

SOCIAL WORK HANDBOOK

CARE PLANNING FOR CHILDREN IN CARE

A best practice guide for use by all social work professionals involved with planning for children and young people in care.

'Take the plans that you make for us seriously and implement them.'

The views of children in care and care leavers - taken from Kent's Children in Care Strategy 2011-14

Contents

- Statement 3
- Purpose of the care plan 4
- Process of care planning 5-6
- Writing plans that are outcome focussed 7-8
- Contingency Planning 9
- Participation and consultation with the child/young person 10
- Good Practice guide 11
- example of a completed care plan 12-21

57% [of children in care] thought their opinions made a difference to decisions about their lives. They told us that there is still room for improvement in care planning with only 68% of them knowing that they had a care plan. 81% thought that their care plan was being fully kept to. Apart from the children who knew what a care plan is but didn't think they had one, there were still 15% of children in 2011 who told us they didn't know what a care plan is.'

Children's Care Monitor 2011 reported by the Children's rights Director for England

Statement

This handbook sets out good practice and guidance for social workers and supervisors involved in planning for Children and Young People in Care whether the plan is for them to return home to live with their parents, to be adopted or to remain looked after on a long term basis. It takes into account duties and responsibilities outlined in The Children Act 1989 Guidance and Regulations Volume 2 : Care Planning, Placement and Case Review (England) 2010.

It is a statutory requirement that all children and young people in care have a holistic care plan, based on a current assessment that is regularly reviewed and updated.

An effective care plan should have clear outcomes identified that are focused on achieving a positive impact for the child/young person. The outcomes and associated activities and tasks identified to achieve them should make clear who are accountable and be SMART in focus; Specific, Measureable, Realistic and Time related (e.g. within the child/young person's timeframe).

The care plan needs to provide the child/young person's individual story in simple and clear language with the child at the centre. A good care plan should allow the reader to understand what has led to the child/young person becoming looked after, the present situation, the indentified needs and the outcomes being sought and how they will be achieved. A good care plan should also demonstrate analytical thinking based on the evidence found through assessment and interventions.

Purpose of the care plan:

To make a positive difference for the child/young person in how they are brought up, in the outcomes that they achieve and how they think and feel about themselves and others.

The child/young person is placed firmly at the centre of the work being undertaken ensuring that effective planning is implemented within a targeted time frame.

It reflects the child/young person's individual story stating the reasons for being in care, the present situation and the outcomes being sought.

It addresses permanency planning from an early stage which is essential in order to avoid children drifting in care and ensure that they have the opportunity to maximise their full.

It records what efforts were made to enable the child/young person (where appropriate) to live within their family and friend network.

It is informed by the findings of needs based assessments, which lead to the identification of specific outcomes that, in turn, determine activities, tasks and timeframes.

It encourages effective multi-agency working through a shared understanding about how all staff and agencies are contributing to achieving desired outcomes for the child/young person. This is a key requirement of effective corporate parenting.

A good care plan also encourages and evidences the direct participation of children and young people and their families in its development and implementation.

A good care plan ensures that a concern for promoting the healthy development of the child/young person's identity is kept to the fore in the way in which we support the child/young person and meet their needs. This includes taking into account their ethnic, cultural, religious, and language background when making decisions about their placement.

It outlines the arrangements for promoting and maintaining contact with parents and others with parental responsibility for the child as well as siblings and other key members of the child/young persons family and friend network. This includes clarifying contact arrangements, including any Court orders promoting or prohibiting contact.

The process of care planning



- The cycle of assessment, planning, implementation and review should focus on the child/young person's developmental progress, including his/her health, and the desired outcome for them, taking account of the wide range of influences which affect a child/young person's development both positively and negatively.
- Assessments informing the care plan need to be purposeful, analytical and evidence based.
- The care plan should be completed prior to a planned placement or within 10 working days of an emergency (unplanned) placement starting.
- It is the responsibility of the social worker to write the care plan and for it to be approved by the Team Leader and Service Manager.
- The Independent Reviewing Officer (IRO) is responsible for overseeing the whole child/young person's case (not just at a review meeting) in order to ensure that an effective care plan is in place and that it is being implemented without delay and within the child/young person's timeframe.
- The IRO has statutory powers to challenge the practice of the local authority and its staff if care plans are not being put in place and implemented effectively.
- Prior to the child/young person's statutory review meeting the Team Manager must ensure that an up-to-date care plan is in place and that it is being actively progressed (implementation).
- The **legal status** for the child/young person's care must be considered at every review meeting.
- The care plan should include the Placement Plan, PEP, Pathway Plan and Health Action Plan - giving clear outcomes for each component.

