified a single plan of adoption.

18. Birth father with parental responsibility (PR) for the child

How did he acquire PR for the child? ^(s)	No PR
Does he know of the plan to place the child for adoption?	
If yes, give details of any formal or advanced consent to the placement of the child for adoption and the making of the adoption order (witnessed by a CAFCASS officer)	
N/A	
If no, has the agency decided that it is appropriate to counsel and advise him? Is there any ongoing contact with him directly or through another agency?	
N/A	

19. Birth father without parental responsibility (PR)

Is the identity of the birth father without PR known to the agency?	Yes
Has the paternity of the child been confirmed?	Yes
If yes, indicate how this was confirmed	
DNA test confirmed on 30 th January 2017 that Xxx Xxx is the Birth father of XxxXxx	
Is anyone else claiming paternity of the child? If yes, give brief details	
No	
Does the birth father know of the birth of the child and what contact has there been with the agency? <i>If he knows, set out what steps have been taken to counsel and advise him. Are these continuing? If not and the agency knows his identity, has the agency decided that it is appropriate to counsel and advise him? Is there any ongoing contact with him directly or through another agency?</i>	
<p>Xxx Xxx is aware of the birth of Xxx. He has undertaken a DNA test to confirm paternity and results confirmed that Xxx is the biological father of Xxx. Xxx has been made aware of this.</p> <p>A visit to Xxx was undertaken to ascertain his views with regard to him being involved in contact with Xxx and to engage in a parenting assessment.</p> <p>Xxx stated that he did not want involvement with Xxx. Subsequent telephone messages have been left for Xxx to make contact with Social Care. No responses have been received.</p>	
Does the birth father intend to apply for parental responsibility for the child, or for a residence or contact order?	No, Xxx Xxx had stated that he does not want involvement in any of the childrens' lives.
If yes, give details	

20. The child's birth father ^(s)

Surname	Xxx
First names	Xxx
Are these the names used at the time of the child's birth? If no, what were they?	Yes
Other names used (including familiar names)	
Date and place of birth	27.3.1993 - Coventry.
Nationality and immigration status	British
Racial origin, cultural and linguistic background	White British: English
Current address (Give date when last confirmed)	xxx
Local authority area	Coventry
<p>A recent good quality photograph should be attached or inserted here or reasons given where not available.</p> <p>Photograph of Xxx Xxx</p>	
Date of photograph:	January 2017

20.1 Give a brief description of the birth father

Xxx is approximately 5, 5" tall, slim build with short mid brown hair.
No other information is available.

20.2 Briefly describe the personality and interests of the birth father

Unknown due to lack of engagement.

20.3 Brief description of the birth father's education history

Xxx attended main stream education from the ages of 4 to 16. No other further information is known due to lack of engagement.

20.4 Current occupation or profession

It is believed that Xxx is currently unemployed.

20.5 Brief details of his employment history

Unknown.

20.6 Brief summary of any relevant health factors

Xxx has not consented for his medical records to be assessed for the purpose of a pre-adoption health assessment report of Xxx or in the previous care proceedings of his other 3 children.

It is known that Xxx misuses alcohol, cocaine and cannabis.

20.7 Brief description of the home and neighbourhood in which he lives

Xxx lives with his mother in a 2 bedroomed house in the xxx area of Coventry.

Xxx is a deprived area of Coventry, with a very high level of unemployment. The area is very diverse with a high population of refugees and asylum seekers settling in the area.

21. Relationship between the birth mother and birth father

What was the status of the birth father's relationship with the child's birth mother at the time of the birth of the child (married, cohabiting) and what is the current status of the relationship (separated, divorced, living apart) – include dates

Xxx and Xxx are not currently in a relationship. Xxx had reported that she was not in a relationship with Xxx at the time of Xxx's birth.

Xxx when spoken to by the neighbourhood social worker. Xxx stated that he was not the father of Xxx and had not been in a relationship with Xxx. This was refuted by the positive DNA test results.

Give a brief description of the past and current relationship of the birth parents with each other and their views of this

Xxx met Xxx through her step father, Xxx Xxx Senior. Xxx Xxx Senior began a relationship with Xxx's mother when his relationship with Xxx's mother ended.

