



Cheshire West
and Chester



Children and Young People's Services

Care Planning & Placement
Policy and Procedure

Children in Care

POLICY/PROCEDURE APPROVAL			
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POLICY INFORMATION SHEET

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Section 1: Policy

1. INTRODUCTION

- 1.1 A Local Authority's responsibilities in relation to children and young people are governed by The Children Act 1989. Planning since the introduction of this Act emphasised the need for permanence in a child's life so they grow up in a stable environment that will be capable of meeting their needs throughout childhood and into adulthood. This procedure aims to provide a guide to planning and delivering care throughout a child's care pathway. This pathway starts with supporting a child at home and ends with them leaving care to move into adulthood.
- 1.2 For most children the preferred place of residence would be within their own family. It is expected that services and support to maintain a child at home in safety and with acceptable levels of care would be considered and provided before any consideration is given to a child coming into care.

2. LEGISLATIVE CONTEXT

- 2.1 The functions (including powers and duties) of local authorities in relation to children who are looked after by them are set out in the 1989 Act as principally amended by the Children (Leaving Care) Act 2000, the Adoption and Children Act 2002 and the Children and Young Persons Act 2008, and the associated Regulations and guidance in relation to those functions. Section 22(3) of the 1989 Act sets out the general duty of the local authority looking after a child to safeguard and promote the welfare of the child. This duty underpins all activity by the local authority in relation to children in care. Specific amendments in relation to care planning, placement and case review were implemented in April 2011 by The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review (March 2010).

3. THE RELATIONSHIP BETWEEN THE CARE PLAN AND OTHER PLANS

- 3.1 The Care Plan and Related Assessments:

The child's care plan should bring together information from the assessment across the seven dimensions of the child's developmental needs [The Care Planning, Placement and Case Review (England) Regulations 2010 regulation 5] and from any other assessments of the child and his/her family. The health and education dimensions of the care plan are populated by the health plan [regulation 7] and the personal education plan (PEP) [regulation 5(b)(ii)].

- 3.2 The care plan and placement plan

The Placement Information Record sets out in detail how the placement will contribute to meeting the child's needs as set out in the care plan. The

Placement Information Record is concerned both with what may need to happen in the placement to achieve the permanence plan – for example promoting positive contact to support a return to home or helping the child move to an adoptive family – and with the way in which a child's needs will be met on a day to day basis, and it is therefore integral to the care plan.

It is essential that the Placement Information Record is developed in partnership with the child (where appropriate), the child's carer and the parent as well as the social worker to ensure that the contribution required of all parties for the success of the placement is clearly recorded.

3.3 The care plan and pathway plan

At the point at which a young person becomes an eligible child (Leaving Care Act 2000), the pathway plan must be prepared which will incorporate the child's care plan. This should detail the actions to be taken by the authority, the young person's carer, young person, parent and other identified parties for the young person to make a successful transition from care. The Pathway plan then becomes the main plan and replaces the care plan at the statutory review nearest to the YP 16th Birthday and no later than 3 months after their 16th Birthday. The YP should not have both.

3.4 The care plan and child protection plan

In most cases where a child who is the subject of a child protection plan becomes a child in care it will no longer be necessary to maintain the child protection plan. There are however a few cases where safeguarding issues remain and a looked after child should also have a child protection plan. These cases are likely to be where the authority obtains an interim care order in family proceedings but the child who is the subject of a child protection plan remains at home, pending the outcome of the final hearing, or where a young person's behaviour is likely to result in significant harm to themselves or others.

- 3.5 Where a looked after child remains the subject of a child protection plan there will be a single planning and reviewing process, led by the Independent Review Officer (IRO). The IRO will chair, or if not possible attend the child protection conference. The timing of the review of the child protection aspects of the care plan should be the same as the review, to ensure that up to date information in relation to the child's welfare and safety is considered within the review meeting and informs the overall care planning process. The child's review, when reviewing the child protection aspects of the plan, should also consider whether the criteria continue to be met for the child to remain the subject of a child protection plan. NB Significant changes to the care plan can only be made at the looked after child's statutory Children in Care review.

4 THE CARE PLANNING PROCESS

- 4.1 The cycle of assessment, planning, intervention and review focuses on the child's developmental progress, including his/her health, and the desired

outcomes for the child, taking account of the wide range of influences which affect a child's development both positively and negatively.

- 4.2 The framework whereby the multiple influences on a child's development can be understood and assessed, services planned and delivered, and their impact reviewed is set out in guidance in the Framework for the Assessment of Children in Need and Their Families ('the Assessment Framework'). The Assessment Framework describes how a child's developmental needs, parental capacity and wider family and environmental factors are assessed, enabling the desired outcomes to be identified and planned for.
- 4.3 The IRO appointed for the child is responsible for monitoring CWAC Council's functioning and performance in relation to the child's case. The IRO has effective and independent oversight of the child's case to ensure that the care plan represents an effective response to the assessed needs of the child and that progress is being made towards achieving the identified outcomes.