- A **permanence plan** must be formally agreed at the second statutory Child in Care review and kept up to date thereafter. Achieving permanence will be a key consideration from the day the child/young person becomes looked after.
- **Contingency plans** covering identifiable risks, such as a breakdown in the current placement or in the event of not achieving the permanency plan within the child/young person's timeframe should be agreed at an early stage and regularly reviewed and updated.
- Any proposed change to the care plan is required to be endorsed at a statutory Child in Care review or via the court during proceedings.
- Following the Child in Care review it is the responsibility of the social worker to **update** the care plan and ensure it is input onto ICS correctly.
- The IRO and Children's Guardian, if in proceedings, must be informed of any significant change that affects the care plan or arrangements.
- An early review must be arranged if there needs to be a change of care plan prior to the one recommended at the child/young person's last statutory review.

'The Percentage of children telling us they had no say in their care plan was 17%'

Children's Care Monitor 2011 reported by the Children's rights Director for England.

'72% of children who knew they had a care plan also knew what was in it.'

Children's Care Monitor 2011 reported by the Children's rights Director for England.

Writing Care Plans that are Outcomes Focussed

The care plan should set clear Outcomes that are focussed on making a positive impact on the aims/goals being sought for the child and young person.

Outcomes should be SMART; Specific, Measurable, Achievable, Realistic and time-related (within the child/young person's timeframe).

To avoid care plans becoming task or service led it is useful to write the outcomes first. These will be identified through working in partnership with everyone in the planning process (including the child/young person, their parents and other key members of their family/friend network, foster carers and health and education professionals) around what needs to happen/change. This will lead to clarity around expectations, the concerns held by professionals and work that needs to be undertaken to achieve each outcome identified.

Agreeing the activity and tasks required to achieve the outcomes identified is key and needs to be set against clear timescales that are based on the child/young person's timeframe. It should also record who is accountable for each outcome and what indicators should be used to evidence that each outcome has been achieved.

As a general guide a Care Plan would normally incorporate outcomes that focussed on the first 3 areas listed below and, as appropriate, some of the other areas listed:

- 1) How permanence for the child/young person is to be achieved
- 2) Enabling the child/young person to maximise their potential - including education, health and personal interests.
- 3) Enabling the child/young person to participate in decision-making
 - Promoting stability in their current placement
 - Establishing and maintaining positive and trusting relationships within the child's family and friend network
 - Keeping the child/young person safe from harm
 - Preparing the young person for adulthood

An example of how outcomes might be recorded in a Care Plan is provided on the next page.

Outcome Sought	Activity & Support (Service Provision)	Timescale	Outcome Indicator (Needs/Strengths)
<p>What needs to change/happen?</p>	<p>Who is best placed to help with changes? How will the change identified be achieved?</p>	<p>What date does this need to be achieved by? Who is going to monitor this?</p>	<p>What difference will we be making? What will we see happening to know the plan is working?</p>
<p>Fred to be happy and secure in his current foster placement.</p>	<p>Fred's Foster carers (Mr and Mrs Brown) to help settle Fred into his placement with them and provide ongoing support for him.</p> <p>Fred's mother to be positive and supportive about Fred's foster placement with Mr and Mrs Brown.</p> <p>Fred's social worker to visit him regularly and to develop a positive relationship with him that allows Fred to talk about any worries and concerns that he might be having.</p>	<p>Fred's placement to commence 12th September 2012</p> <p>Fred's Social worker to arrange a visit within the first week of the placement starting and then at least every 6 weeks and more often if requested by Fred or his foster carers.</p> <p>Fred's social worker to keep the IRO updated on the progress of each task.</p>	<p>Fred will be presenting as happy and relaxed in his placement with Mr and Mrs Brown.</p> <p>We would expect that his school teachers and others involved in his life would be reporting that he is making good progress.</p> <p>Fred does not go missing from his placement.</p>
<p>Fred to establish and maintain a positive and safe relationship with his mother.</p>	<p>Contact for Fred to take place regularly and when his mother is sober.</p> <p>Miss Smith will attend contact on time and sober complying with the written agreement.</p> <p>Foster carers will facilitate contact at the set times and venues.</p>	<p>To be monitored over a period of 3 months by the Contact Supervisor, child's social worker and IRO.</p>	<p>Fred describes contact as a positive experience and one he looks forward to.</p> <p>Miss Smith has demonstrated that she is able to place Fred's needs first and refrain from excessive use of alcohol.</p> <p>There are no concerns expressed from the professionals supervising contact.</p>

