

Permanence Plan and Permanence Planning Meeting Guidance

Permanence planning is a key process in achieving timely permanence for our children in care. When Dorset Children achieve permanence this creates the emotional, physical and legal conditions to give our children a sense of security, continuity, commitment, identity and belonging. Overall, this impacts successful outcomes for children in their behaviour and educational attainment. Achieving timely permanence for our children remains our focus and as such is a priority for Children Social Care.

Golden Rules

- There are **FOUR** permanence options
 - **Reunification,**
 - **Staying Put/Long-Term Fostering**
 - **Special Guardianship**
 - **Adoption/ Early Permanence**
- The Permanence planning process must start as soon as a child is accommodated
- Every child in our care must have a permanence plan (PP) and a permanence planning meeting (PPM) held before the second CIC review.
- Social worker completes the PP and Team manager chairs the PPM.
- Social Worker sends PP to their Team manager (TM) via MOSAIC 3 days in advance of the permanence planning meeting.
- Review PP every 3 month via PPM until permanence is achieved – this is best practice.
- Invite the QARO and those with Parental Responsibility. It may not always be appropriate to invite the parents.
- Discuss, agree and record the decision with your TM if those with Parental responsibility are not invited. This should include when and how they will be informed of the PP for their child.
- Incorporate the views of all involved. Consider the Council's learning difficulties protocol.
- Remember the focus is the child's permanence; the plan must set out their views and wishes.
- Be strength-based and person centred in your approach.
- Consider your audience be wary of jargon, use SMART objectives and try not to repeat what has been said before.
- Consider all permanence options; narrow them in further reviews until permanence is achieved.
- Only choose one Permanence option and elaborate in the plan when parallel planning.

Summary of core details

Communication Needs	Legal
Age Appropriate (delayed development/speech impediment) First language (other languages? Interpreter?) SALT recommendations and tools to aid communication	Pre-populates from CIC episodes (check for accuracy) Ensure hearings and any other Orders in place are listed.

Ensure demographic information is correct. Update any missing data.

Child/young person's details

Be concise and do not be tempted to cut and paste from previous reports. You can bullet point. Remember this is an overview to support your planning. Provide an overview of details on the following to support a permanence focus:

Placement Needs	Education Needs
<ul style="list-style-type: none"> • The importance of location. • The level of supervision they may need. • Siblings – may be placed elsewhere. If together, provide brief information and refer to that child's plan. • Other children in the placement. • Specific skills to meet the child's needs – whether family, foster or residential. • Maintaining interests e.g., outdoor space, animals, access to activities. • Any modifications to the home environment or routine needed. • Independence of the child and how it can be developed and supported. 	<ul style="list-style-type: none"> • Current school and how important to remain or change. • Are there teaching staff that know the child and their history well. • Does the child have valued/positive friendships at school? • Engagement with school/academic achievements/potential. • Is there an EHCP and up to date PEP. • How are Virtual School supporting? • Are SEND involved. • Who does school transport?
Health Needs	Emotional/Attachment Needs
<ul style="list-style-type: none"> • Any diagnosis or on-going medical treatment required. • Any hereditary conditions. • Eyesight – need or wear glasses. • Differentiate between dental and medical. • Has there been an Initial Health Assessment and/or review? • Refer to EHCP if there is one. 	<ul style="list-style-type: none"> • What works well for the child in managing emotions. • What strategies used by previous/current carers work well to regulate the child. • Any behaviours/triggers around dysregulation. • Any difficulties with boundaries. • Any specific work needed around attachment (i.e., professional input). • Any expert reports being undertaken in proceedings – timings etc. • Any previous, existing or planned therapeutic input.

Need for Keeping in Touch with Family and Friends

- Set out the current Keeping in Touch schedule and assess how positive it is for the child – is it meaningful.
- Is there a need to review Keeping in Touch – type/frequency/duration/location/level of supervision – if so, when?
- Is there a 'Working Agreement' needed or in place for the family.
- What does the court order say? What is the impact on the child?
- Does Keeping in Touch have a negative impact on the child – consider suspension and review (it can be suspended for up to 7 days without a court order, after which legal advice must be sought to ascertain if there needs to be an application to court under s.34/4. Always consult legal before stopping Keeping in Touch. Update QARO and seek views before stopping Keeping in Touch.
- Are there valued friendships or non-family members that should be considered for contact.
- Who does transport to/from Keeping in Touch?

The Meeting (Remember don't repeat detailed information, only updates are needed to inform permanence options)

- The initial meeting considers all permanence options and records decision making.
- Options are Reunification, Staying Put/Long-Term Fostering, Special Guardianship, Adoption/ Early Permanence. (See sperate permanence pathways for further details).
- Remember initial PP may be wide e.g., triple tracking may be Adoption, Reunification, and Special Guardianship.
- These permanence options will narrow as you review the plan.
- If permanence is achieved via long-term fostering, a review of the plan and meeting should be held every 12 months.
- Any change of permanence option should be ratified in a Child in Care review.
- Consider if there needs to be an application to revoke the care order/placement order if proceedings concluded.
- The meeting must capture all key dates for hearings, applications and assessments (e.g., Parenting, special guardianship assessment, connected person fostering assessment, Together or Apart assessment, Expert (e.g., psychologist, psychiatrist), Adoption (CPR), medical, ADM, long-term fostering. This information will support when best to review the permanence plan.
- Capture the child's current education and health as a brief snapshot.
- Capture the child's experience of contact.
- Parental input should be captured around all planning options.
- Consider the age of the child and whether colleagues from Adult Services/Leaving Care should contribute for rising 18s (Transition planning starts early).
- Ensure actions are clearly recorded and all participants are aware what is expected of them.
- Ensure actions are given a timescale.
- Book a review before closing the meeting to avoid drift.

Views and Contributions	Plan for Permanence	Conclusion and Recommendations
<ul style="list-style-type: none"> • Capture the child's views on the plan, their wishes from their placement and long-term plans. • Capture parents' views and ensure they are clear on the planning options. • Must include the views of the QARO. 	<ul style="list-style-type: none"> • Ensure this section is completed to set out planning and any legal orders being sought. Ensure it matches what has been recommended in your permanence meeting. 	<ul style="list-style-type: none"> • Ensure there is clear contingency planning recorded and what actions could be taken reduce crisis. stability meetings, professional meetings, bringing to line of sight meeting.