Xxx was aged 16, Xxx aged 18. Their relationship began immediately with Xxx becoming pregnant within a couple of months of the relationship starting. Drugs and alcohol misuse was a key feature, with Xxx misusing cannabis and cocaine, and Xxx smoking cigarettes and cannabis on a daily basis.

Xxx had previously alluded to domestic violence within the relationship but has subsequently denied this, and minimised the aggressive incidents as "just throwing things at each other" and "arguing, like everyone's relationships".

Following Xxx Xxx's birth on 1st August 2012, Xxx and Xxx remained in a relationship. Xxx Xxx was being cared for by Xxx and Xxx, with Xxx Senior playing no part in Xxx Xxx's life.

Xxx had stated that she did not want to spend all of her time with her baby and much preferred spending time with her partner Xxx Senior.

When Xxx Xxx was 5 months old, Xxx stated that she no longer wished to care for Xxx Xxx leaving him in the sole care of her mother, Xxx whilst she went to live with Xxx Senior.

Xxx and Xxx's relationship continued, with Xxx giving birth to Xxx on 6th July 2013 following a concealed pregnancy. Following the birth, Xxx returned with Xxx to live with Xxx. Xxx Senior had not or wished to see Xxx or be a part of her life. Xxx and Xxx continued to share the care of both children for 3 weeks when Xxx again decided that she did not want to be a full time

parent.

Xxx and Xxx Xxx were left in the full time care of Xxx whilst Xxx returned to live with, and continue in her relationship with Xxx Senior. This arrangement continued until 18th September 2013 when Xxx agreed to Section 20, Voluntary accommodation of both children due to concerns being raised by Social Care with regard to her children's welfare in the care of her mother.

Xxx and Xxx's relationship continued, with neither playing any significant part in their children's lives.

On 8th November 2014, Xxx gave birth at home to Xxx following a concealed pregnancy. Xxx did not wish to see or have any contact with Xxx, Xxx Xxx or Xxx.

Xxx agreed to Section 20 Voluntary accommodation for Xxx, and she was placed in foster care with her siblings.

Xxx and Xxx Senior's relationship continued, Xxx stating that it was on and off throughout the next couple of years, with Xxx returning to live with her mother, Xxx at some point during 2016.

On 26th December 2016, Xxx gave birth at home to Xxx following a fourth concealed pregnancy. Xxx stated that Xxx senior is Xxx's birth father, which Xxx denied when Social Care visited. Xxx was placed in foster care on an Interim Care Order on 29th December 2016.

Both Xxx and Xxx state that they are no longer in a relationship.

22. Details of the birth father's current partner (if not the child's birth mother)

First names	Xxx
Surname	Xxx
Other names (including familiar names)	
Sex	Male
Occupation or profession	Unemployed
Status and length of relationship with birth father (married, civil partnership, cohabiting), including relevant dates	

Xxx met Xxx through his cousin Xxx Xxx in June 2016. They are both currently homeless and sofa surfing at different friends' homes.

Both Xxx and Xxx have stated that they wish to remain in a relationship and parent Xxx jointly.

23. Summary and brief social history of the birth father

Date where known	Detail any significant events from birth – details of parents or carers, place of residence, education, bereavements or loss, major illness, significant relationships including any previous marriages or civil partnerships ^(t) to give a brief social history of the birth father relevant to this CPR ^(t)
27/3/1993	Xxx Xxx born.
1/7/2011	Xxx began a relationship with Xxx Xxx.
1/8/2012	Xxx Xxx Xxx was born at University Hospital, Coventry and Warwickshire (UHCW). Xxx not present.
6/7/2013	Xxx Xxx Xxx was born at home, and transported by Ambulance to UHCW. Xxx not present.
8/10/2014	XxxXxxe Xxx was born at home, and transported to UCHW. Xxx was not present.
26/12/2016	XxxLouise Xxx was born at home, and transported to UCHW. Xxx was not present.
27/2/2017	Looked After Children Review, Single plan of Adoption ratified.
16/3/2017	Adoption Order granted for Xxx Xxx, Xxx and Xxx.