5. LEGAL STATUS OF A CHILD IN CARE

- 5.1 Children may be in care under section 20 of the 1989 Act (by voluntary agreement) or Section 31 (Court Order).
- 5.2 For a child who is 'accommodated' under a section 20 voluntary arrangement ('an accommodated child'), the local authority does not have parental responsibility for the child – parental responsibility remains with the parents. However, the authority must comply with the duties set out in the 1989 Act and with the relevant Regulations. Although a care order gives the local authority parental responsibility for the child, any person who is a parent or guardian also retains their parental responsibility and may continue to exercise it to the extent that their actions are not incompatible with the care order (as set out in section 2(8) and section 33(3)(b) of the 1989 Act).
- 5.3 Children who are placed away from home under an emergency protection order where they are accommodated by or on behalf of the local authority are children in care. So, too, are those children on remand to local authority accommodation or under supervision with a residence requirement requiring them to live in local authority accommodation and those children in police protection or arrested and at the police's request accommodated by the local authority (section 31 of the 1989 Act).

Children Act 1989

The threshold for the provision of accommodation under Section 20 is

- There is no one who has parental responsibility for the child
- The child is lost or abandoned
- The person who has been caring for the child is prevented (temporarily or permanently, and for whatever reason) from providing the child with suitable accommodation or care and agrees with the child being in care

The threshold for Section 31 is

- The child is suffering, or is likely to suffer, significant harm
- The harm, or likelihood of harm, is attributable to
 - (i) the care given to the child, or likely to be given if the order were not made, is not what it would be reasonable to expect a parent to give, or;
 - (ii) the child is beyond parental control

- 5.5 For any Young Person aged 16 years or above who may present as homeless, please refer to the Southwark Protocol and Care Leaver and Vulnerable Young People Policy and Procedures for specific guidance.
- 5.6 If an assessment indicates that legal proceedings are required to protect the child and to promote their care, security and stability, the social worker should arrange a Legal Planning Meeting with the Court Liaison Officer (CLO) CYPS. The social worker should then complete a Legal Planning Report (LPR) prior to the meeting.
- 5.7 The Legal Planning Meeting (LPM) should be attended by the social worker; their team manager a representative of Legal Services and Fostering Social worker. LPM will be chaired on a rotation by Senior Managers.
- 5.8 When a LPM recommends planned proceedings, timescales should be recorded on the minutes for the social worker to convene an Initial Care Planning Meeting. The purpose of this meeting is to formulate the Care Plan, identify the type of placement required for the child or young person, ensure the Core Assessment is up to date and initiate the Initial Health Assessment and PEP with all the professionals in attendance.
- 5.9 Timescales should always be set for the social worker to have their statement of evidence, care plan and chronology for filing and serving with the application to the court to avoid delay. It is accepted that in some circumstances the completed health assessment and PEP may not be available on application, but reference should be given to them in the Care Plan.
- 5.10 The decisions of the meeting will be minuted by the CLO on the LPR and will be sent to the relevant Senior Manager for approval and for a decision about whether emergency action should be taken, or whether proceedings should be initiated on summons.
- 5.11 If a child comes into care, as the subject of an Interim Care Order [Sec 38

Children Act 1989] the timescales for care planning will be determined through the court process. However the same Assessment and Care Planning processes will apply as for any Child in Care, in accordance with the CWAC Council Policies and Procedures.

- 5.12 The assessment will focus initially on the viability of rehabilitation as the Permanence Plan. If a rehabilitation plan is not viable an alternative Permanence Plan will need to be confirmed by the second Children in Care Statutory Review (within 3 months from the date of the first review). This will apply whether the child's planning is subject to court processes or not but for those children subject to care proceedings the Permanence Plan may be subject to further assessments ordered by the court.
- 5.13 The second statutory review must consider the appropriateness of the child's care plan and legal status. Options which may be considered are
- Care Order
 - Residence Order
 - Special Guardianship
 - Adoption

6. PARENTAL RESPONSIBILITY

- 6.1 Mother – always retains parental responsibility (adoption is the only exception).
- 6.2 Father – will have parental responsibility if the child was born of the marriage or, from December 2003, if the father is named on the birth certificate. If not named or married, the father may have obtained parental responsibility through a Parental Responsibility Agreement or have applied to the courts for a Parental Responsibility Order [Section 4 (1) of The Children Act 1989]. However whether the father has parental responsibility or not he should be consulted if he has an ongoing relationship with the child.
- 6.3 The Local Authority – shares parental responsibility if a Care Order, Interim Care Order or Placement Order has been made. An Emergency Protection Order confers limited parental responsibility on the local authority but the parents retain sole parental responsibility in the event of a Police Protection Order
- 6.4 Other people such as relatives or friends may also have obtained parental responsibility through the making of a Residence Order or Special Guardianship Order.