Contingency Planning

The contingency plan outlines alternative actions to be taken should any part of the care plan cease to be effective or breaks down. It should cover all areas that have been identified from the assessment(s) of the child/young person and their family where there is a foreseeable risk that the agreed objectives will not be achieved and/or will need to be changed in some way. Most commonly contingency plans will focus on possible changes to the child's permanence plan, risks of placement breakdown and contact arrangements with parents and other family and friends connected to the child/young person.

In essence contingency planning covers 3 areas:

1. **Overarching contingency** - Covers the longer-term objectives being sought, such as the permanency plan and what will happen if a change of plan is necessary. A contingency plan in this area might involve the use of twin tracking or specific details of when an existing permanency plan will need to be reviewed (e.g. not completed within a given timescale)
2. **Day to Day/Current contingency** - covers issues such as what will happen if the current placement becomes unstable or breakdowns before assessments or specific interventions are completed? A contingency plan in this area might include convening a stability core group, securing an alternative placement in the area the child lives in order to maintain contact with siblings or, in the case of permanent placements, what additional measures need to be in place to support the placement and prevent it from breaking down.
3. **Contingency for known risks** - the plan needs to take into account areas of risk that have been identified and assessed where a change of plan is foreseeable or the placement may be problematic. This would include issues such as previous episodes of missing from care, vulnerability to sexual exploitation, risk of offending behaviours, parents attempting to undermine placements, contact arrangements particularly in the event that 1 or more siblings are moved to a different placement, absence from education and alcohol/substance misuse....

When developing contingency plans you should also check that they:

- ❖ Prioritise the assessed needs of the child
- ❖ Identify what type of placement will be sought - based on risk analysis and need
- ❖ Detail what support will need to be put in place based on the current assessment
- ❖ Identify what involvement and understanding the child and family had in the development of the contingency plan
- ❖ State who the child must not be placed with and why

The participation of the child/young person

The right of the child/young person to participate and have some level of influence over the decisions affecting them is enshrined in the Children Act 1989 and the United Nation's Convention on the Rights of the Child (1989) in particular Article 12.

Meaningful participation is a process that should be evidenced in all our work with children and young people and not simply a tokenistic one off event.

It is important that before any decision is made about the child/young person you should find out what their wishes and feelings are. These should then be considered, depending on the child/young person's age and understanding, when forming the plan. This also includes a need to gain a level of their understanding of the situation and their ability to cope with information at any given stage in the planning process.

Engaging children effectively and helping them to participate often leads to a clear recognition of their difficulties, develops their strengths and promotes their resilience. If children and young people are involved from the beginning it is more likely that they will feel some ownership of the plan and less fearful of what is happening. Plans are also more likely to succeed if children and young people have actively participated in developing them. Knowing that they have been heard is fundamental in this process.

What is meant by wishes and feelings?

WISHES:

What they want to do themselves and what they want others to do.
What they hope will happen and what they do not want to happen.

FEELINGS:

Being anxious or fearful about something, unhappy or sad, feeling ok, happy or indifferent, feeling numb. Even acknowledging that currently they do not know what they feel or are confused.

There is not a set way of establishing the wishes and feelings of a child/young person as each children/young person will express their views in different ways dependant on their age and understanding and that are comfortable for them. For example this may be through talking, art (drawing/painting), in collages or models and so on. As a Social worker it is your job to find the best way to facilitate participation that is inclusive and adaptable to the child/young person's needs at that time.