24. Child's siblings

Complete this section for each identified sibling^(u)

Surname (can be withheld if confidential)	Xxx
First names	Xxx Xxx
Date of birth	1 st August 2012
Place of birth	University Hospital. Coventry and Warwickshire - Coventry.
Sex	Male
Ethnicity	White British
Nationality	British

Birth mother's full name (surname first)	Xxx Xxx
Birth father's full name (surname first)	Xxx Xxx

Current carer's name (where appropriate)	Confidential
Current carer's address (where appropriate)	Confidential Xxx Xxx, Xxx and Xxx were adopted on 16 th March 2016.

xxx

Date of photograph:	xxx
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24.1 Give a brief description of the child and their personality

XXX is fair skinned with medium brown hair. He is developing well physically but still has some speech delay and receives therapeutic input regarding emotional needs.

24.2 Current circumstances and legal status of sibling

Set out the child's current circumstances, whether they are currently "looked after", and if so give details of the local authority that has responsibility for this sibling and their legal status. If there is a court order in force, give details of the type of order, the name of the court and the date on which the order was made. If an order has been applied for and not yet granted, give brief details.

An Adoption Order was granted at Coventry County Court on 16th March 2016 for all three children.

24.3 Plan for this sibling

Give brief details of the current plan for this sibling and whether a sibling assessment has been completed. If the plan for this sibling is adoption, indicate if this sibling is to be placed with the child subject to this CPR or any other siblings.

The adopters of Xxx Xxx, Xxx and Xxx have been approached with regard to being considered to adopt Xxx if this is the agreed plan.

After carefully thought and consideration, the adopters did not wish to be considered as a potential match for Xxx.

Xxx is to be placed for adoption separately to her 3 siblings.

24.4 Sibling relationship

Describe the nature of the relationship between this sibling and the child, including the length of the relationship, where and when they have lived together, the frequency of any contact and the quality of their relationship. Summarise the findings and outcome of any sibling assessment undertaken and state what decisions have been made about placement and the importance of them maintaining a relationship.

There is no current sibling relationship between Xxx and her 3 older siblings. It is hope that Letterbox contact will be established, leading onto direct contact; This will be discussed with the adopters and suitable arrangements proposed.

Complete this section for each identified sibling^(u)

Surname (can be withheld if confidential)	Xxx
First names	Xxx Xxx
Date of birth	6 th July 2011
Place of birth	Home
Sex	Female
Ethnicity	White British
Nationality	British

Birth mother's full name (surname first)	Xxx Xxx
Birth father's full name (surname first)	Xxx Xxx

Current carer's name (where appropriate)	Confidential
Current carer's address (where appropriate)	Confidential Xxx Xxx, Xxx and Xxx were adopted on 16 th March 2016.

xxx

Date of photograph:	xxx
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24.1 Give a brief description of the child and their personality

XXX is fair skinned with blue/green eyes and mid brown hair . She is developing physically well but requires support with her education

24.2 Current circumstances and legal status of sibling

Set out the child's current circumstances, whether they are currently "looked after", and if so give details of the local authority that has responsibility for this sibling and their legal status. If there is a court order in force, give details of the type of order, the name of the court and the date on which the order was made. If an order has been applied for and not yet granted, give brief details.

An Adoption Order was granted at Coventry County Court on 16th March 2016 for all three children.

24.3 Plan for this sibling

Give brief details of the current plan for this sibling and whether a sibling assessment has been completed. If the plan for this sibling is adoption, indicate if this sibling is to be placed with the child subject to this CPR or any other siblings.

The adopters of Xxx Xxx, Xxx and Xxx had been approached with regard to being considered to adopt Xxx if this is the agreed plan.

After carefully thought and consideration, the adopters did not wish to be considered as a potential match for Xxx.

Xxx will be placed for adoption separately to her 3 siblings.

24.4 Sibling relationship

Describe the nature of the relationship between this sibling and the child, including the length of the relationship, where and when they have lived together, the frequency of any contact and the quality of their relationship. Summarise the findings and outcome of any sibling assessment undertaken and state what decisions have been made about placement and the importance of them maintaining a relationship.

There is no current sibling relationship between Xxx and her 3 older siblings. Letterbox contact will be establish, leading onto direct contact; This will be discussed with the adopters and suitable arrangements proposed.