Section 2: Procedures

7 ASSESSMENT

- 7.1 A child should not become a child in care until a Core Assessment and relevant meeting has taken place, for example Legal Planning Meeting, Child in Need Meeting; unless delay is likely to result in the child suffering significant harm. If a child is abandoned in the office, attempts should first be made to return the child to the family, so that an initial assessment and Child in Need meeting may be arranged.
- 7.2 At all stages of the assessment and care planning process full and proper consideration should be given to any needs arising from the child's health, disability, education, sexuality, gender, religious persuasion, racial origin, cultural and linguistic background. The Child in Need Meeting should consider:
- Supports which could be provided to the child in the family to enable the child to remain at home
 - Supports which could be provided to the adults in the family to enable the child to remain at home
 - Alternative provision within the family's social network which would provide either respite on a temporary or permanent basis or an alternative temporary or permanent home for the child
- 7.3 If the assessment indicates that a child's needs would best be met by living away from home for a period, then an initial care planning meeting should take place.

8. INITIAL CARE PLANNING MEETING

- 8.1 An Initial Care Planning Meeting (CPM) must be held within 3 working days of the date the child is first placed under emergency circumstances. For planned admissions following Legal Planning Meetings and Pre-Proceeding processes, a CPM must take place before the child is placed. The purpose of this meeting is to formulate the care plan and identify the type of placement required for the child or young person.
- 8.2 The Initial/Core Assessment should be completed before placement as this should inform the decision making regarding the need for a placement.
- 8.3 The Care Plan for each child should be completed following this meeting and must be fully completed within 10 working days of placement,
- 8.4 Consultation should take place with:
- The family about the plans for the child (including absent parents and extended family members unless there is a reason why they should not be consulted)
 - The child or young person about what they want to happen and future

planning. Specific materials are available to assist staff to ascertain the views of children and for those children who have communication difficulties. Provision of an appropriate advocate should be considered for children who feel they need additional support to enable their voice to be heard and their views, wishes and feelings to be considered.

- Other professionals e.g.; Supervising Social Worker, Education, Health and any other relevant professionals who have knowledge or involvement with the child.
- 8.5 The purpose of the placement and its proposed duration should be clarified at the initial CPM. This may be revised after further planning meetings but should always be made explicit to the child/young person, parents and carers at all stages.
- 8.6 Children should be active participants in all care planning meetings. Meetings should be scheduled outside of school hours, where possible, to facilitate children's attendance. For children of sufficient age and understanding who choose not be present at the meeting, their views must be ascertained prior to the meeting and recorded in the Assessment of Child and Young Persons Needs and their Care Plan. All children of sufficient age and understanding should be signatories to their Care Plan and receive a copy of the Plan.
- 8.7 The social worker seeking a placement should complete a placement request form using the information gathered from the assessment process, consultations with the family, child and other professionals and submit this to the Access to Resources Team (ART) who will then seek the most appropriate placement available for the child based on the type of placement identified as being appropriate to best meet the child's needs e.g.; Foster or residential placement. Clarify prior to placement:
- The legal status of the child/young person [see Section 1]
 - Who has Parental Responsibility [see Section 1]

9 INITIAL MEDICAL/HEALTH ASSESSMENT AND DOCUMENTATION

- 9.1 An Initial medical should take place and the written report completed before the child is first placed by the local authority. If this is not practicable it must be completed before the first review (within 20 working days of placement.)
- 9.2 The initial medical assessment must be requested via the Designated Nurse Specialist for Children in Care as soon as the decision is made for a child to be placed in care. The designated CIC Nurse should be notified as soon as a child is placed to ensure that they are aware of the child's placement address, GP and school. They also have a duty to notify the Children in Care nurse in any other local authority area when a child is placed Out of Borough within 48 hours of placement.