If a child/young person finds it difficult to express their wishes and feelings about any decisions being made about them then they are entitled to have an advocate.

A GOOD CARE PLAN SHOULD

- 1) Maintain the **focus on the child** and give clear reasons for why they are looked after.
- 2) Provide the **current position** within the planning process through transparent and clear statements and why a particular **placement** has been chosen.
- 3) Describe the **identified development needs** of the child and the services required to meet those needs.
- 4) Give clear **outcomes** required and what tasks need to be completed to achieve them within **realistic and responsive timeframes**. These are set alongside the multi-agency allocation of who is responsible for implementing them.
- 5) Demonstrate **analytical thinking** drawing on assessments and how the plan compliments them through **short/concise summaries** that show **accountability** for decisions.
- 6) Indicate **how long** the current placement/position is expected to last and **how the plan will lead to the very best** chance of meeting the child/young person's long term care needs (permanence).
- 7) Have, where appropriate to the child's age, a record of the **child's understanding of decisions that are made and why**. The plan needs to fully address the child/young person's wishes and feelings.
- 8) Have a **clear contingency plan** that identify foreseeable risks and addresses how the child/young person is likely to respond to significant changes to their plan (e.g. change of placement or permanency plan).
- 9) Clearly outline the **contact arrangements** that sustain or build on links with the birth family and wider family members. Address and review the situation with the child/young person's relationship with their siblings.
- 10) Evidence that **parents/those with parental responsibility** have been appropriately **consulted** with their views recorded clearly. The plan should address fully their understanding of the reason decisions have been made.

'Decisions about us should be made with us. Give us information that we can understand.'
Looked after Children and Care Leavers - Kent's LAC Strategy 2011-14

PRACTICE EXAMPLE



ICS Care Plan Exemplar

October 2012

001 Subject Details

Name	DOB	Gender
Lucy Brown	01.08.10	Female
Address		
Telephone		

Case Reference Number

002 PART 1 Additional Subject Details

Child/young person's address before being looked after

Name of principal carer at this address and relationship to child/young person

Jane Green - Kent Foster Carer

Do they hold parental responsibility?

No

Date of commencement of care episode

02.08.10

Date of this plan

01.05.11

003 Legal Information

Current legal status and code

C1 - Interim Care Order

If court proceedings are in progress, name of Court hearing the application, date of court hearing, Court case number, type of hearing and name of child/young person's guardian

Court Case Number 123456:

On the 16 August 2010 the Local Authority successfully obtained an Interim Care Order at Medway North Kent Family Proceedings Court. The matter was presided over by Judge Collins. The ICO was granted as Judge Collins agreed that Lucy was at risk of suffering significant harm and the Order would serve to keep her safe and protected.

The court proceedings were subsequently transferred to the Principal Registry Family Division Court in London as the parents contested the social workers care plan. Judge Thomas subsequently heard the case again on the 01 February 2011. The proceedings were listed for a three day final hearing on the 1st, 2nd and 3rd August 2011 so that Judge Thomas could hear all the evidence about the case.

The Guardian appointed is Eliza Brown.

Immigration status

Not applicable

004 Reason for Care Episode (not for short break care)**Reason for the child/young person being looked after**

There is a long history of serious concerns regarding Lucy's mother, Miss Gibb and the parenting of Lucy and her four elder siblings. Maidstone Social Services had known Miss Gibb for six years due to the children not being consistently cared for and protected. The concerns were around the children not being fed, wearing inappropriately sized dirty clothing, living in unclean surroundings, often left with strangers and sometimes not being taken to school or the GP. Miss Gibb has had various relationships with men that were considered to be dangerous and there have been incidents of Domestic Violence. This resulted in Miss Gibb being physically hurt by previous partners, frequently in front of the children. Miss Gibb is known to have used drugs and abused alcohol. The Local Authority has been consistently concerned about Miss Gibb's understanding of what is required of her to appropriately parent her children and the court process. This is hampered by her low self esteem and difficulties in understanding what is expected of being an appropriate parent. Miss Gibb and Lucy's father, Mr Brown, do not have a positive relationship together and often argue whilst under the influence of alcohol or drugs. This has been known to escalate into physical altercations.

