**PART ONE - to be completed by child’s Social Worker and signed by Team Manager & Service Manager.**

**Service Manager to send to Permanence Planning Tracking Meeting Business Support at least 3 working days before Permanence Planning Tracking Meeting**

**PLEASE USE ONE form for EACH child IN THE FAMILY. Refer to mosaic records if docs can be viewed.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name of 1st child |  | 1. D.O.B. |  |
| 1. MOSAIC ID |  |  |  |
| 1. Current legal status   (Date of legal order and type of Order) |  | Start date of being looked after |  |
| Date of issue-care proceedings |  |
| 1. Any siblings also   subject to concurrent permanence planning  (inc. whether plan is to place  together or apart).  Please ensure up-to-date Genogram in case records or attach | Name & DOB (add rows if more siblings) | 1. Any siblings **not**   subject to concurrent permanence planning | Name & DOB |
| Child 2 |  |
| Child 3 |  |
|  |  |
|  |  |
| 1. Current placement type   (inc. whether placed with any siblings) |  | | |
| 1. **Brief** reason for care episode   (1 paragraph).  Please ensure Chronology and Single Assessment up to date on child’s record so this can be read, or attach |  | | |
| 1. What is the current Care Plan as agreed at child’s 2nd  LAC Review/court care plan? |  | | |
| 1. What was the date of the 2nd LAC Review where the permanence plan was ratified? |  | | |
| 1. What is the permanence plan for the child? |  | | |
| 1. What key tasks/steps are required to progress the Permanence Plan   Refer to any Docs in child’s case records if available inc Court Directions/LAC Review actions | Inc. assessments/interventions/PLO & court timetabled actions with dates  **Steps taken so far:**  **Steps planned**: | | |
| 1. If the plan is for a residential placement, the desired aims, objectives and outcomes of the placement must be clarified with a detailed plan for the short, medium and long term. |  | | |
| 1. What are the plans for your life story and more specific therapeutic work to take place before and after the placement? |  | | |
| 1. What are the arrangements for the family time, if appropriate, that are based on the needs of the child and the priority of achieving stability and permanence in their lives? |  | | |
| 1. Child’s views |  | | |
| 1. Parents’ views |  | | |
| 1. View of IRO |  | | |
| 1. Wider family/friends’ views   (inc. any identified offers to care for the child/siblings)-indicate if FGC/Family meetings minutes in case records |  | | |
| 1. Are there any issues preventing a plan of permanence being progressed |  | | |
| Child’s Social Worker | Print Name  Signature  Date | | |
| Team Manager comments/direction regarding actions required |  | | |
| Team Manager | Print Name  Signature  Date | | |
| Service Manager comments/direction regarding actions required |  | | |
| Service Manager | Print Name  Signature  Date | | |

**PART 2 (to be completed by Chair at Permanence Planning Tracking Meeting PPM)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Date of Permanence Planning Tracking Meeting |  | 1. Name of child(ren) | |  |
| 1. Present | Name | | Role/relationship to child | |
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|  | |  | |
| Apologies/others who need a copy |  | | | |
| 4. Summary of discussion |  | | | |
| 5. Agreed Permanence Plan |  | | | |
| 6. Actions to be taken to progress the Permanence Plan with timescales | **Actions required** | | **Timescales for completion** | |
| PPTM Chair/ | Name  Signature  Date | | | |

**Business Support: Copy of this permanence plan to be placed on child’s file with case note.**