**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 NameSignatureDate |
| Team Manager comments/direction regarding actions required  |  |
| Team Manager | Print NameSignatureDate |
| Service Manager comments/direction regarding actions required  |  |
| Service Manager | Print NameSignatureDate |

**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 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 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/ | NameSignatureDate |

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