When Lucy was born the historical concerns regarding Miss Gibbs inadequate and poor parenting of the elder siblings needed to be considered to assess Lucy's safety and welfare and if she too would be at risk of significant harm. It was assessed that there had been no positive change in Miss Gibbs in relation to the parenting of her children and that there was a risk of potential significant harm to Lucy. Lucy became the subject of a child protection pre birth plan under the category of neglect. Miss Gibb failed to work with the professionals and as a result, the social work team made an application to court, resulting in the current court case. The court approved the social work plan and Lucy is now placed in Local Authority foster care.

If additional resources were available, would care/accommodation be necessary?	yes
If no, details of what resources are needed and when/how they will be made available	
If secure accommodation is being considered and additional resources were available, would care or accommodation be appropriate?	N/A
If yes, details of what resources are needed and when/how they will be made available	

005 Child Protection Issues

Is child/young person subject of a Child Protection Plan?	No *
Emotional abuse	
Physical abuse	
Sexual abuse	
Neglect * a pre- birth conference was held 01.05.10	Plan ended 10.08.10

	following placement in foster care.
Date made subject to CP Plan	01.05.10
Has a copy of the CP Plan been sent to the Independent Reviewing Officer?	Yes
If no, when will this be done?	
Are there concerns child/young person has been trafficked?	No
If yes, suspected, confirmed or evidenced	

006 Consideration of Family/Friends Placement

What attempts have been made to arrange for the child/young person to live with a relative/family friend as an alternative to care/accommodation (if not already in a family/friends placement)?

A Family Group Conference was held on 17 July 2010. Both Mr Brown and Ms Alice May (maternal aunt) said that they would like to be considered as potential long term carers for Lucy. The family agreed that in the first instance Mr Brown, on his own, should be the main carer for Lucy and if this was not possible Ms May was to take on this role. Miss Gibb only wished for Ms May to be considered. The social worker completed a viability assessment (dated 5.2.11) of Ms May and unfortunately because of the way Ms May had cared for her own children and her history with Social Care, it was decided that she would not be able to look after Lucy. Similar concerns were noted in both Miss Gibb's and Ms May's parenting styles which were deemed to be unsuitable as both lacked insight and understanding about their own parenting and how this influences their current style of parenting.

Social Care have assessed the wider family network and no one else within the family or circle of friends wish to be assessed. The social worker has fully considered the possibility of other adults in the family network when undertaking work on care proceedings for the older siblings and the situation remains of high concern with no one being able or willing to provide safe, appropriate care for Lucy.

007 Family Group Conferencing

Family Group Conference – The Family Plan

Summary of the Family's Plan:

1) Who can be the carer(s) for Lucy?
The family felt that ideally Mr Brown would be a responsible carer as they felt he had changed his past actions/lifestyle for the better, and had proved he could be a good father. The family support him but if this fails then Ms May would like to volunteer to care for Lucy and be assessed as soon as possible.

2) What would be the back up plan?
As above Ms May would like to put herself forward to look after Lucy if the father was unable to. All family members and friends have said they would help whenever

needed.

3) Who will make sure this plan will happen?

All will help each other by providing support and care to ensure Lucy's needs are taken care of in a safe and stable home. They said that in the short term social services could be involved with supervision and in the long term the family would ensure the plan works.

4) What needs to happen to support this plan?

Father's assessments to be completed.

Ms May's viability assessment to be completed.

Dated 17 July 2010

This plan was completed by 3.10.11

The assessments regarding Mr Brown and Ms May have concluded. It has been assessed that neither of them have the ability to provide appropriate consistent care and they are not a safe option for Lucy.

008 Overall Aim of the Care Plan	
Has a Core Assessment or Assessment and Progress Record been completed on the CYP to inform the Care Plan?	Core Assessment
If yes, date this was completed	01.05.10 Updated on 11.08.10
If no, when will Core Assessment/APR be completed?	
What is the current Care Plan?	The long term plan for Lucy is to place her with an adoptive family.
If Twin or Triple Tracking, details	
Is a new legal order necessary to support the Care Plan?	Yes
If yes, select	
For CYP with a disability aged between 14 and 18 years has a Transition Plan been discussed and agreed?	n/a
If yes, date plan agreed	
If no, when will this happen?	
Explain how Care Plan compliments and builds on any existing plans (eg CP Plan, FGC Plan, Transition Plan APR, COAS)	
The original core assessment and pre-birth conference informed the court of the concerns around whether Miss Gibb or Mr Brown would be able to successfully care and protect their baby when she was born. The Judge through the care proceedings directed an up to date social work assessment to be undertaken of Lucy's parent's capacity to care for her over a sustained period of time. This took the form of an updated Core Assessment and Social Work Statement including observations of contact	