Complete this section for each identified sibling^(u)

Surname (can be withheld if confidential)	Xxx
First names	xxx
Date of birth	8 th October 2014
Place of birth	Home
Sex	Female
Ethnicity	White British
Nationality	British

Birth mother's full name (surname first)	Xxx Xxx
Birth father's full name (surname first)	Xxx Xxx

Current carer's name (where appropriate)	Confidential
Current carer's address (where appropriate)	Confidential Xxx Xxx, Xxx and Xxx were adopted on 16 th March 2016.

xxx

Date of photograph:	xxx
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24.1 Give a brief description of the child and their personality

XXX has fair skin, blue eyes and light brown hair. She is developing well but has some speech delay.

24.2 Current circumstances and legal status of sibling

Set out the child's current circumstances, whether they are currently "looked after", and if so give details of the local authority that has responsibility for this sibling and their legal status. If there is a court order in force, give details of the type of order, the name of the court and the date on which the order was made. If an order has been applied for and not yet granted, give brief details.

An Adoption Order was granted at Coventry County Court on 16th March 2016 for all three children.

24.3 Plan for this sibling

Give brief details of the current plan for this sibling and whether a sibling assessment has been completed. If the plan for this sibling is adoption, indicate if this sibling is to be placed with the child subject to this CPR or any other siblings.

The adopters of Xxx Xxx, Xxx and Xxx had been approached with regard to being considered to adopt Xxx if this is the agreed plan.

After carefully thought and consideration, the adopters did not wish to be considered as a potential match for Xxx.

Xxx would be placed for adoption separately to her 3 siblings.

24.4 Sibling relationship

Describe the nature of the relationship between this sibling and the child, including the length of the relationship, where and when they have lived together, the frequency of any contact and the quality of their relationship. Summarise the findings and outcome of any sibling assessment undertaken and state what decisions have been made about placement and the importance of them maintaining a relationship.

There is no current sibling relationship between Xxx and her 3 older siblings. Letterbox contact will be establish, leading onto direct contact; This will be discussed with the adopters and suitable arrangements proposed.

25. Other significant relatives or relevant people ^(v)

Name	No other significant relatives or relevant people
Relationship and significance to the child (including if they hold PR)	
View of the plan and date obtained	

Name	
Relationship and significance to the child (including if they hold PR)	
View of the plan and date obtained	

Name	
Relationship and significance to the child (including if they hold PR)	
View of the plan and date obtained	

26. Current contact arrangements for the child

	What are the current arrangements? (Include frequency, location and supervision arrangements)	Child's experience of contact (Give brief details of the quality of this contact. Is it meeting the child's needs?)
Birth mother	Xxx currently has direct supervised contact with Xxx for 1.5 hours three times a week.	Xxx has been observed during contact to interact well with Xxx whilst holding her. Xxx had been able to provide Xxx with the basic care needs she required during contact.
Birth father	Xxx has not engaged in contact with Xxx.	Xxx has not met her birth father.
Birth mother's current partner (as applicable)	Xxx Xxx	
Maternal grandparents	N/A	
Paternal grandparents	N/A	
Sibling 1 (name)	N/A	
Other significant people (name and relationship)	N/A	

27. Proposed contact arrangements for the child ^(w)

What transitional arrangements are planned once the care order/placement order is made?

In line with a plan of adoption, a reduction in contact was proposed as follows, or sooner if an adoptive family had been identified and Matched:

Week one – contact twice per week for duration of 1.5 hours.
Week two – contact once a week for duration of 1.5 hours.
Week three – contact once a fortnight for duration of 1.5 hours.
Week five – contact once a month until an Adoptive placement had been identified and then a final goodbye contact.

Final Good bye contact to be offered following the making of a Placement Order for 1 hour for birth mother and her partner only.

Update:20/6/17

The final contact took place on 14th June 2017 for 2 hours with only Xxx in attendance.

28. Planned contact arrangements and details after placement and after adoption ^(w)

What are the proposed contact arrangements post-placement and post-adoption order as set out in the Care Plan? Set out the reasons for the plan and how it is considered to meet the needs of the child.

In line with the plans for adoption Xxx's contact with her birth family will reduce. The reduction in contact should gradually take place once Xxx is subject to a reduction in will continue until adoptive parents are identified and a final contact can take place.

The Local Authority is aware of the emotions families' experience where contact arrangements are being considered and the stress it can cause those concerned. Whilst the Local Authority are empathetic to those emotions when considering contact, ultimately the focus is on what is in Xxx's best interest.