with Lucy and her mother and father. This also considered whether there were any other family members who could look after Lucy for the remainder of her childhood as discussed within the Family Group Conference Plan. Ms May wanted to be able to care for Lucy but was not considered to be able to offer appropriate care for Lucy.

Judge Thomas considered all the information and an assessment that had been completed previously about Lucy's two half siblings Brad and Jim. This assessment said that both children had suffered significant harm whilst Miss Gibb and Mr Brown had cared for them, Miss Gibb and Mr Brown later said they would not be able to offer the level of care for their children that was required. It was this assessment that led to the social worker completing a pre-birth assessment of Lucy which raised serious concerns that they would not be able to parent their newborn child.

Mr Brown was regularly tested for alcohol abuse (via hair strand tests). These proved positive and a report was produced by Dr Clive who said that he was a chronic alcohol abuser. The social worker's Core Assessment also noted that he was *'likely to respond to the inevitable stress of childcare by expressing avoidant and irresponsible behaviours such as alcohol misuses, minimization of the child's needs and aggression.'*

A Psychiatrist (Dr Van Brain) was asked to assess the parents and he concluded that although Mr Brown does not have a psychiatric illness or disorder he would have significant difficulties in looking after a child. Miss Gibb did not attend her appointments with Dr Van Brain but he was able to comment on previous information and said that he felt she presented with traits of borderline personality functioning. This was then considered by a Consultant Psychiatrist (Dr Twine) who said that Miss Gibbs' personality disorder was *'severe and would impair an individual's ability to offer effective parenting to a child.'* It was recommended that therapy over a long period of time may be helpful but this may not have been successful. In order to give priority to Lucy's timescales and the above reasons the Local Authority concluded that the care plan for this child is adoption.

What are the key tasks to be completed to achieve care plan? (eg legal work, preparation for adoption panel, psychiatric assessment, family therapy etc). Who will be responsible for each task, what are the desired outcomes and timescales for these

Outcome 1 Sought LUCY TO BE PLACED WITH AN ADOPTIVE FAMILY

Activity & Support Social Worker to apply for an adoption panel date and to ensure all relevant paperwork is complete. Social Worker to begin searching for adoptive families and finding a match for Lucy.

Timescale Submitted within 6 weeks of the LAC review which is set for 7 May 2011. Family finding within the next 3-4 months. Monitored by IRO.

Outcome Indicator An adoptive family is identified and agreed for Lucy securing permanency for her.

Outcome 2 Sought LUCY TO HAVE HER OWN LIFE STORY BOOK WHICH INCLUDES

PHOTO'S OF KEY FAMILY MEMBERS

Activity & Support Social Worker and Foster Carers to complete a life story book for Lucy. Social Worker to include the birth parents in this process to help them understand the care plan for Lucy.

Timescale Social Worker to complete by the end of August 2011. Monitored by the IRO.

Outcome Indicator Lucy will have her own Life Story book and would have had ongoing support to understand her care plan. Completion of the life story book has also helped supporting the birth parents in understanding the plan and managing any conflict and issues.

Outcome 3 Sought LUCY WILL NO LONGER HAVE CONTACT WITH HER BIRTH PARENTS BUT WILL HAVE INDIRECT CONTACT WITH HER SIBLINGS ONCE ADOPTED

Activity & Support Social Worker to begin preparing the parents for farewell contacts. Social Worker to consider indirect contact with Lucy's siblings with any potential adopters.

Timescale Provisionally booked for 5 and 8 August 2011 which will be followed up by social work visits in the afternoon of these dates.

Outcome Indicator Lucy will be able to maintain links with her siblings and form new positive attachments with her adoptive parents.