Supervised contact currently takes place between Xxx and Xxx three times a week for 1.5 hours. In line with a plan of adoption, a reduction in contact is proposed as above.

- Post adoption, Xxx will have the opportunity to write and exchange letters with Xxx's adopters through letterbox contact.

Post adoption, Adopters of Xxx Xxx, Xxx and Xxx will have the opportunity to write and exchange letters with Xxx's adopters through letterbox contact. This will lead onto direct contact once a relationship through letters has been formed.

- It is envisaged that letterbox contact will take place once a year for birth mother, and initially

twice a year for adopters until a relationship has been formed. Indirect contact would then, if adopters in agreement move to direct contact at a frequency set by the adopters.

Give details of the arrangements for all relevant people set out below, e.g. direct or letterbox, frequency, duration, any other relevant details and any support or supervision requirements.

Birth mother	It is envisaged that Xxx would have indirect contact with her mother once a year via letter box contact.
Birth father	No contact
Birth mother's current partner	N/A
Maternal grandparents	N/A
Paternal grandparents	N/A
Sibling 1	N/A
Other significant people (name and relationship)	See above for siblings.

29. Chronology of the key decisions and actions taken by the agency with respect to the child ^(x)

Date	Key decision/actions
28/12//2016	Attendance at Court – Interim Care Orders Granted. Xxx placed into Local Authority Foster Care.
5/4/2017	Parenting assessment filed
6/4/2017	Looked After Children Review - Single plan of adoption ratified.
12/4/2017	Final Evidence filed in Court.
15/5/17	Attendance at Court - Issues Resolutions hearing.
12 and 13/6/2017	Attendance at Court - Final Hearing.
14/6/2017	Final Contact between Xxx and Xxx.

30. Support to the birth mother

See ‘Birth parent’s views’ section in Checklist, Guidance and Tools

<p>Three messages had been left for Xxx to make contact with Social Worker xxx in order to arrange a joint meeting to discuss concurrent planning and completion of pre adoption medical paperwork.</p> <p>To date Xxx has not made any contact. It has not been possible to seek views due to lack of engagement .</p> <p>A referral to birth parent counselling will be made for Xxx if this is in agreement.</p> <p>On 6/4/2017 Xxx was asked whether she would like to discuss the Childs Permanency report.</p> <p>On 14th June 2017 following the final contact, Social Worker xxx asked xxx to visit the office the following day. Xxx failed to attend.</p>	
<p>Has the birth mother been given an opportunity to state her views on the adoption plan for the child? Give date when views were last ascertained and briefly describe the outcome and her views. If no views were received, set out attempts made and reasons for non-completion.</p>	
<p>As above.</p>	
<p>Has the birth mother been shown the relevant sections of this CPR?</p>	<p>No</p>
<p>If yes, note date shown and briefly describe the outcome of this. If no, give reasons.</p>	
<p>At the time of writing, circumstances are difficult for Xxx. The Local Authority have informed her that the plan for Xxx will be one of adoption and will continue to try to make contact with her.</p>	
<p>If the birth mother has written her own account, is this included within or appended to this report?</p>	
<p>N/A</p>	

31. Support to the birth father

See ‘Birth parent’s views’ section in Checklist, Guidance and Tools

What support or services has the birth father been offered or taken up? Has he been referred for/received counselling from an independent person in relation to the plan for adoption? (Give details)

Two telephone messages have been left for Xxx Xxx to make contact with XXX from the Permanency team. To date, Xxx has not responded.

Has the birth father been given an opportunity to state his views on the adoption plan for the child? Give date when views were last ascertained and briefly describe the outcome and his views. If no views were received, set out attempts made and reasons for non-completion.

As above

Has the birth father been shown the relevant sections of this CPR?

No

If yes, note date shown and briefly describe the outcome of this. If no, give reasons.

Xxx has not engaged, or responded to telephone messages.

If the birth father has written his own account, is this included within or appended to this report?