Outcome 4 Sought AGREEMENT WILL BE GRANTED FOR LUCY TO BE PLACED FOR ADOPTION

Activity & support Social Worker to attend the Final Court Hearing.

Timescale 1,2,3, August 2011

Outcome Indicator The care plan for Lucy has been agreed and steps for adoption can go ahead.

Outcome 5 Sought LUCY TO BE PLACED WITH HER IDENTIFIED ADOPTIVE PARENTS

Activity & Support Social Worker and Fostering Social Worker to support the foster carers with a planned phased transfer to the identified adopters. This involves ensuring effective links and communication between the carers and adopters are established.

Timescale October 2011

Outcome Indicator Lucy able to transfer her attachment to her adoptive parents. Permanence is secured for Lucy.

Where Adoption is no longer the plan, date of decision	n/a
Reason for decision	

009 Services

Actual Service	
Actual Agency	

010 Placement Details

What is the preferred placement for child/young person?

Adoptive family

Why is this the preferred placement and how will this placement support the Care Plan?

Lucy is to remain in her current foster placement until a prospective adoptive family has been identified. The foster carers will facilitate Lucy's move to her adoptive family

Where is/will child/young person actually be placed?

If this is not the preferred placement, explain why and outline what actions are being taken to secure the preferred placement

A Placement order via the court is being applied to allow Lucy to be adopted. Preparation for adoption is underway and a search for an adoptive family currently being undertaken.

Is respite care (including day care and/or overnight respite) necessary to support the placement?	No
---	-----------

If yes, details

If child/young person has a sibling who is also LAC, are they placed together?	No
--	-----------

If no, why and whether there is any plan to place them together in the future

There is no plan for Lucy to be placed with her half siblings. This is because they are settled in long term foster care and the plan is for Lucy to be adopted.

What is the contingency plan if the placement breaks down? In the case of an accommodated child/young person what is the contingency plan if the parents want the child/young person to go home but there are safeguarding concerns about the child/young person?

Should the court not agree to the Local Authority's plan the contingency plan will be permanency through Local Authority provision for care.

In regards to contingency planning for placement the following would apply:

Lucy should be able to remain in this current placement until an adoptive family has been located and a placement order granted. The address has not been shared with the birth family.

- The current foster carers agree to requesting a placement meeting to discuss any difficulties arising rather than giving notice to see if it is possible to seek a resolution. The Social Worker will convene a Stability Core Group if necessary.**
- Lucy is very young and has only ever been placed with the current carers therefore she has formed an attachment and any move would be detrimental to her development and security.**
- Should this placement break down prior to the order being granted there are no family members or friends that are suitable to care for her. Therefore, an alternative Kent County Council foster placement which could support Lucy's move to an identified adoptive family would be sought.**

A Local Authority foster placement should be sought if necessary away from her family's home area in Shepway, Maidstone.

What is the likely duration of the placement?

It is hoped that within 3 - 4 months of the placement order being granted an adoptive placement would have been found.

011 PART 2: Details of the Care Plan

How will this placement meet the Health/Developmental needs (including any needs identified from the LAC Health Assessment/APR and any disability or ongoing medical condition)

Lucy is being monitored by the GP, Health Visitor, Paediatrician and Children in Care Nurse. There is a Health Action Plan and she will be having an adoption medical within the next month. There are no identified health concerns and monitoring is around the normal chronological development/milestones. The foster carers are responsible for ensuring she attends all medical appointments. The social worker is responsible for requesting the Child in Care health and adoption assessments.

How will this placement meet the Educational/Training needs (including any needs identified from the PEP action plan/APR and details of any special educational needs and leisure interests)

Lucy is not of an age to attend statutory education. She does have access to age appropriate toys which stimulate her development. Lucy attends a local parent and child group with her foster carer which she visibly enjoys. It is evident that she likes the company of other children and is reported that she beams when seeing them.

How will this placement meet the Emotional and Behavioural development (including needs identified from the APR and whether or not a referral to CAMHS needs to be made)

This placement has allowed Lucy to form an appropriate attachment with a primary care giver who has been available to meet her needs consistently, this has promoted her development.

How will this placement meet the Identity, Cultural, Racial, Religious, Linguistic needs (including any needs identified from the APR and any immigration issues)

Lucy is a white British child and English is her first language. She is currently placed with foster carers who reflect her identity.