N/A

32. Ability and willingness of each parent and other family members or relevant persons to permanently care for the child (y)

For each parent or guardian and/or where relevant the child's relatives or any other person where an assessment has taken place, set out a summary of the assessment findings and your analysis of their ability and willingness to provide the child with a secure environment that encourages their full development and meets their needs. Include the care/legal options that have been explored in relation to this carer and the reasons why the options have been discounted (ACA 2002 s.1(4)(f)(ii))

VIABILITY ASSESSMENTS:

No viability assessments had been undertaken on family members. Please see below:

Xxx Xxx – Birth father

Xxx had been approached by Social Care following the birth Xxx and asked if he would wish have contact and be assessed through a parenting assessment. Xxx Xxx declined, stating that he did not want to have involvement with Xxx.

Xxx Xxx – Maternal Grandmother.

A viability assessment was undertaken during the first care proceedings on Xxx Xxx, Xxx and Xxx. The Viability was negative due to Xxx's poor health, her alcohol misuse and concerns regarding her parenting capacity and Social Care involvement.

Xxx Xxx – Maternal Uncle.

No information is available regarding Xxx, however recordings on social care records report of Xxx being violent, aggressive and misusing illicit drugs and alcohol.

Xxx Xxx – Maternal Uncle.

There is current Social Care involvement with Xxx's 3 children on Child Protection plans. Xxx was remanded at Rainsbrook secure unit in 2003 for attempted murder of his mother by stabbing.

Xxx Xxx – Maternal Uncle.

Police disclosures of violence, threats to stab, anti-social behaviour, petty crime. Currently serving a 7 year custodial sentence for burglary and assaulting the home owner with a blade. Due to be released in 2019.

Xxx Xxx Xxx - young adult, currently in foster care.

Name: Xxx Xxx

Relationship to the child:

Mother

Summary of assessment and social worker’s analysis of their parenting capability – their willingness and ability to provide a secure environment in which the child can develop and how they could meet the child’s needs within the child’s timescale

The Local Authority acknowledges that Xxx had engaged with Social Care and has tried to make positive changes to her current lifestyle, such as her engagement with the parenting assessment and contact with Xxx. Xxx had reported that she would like Xxx returned to both her and Xxx’s care. Unfortunately there are too many risk factors that would prevent Xxx and her partner Xxx having Xxx returned to their care.

Xxx is a vulnerable young lady, who has little support around her. Her relationship with current partner Xxx is relatively new, being together for 9 months. Both are now homeless and ‘sofa surfing’, this would not be an ideal or safe situation for Xxx to be in.

The PAMS assessment is clear that Xxx would not be in apposition to care for, or have Xxx returned to her care.

Furthermore, the assessment reported that Xxx has no understanding of risk and would not be able to appropriately safeguard Xxx from such or meet her developing and emerging needs. They would both require intensive support in this area and if Xxx’s needs are not met, this would have a significant and detrimental impact on her development. It is therefore recommended that Xxx is not returned to the care of Xxx.

Assessment and analysis of whether there should be an ongoing relationship with contact being continued and the value to the child of this happening

The Local Authority have worked with Xxx’s mother and her current partner, Xxx.

They have worked with the Community Based Assessment team to assess their parenting capacity and life skills so that they could provide care to Xxx now and in the long term. There is no question that both look forward to and enjoy the contact they share with Xxx. They have tried hard to offer emotional warmth, basic care and stimulation during these sessions. What continues to be evident and would place Xxx at risk of harm, is the lack of understanding surrounding risk and how this would impact on both Xxx’s emotional and physical development. Moreover, the assessment clearly states that Xxx would not be able to provide stable, safe long term care to Xxx. For these reasons, the Local Authority is seeking long term permanent care through Adoption for Xxx in order to support her long term needs, including her health and development, her identity and emotional needs. Indirect letterbox contact would be offered to birth parents.

Their wishes and feelings regarding the plan for the child and date ascertained (if not covered elsewhere)

Xxx had indicated to Social Care on 6th April 2017 that she does not agree to the Local Authority's plan of adoption. Xxx would like to have her daughter returned to her care.

CoramBAAF Form CPR (2015) Part 3 – Summary of the actions of the adoption agency

Relationship to the child:	Father
Summary of assessment and social worker's analysis of their parenting capability – their willingness and ability to provide a secure environment in which the child can develop and how they could meet the child's needs within the child's timescale	
Xxx Xxx had stated to Social care that he does not wish to be considered to be assessed to Care for Xxx. He does not want any form of contact now or in the future.	
Assessment and analysis of whether there should be an ongoing relationship with contact being continued and the value to the child of this happening	
As above.	
Their wishes and feelings regarding the plan for the child and date ascertained (if not covered elsewhere)	
As above.	