How will this placement meet the Family and Social Relationship needs and proposed contact arrangements (including details of anyone not allowed contact with this child/young person, and arrangements for contact with any siblings also in care). Record details of any Section 8 or 34 orders

Lucy has two more contacts arranged with her parents separately. These will end with a goodbye contact and it is hoped that they will be able to ensure that the good bye is of good quality despite the sad situation. These contacts will take place at the Farnham Centre on the 5.8.11 and 10.8.11 at 10am for 1 hour. The social worker will supervise these contacts; foster carers will transport Lucy to and from the contact. The parents have been provided with travel warrants to ensure they can attend. A written agreement is in place with both parents stating should they arrive under the influence of alcohol or drugs the contact will be immediately stopped. The agreement is that if someone is running late or needs to cancel through illness that the centre is contacted direct who will then inform the relevant parties.

The social worker will take photographs of the final contact sessions for Lucy's life story book and will also ensure that both her parents receive a copy of these. The parents have also been told that they can give Lucy a little gift such as a book or a

teddy for her to keep.

The social worker will ensure that the parents are supported following the goodbye contact with a follow up visit on the same day. A referral has been made to the Post Adoption Support Team for further support to the parents.

The social workers core assessment concluded that on balance direct contact with her siblings should not take place but the life story book should include details of siblings and the adopters should hold key information regarding siblings for the future. Indirect contact is to be considered with any potential adopters. It is important to ensure the older sibling's placements are not de-stabilised.

No other family members have contact with Lucy.

How will this placement meet any other needs

For child/young person where the plan is for them to cease to be LAC, give details of the advice, assistance and support that will be offered to them when they actually cease to be LAC

Once a placement order has been granted and an adoptive family sought an adoption support plan will be drawn up.

012 Views/Consultations about the Care Plan

Has child/young person been consulted about this plan	Too young
---	-----------

If yes, views of child/young person about the Care Plan including any areas of disagreement

If no, why child/young person has not been consulted

Lucy is too young to be formally consulted but it is evident that she is thriving and happy in her current placement.

Have birth parents/those with parental responsibility and any significant others been consulted with?	Yes
---	-----

If yes, what are their views about the Care Plan? Record any areas of disagreement. If no, explain why consultation has not taken place

Lucy's father is supporting the plan for her to be found an adoptive family. Her mother is finding the plan difficult and is not in agreement. Miss Gibbs is legally represented and has stated she will contest the plan in court.

Record views of any significant others including any areas of disagreement

Ms May feels sad that she is unable to care for Lucy and is in disagreement with the plan for adoption.

013 Distribution of Care Plan/Notification of Arrangements

Copy sent to child/young person	Too young
---------------------------------	-----------

If no, when will this be done

A copy for Lucy will be held on file for when she is older.

Copy sent to Independent Reviewing Officer	4.5.11
--	--------

If no, when will this be done

Copy sent to all representatives of other agencies who were consulted concerning these arrangements	4.5.11
---	--------

If no, when will this be done

Copy sent to all persons specified under Regulation 5 Arrangements for Placement of Children (General) Regulations 1991 if child/young person looked after away from home	4.5.11
--	---------------

If no, when will this be done

Copy sent to all persons specified under Regulation 8 Placement of Children with Parents etc Regulations 1991 if child/young person in care and about to be placed with parents	n/a
--	------------

If no, when will this be done

014 Review of the Care Plan

Date, time and venue for the review of this plan

7 May 2011 10.30am Farnham Centre

Name of Independent Reviewing Officer	Arthur Fitzpatrick
--	---------------------------

Signatures

Name of Child/Young Person	Signature of Child/Young Person	Date
----------------------------	---------------------------------	------

Name of Parent/Carer	Signature of Parent/Carer	Date
----------------------	---------------------------	------

Name of Parent/Carer	Signature of Parent/Carer	Date
----------------------	---------------------------	------

Name of Social Worker	Signature of Social Worker	Date
-----------------------	----------------------------	------

Name of Supervisor	Signature of Supervisor	Date
--------------------	-------------------------	------

Name of IRO	Signature of IRO	Date
-------------	------------------	------