33. Brief details of assessments of the child’s needs, giving date undertaken and expert’s opinion

The Guardians report completed by Jennie Dawe is due to be filed on 10.4.2017

No other assessments on Xxx have been undertaken.

34. Summary of the reasons for considering that adoption would be in the child’s best interests

(Including addressing *all* the options which are realistically possible and analysis of the arguments *for* and *against* each option with date of relevant decision and reasons for any delay in implementing the decision) ⁽²⁾

First Realistic Option:	Adoption	
Factors in favour	Factors against	
<p>Xxx will be cared for in an environment which will meet all of her needs – including the need for emotional stability.</p> <p>Adoptive families are assessed as being able to meet the needs of the child/children that are placed with them on a long-term basis. Xxx will be placed with carers who are able to prioritise her needs for the duration of her childhood and beyond.</p> <p>Routine life is ‘normalised’ without local authority involvement.</p> <p>Adoption will provide a sense of permanency for Xxx, which none of the other options will provide. Xxx needs to feel loved, safe and secure in her environment in order for her to be able to develop sound, secure attachments.</p> <p>Adoption will enable this for Xxx where she can be a valued member of a family that will give her a sense of belonging.</p>	<p>Xxx will lose direct contact with her birth family and will be reliant on her life story work to give her an understanding of why decisions have been made, her birth history and her journey.</p> <p>Xxx will have to form attachments to her adoptive family which may take a little time and have to be managed reassuringly and effectively. This will be managed carefully by the current foster carer, the permanency worker and the allocated social worker to ensure that the transition has the minimal impact on Xxx.</p>	

Second Realistic Option:	Long term Foster placement
Factors in favour	Factors against
<p>If Xxx remained in foster care, she would continue to have regular contact with her birth family, which would maintain her sense of identity.</p>	<p>Xxx would not have a “forever” family and would not achieve the same level of security that she would in an adoptive placement.</p> <p>Xxx would remain a looked after child and continue to have professionals involved in her life on an on-going basis.</p> <p>Xxx may experience placement breakdowns in the future.</p> <p>Looked After Children often do not have as good outcomes in regards to their health and education; as their non-looked after peers.</p> <p>Regular direct contact with her birth family could prevent Xxx from developing firm and secure attachments to her carers.</p>
Third realistic option:	Placement with birth parents
Factors in favour	Factors against
<p>Xxx would be living within her birth family.</p> <p>Xxx could have access to her extended family which would assist with developing and maintaining her sense of identity and self-worth.</p>	<p>Xxx has not been able to prioritise Xxx’s needs above her own. This was also whilst in utero, where no antenatal care was sought, possible alcohol and drug misuse and being in a abusive relationship. Xxx’s parenting capacity would be compromised by her “life choices” where her own needs have always been the primacy. This coupled with the the vulnerability of Xxx and lack of support would compromise the care Xxx would receive. There is also the concern about whether Christine would be able to sustain her parenting role long term. Xxx would be exposed to risk of significant emotional harm and neglect whilst in Xxxs care.</p> <p>Xxx’s lifestyle would expose Xxx to a home environment which presents with the risk of physical and emotional harm due to Christine sofa surfing. If Xxx were to return to live with her mother and brother, this would be a cause for concern.</p>

Forth realistic option:	Placement with family
Factors in favour	Factors against
<p>Xxx would be living within her birth family.</p> <p>Xxx could have access to her extended family which would assist with developing and maintaining her sense of identity and self-worth.</p>	<p>No family members were put forward for viability assessments. All family members had been ruled out by Social care due to risk. See section 32.</p>

Reason why adoption is the preferred and proposed placement option

The Local Authority had worked and supported Xxx and her current partner, Xxx Xxx. Xxx and Xxx had tried to build their parenting and life skills in order to have Xxx returned to “their” care.

Although Xxx had engaged in the process and wanted to make positive changes to her lifestyle, this has not been possible. The level of change, especially with regard to Xxx concealing a fourth pregnancy, not seeking antenatal care and possibly misusing illicit drugs during her pregnancy, therefore placing her own needs above that of her unborn baby, is a cause for concern.

Xxx is a vulnerable lady who does not have a robust support network around her that would be able to guide, teach and equip her with the parenting skills she would need to safely care for her child. Further to this, Xxx’s own childhood lacked appropriate parenting for her to learn from. This further continues with regard to their lack of understanding around abuse in many forms and how this can also impact upon her parenting.

The assessment highlighted that Xxx and her partner Xxx are unable to prioritise Xxx’s needs above their own, this is particularly regarding to their lack of understanding, even though both had engaged and been educated around the effects that domestic abuse has on the wellbeing of a child. Their lack of understanding the significance of how abuse effects the whole family and impacts future life opportunities is a concern. During the parenting assessment, Xxx was asked to reflect and discuss her current partner Xxx’s criminal profile. Xxx shrugged her shoulders and reported “*that he treats me well and gives me space and time*”. The assessor reported that “*There appears to be no insight into the community culture Xxx operates in and his relationship with illicit substances and the impact that this would have on her and Xxx if she remained with him*”.

Xxx experienced a childhood where her own experience of being parented was inconsistent. She had lived with parents where domestic violence was a key feature, and where she was not adequately protected by her mother with regard to being left unsupervised or cared for appropriately whilst she was often under the influence of alcohol.

Xxx's relationship with Xxx was abusive. *During this relationship Xxx had 3 children with Terence and due to the pregnancies being concealed, alcohol misuse, domestic abuse, controlling and coercive behaviours and poor home conditions all 3 children were placed for adoption. It is of importance to note that Xxx reported that this relationship only ended because she reports that Terence "cheated on her and dumped her" and not because of the other significant issues within the relationship and because she left the children with her mother who was deemed inappropriate.*

Xxx and Xxx's relationship continued "on and off", with Xxx becoming pregnant with Xxx. *As it stands with the level of Xxx's unresolved trauma, including physical abuse, neglect and emotional abuse, her very poor childhood experiences and the loss of her 3 children aligned with Xxx's poor parenting scaffold in relation to her parental knowledge and skills out lined within the PAM's assessment, her current accommodation issues and her inability to effectively recognise risky and dangerous partners would leave Xxx and Xxx exposed to abuse with Xxx unable to protect herself and Xxx and unable to afford the consistency of care, continuity of care and promote stability that a young vulnerable child would need.*

Xxx had been in foster care since she was 3 days old, she is thriving and settled.

She needs the chance to grow and develop happily, where she is free from risk of harm. It is considered that adoption would offer Xxx a stable, supportive, and permanent home in which to develop throughout her childhood and into secure adulthood.

Section C: Recommendations

The relative merits of a placement order and other orders (such as a residence order or special guardianship order), including an assessment of why the child's long-term interests are likely to be best met by adoption rather than by any other order

A Child Arrangement Order shares parental responsibility with birth parents. This order is felt not to be appropriate, as it does not provide Xxx with the permanence and security of a placement.

No family members have been identified as potential carers for Xxx, so no connected person assessments have been carried out.

There are no other person within the paternal or maternal extended families who has requested to be assessed for a Special Guardianship Order.

A Placement Order is deemed to be in Xxx's best interests as it enables the Local Authority to secure an adoptive placement for her. This will enable Xxx to be a part of a family with adoptive parents who will care for her, and provide her with the safety, stability and security that she needs as she grows into adulthood. A Placement Order will also enable prospective adopters to take responsibility for Xxx making decisions that are in her best long term interest as she develops into adulthood, and beyond.

The next placement for Xxx needs to be a permanent one.

Recommendations as to whether there should be future contact arrangements (or not), including whether a contact order under section 26 of the 2002 Act should be made

Future contact between Xxx and her birth mother, Xxx is envisaged to be indirect contact via the letterbox scheme once a year. Letterbox contact will enable Xxx to maintain links and an identity with her birth family.

Given that Xxx will be able to maintain links with her birth family via letterbox contact, it is not felt that a contact order should be made.

Xxx is the fourth child of both Xxx and Xxx. Sibling contact will be initially through letterbox contact twice a year, moving onto direct contact.

Contact between adopters and siblings could become more frequent once a relationship has been established. Adopters to facilitate and agree frequency.

Xxx has no other meaningful relationships with any other family members, therefore no other contact arrangements need to be considered.

By xxxr 06/3/17

Updated: 15/5/17

Updated: 20/6/17