- 9.3 The designated CIC Nurse will arrange for a relevant health professional to complete the initial medical assessment and the SDQ (Strengths and Difficulties Questionnaire), which is an inclusive element of every health assessment in CWAC.
- 9.4 For all children aged 3 to 17 years a Strengths and Difficulties Questionnaire (SDQ) will also be completed as part of the initial medical and subsequent review health assessment process. The SDQ score will be sent to the Social Worker and should be considered in relation to the assessment and planning process. A high score may indicate the need for further assessment of the child or young person's emotional wellbeing and this should be discussed with the designated CIC Nurse who will also discuss all high scores with the CIC Caring to Care (CAMH) practitioner.
- 9.5 The initial medical should be completed within the timescales detailed above and be available for the first statutory review within 20 working days of the placement date.
- 9.6 The initial medical report and SDQ record will be retained by the Designated CIC Nurse. Copies of the SDQ and health plan (part C) of the initial medical report or health assessment should also be circulated to:
- The social worker to monitor that all actions are fully completed by the relevant professionals or carers, as recorded on the health plan and to ensure that a copy of the health plan is filed on the case file. The foster carer or key worker.
 - The Safeguarding and Quality Assurance Unit for the attention of the allocated IRO.
 - The foster carer, keyworker, or parent (if the child is placed with a parent)
 - Caring to Care (CAMHS) practitioner
- 9.7 Following the Initial medical, subsequent health assessments should take place for all Children in Care at the following intervals:
- At least every 6 months for children under 5 years
 - At least every 12 months for children aged 5 years and above [Health Policy for Children in Care]
- 9.8 Any issues in relation to completion of health assessments must be discussed with the Children in Care Nurse who will assist in resolving the issues (Refer to CWAC Council Health of Children in Care policy for further information).

10 PERSONAL EDUCATION PLAN (PEP) AND DOCUMENTATION

- 10.1 The key people involved in completing the Personal Education Plan (PEP) are the Designated Teacher (DT), the child's social worker, Child/young person, the foster carer or their supervising social worker, The PEP document should be initiated by the social worker; who completes Section 1.
- 10.2 The social worker then sends the PEP electronically to DT whose responsibility it is to complete Section 2. At the initial CPM the s/w will agree a date when

the completed PEP is to be returned to the SW which will be in line with the Statutory Review Process. Subsequent completion dates for the PEP and the DT up dated Section 2, will be recorded in the CPM or Minutes of the Statutory Review. It is then the responsibility of the DT to ensure they send the completed section 2 to the SW in a time for the care planning pathway processes.

10.3 Once completed the PEP should be distributed to:

- The social worker – to be placed on the child's file
- The child/young person's school (or Early Years education establishment)
- The foster carer or supervising social worker
- The IRO
- The Virtual Head for Children in Care

10.4 To ensure compliance with Section 52 of the Children Act 2004 and The Care Planning, Placement and Case Review (England) Regulations 2010 the PEP should be initiated by the social worker as part of the care plan before any child aged 3 to 16 years becomes looked after, unless the child is placed in an emergency. In the case of an emergency placement the PEP should be initiated within ten working days. The PEP should contribute to an assessment of the child's educational needs and the initial PEP document should be completed for the first statutory review meeting within 20 days of the first placement.

10.5 There is a separate Early Years PEP for children aged 3 to under 5 years, which should be completed within the same timescales for school age children, as all children in care in this age group are entitled to free early years education and this needs to be included as part of their care planning. The document must be completed by Early Years education providers in collaboration with social workers and carers, and should be reviewed every 6 months.

10.6 PEP's should be regularly reviewed and up dated by the DT for every CPM; which should be held 20 working days before each subsequent CIC statutory review which are at minimum intervals of:

- 3 months after the first review
- every 6 months thereafter

10.7 The DT is responsible for ensuring that an up to date PEP report is available for all Care Planning Meetings (CPM) and CIC statutory reviews.

10.8 (Refer to CWAC Council, Promoting Education achievement of children in care policy for further information)

11 THE CARE PLAN

11.1 A Care Plan must be prepared before the child/young person is initially placed by the local authority, or where it is not practically possible to do so, it must be

completed within 10 working days of the date of placement (This should be fully completed following an Initial Care Planning meeting where the details of the Care Plan is agreed. The Care Plan will then be reviewed within 20 working days of the placement date at a statutory review.

- 11.2 The Care Plan ensures that all children and young people in care have clearly stated objectives for their care and a strategy for achieving them. It should bring together information from the assessment across the seven dimensions of the child's developmental needs [The Care Planning, Placement and Case Review (England) Regulations 2010 regulation 5] and from any other assessments of the child and his/her family. The health and education dimensions of the care plan are populated by the health plan (regulation 7) and the personal education plan (PEP) (regulation 5(b)(ii)).
- 11.3 Plans for young people in care should reflect the following principles:
- The welfare of the child is paramount.
 - The importance of partnership working with children, parents, carers and extended family
 - Contact between children in care and their families should be encouraged where this is consistent with the child's welfare.
 - Carers should be given good quality information about children in order for them to provide good parenting.
 - The wishes and feelings of the child if of sufficient understanding should always be sought and considered in planning
- 11.4 The care plan should contain information about how the child's current developmental needs will be met as well as the arrangements for the current and longer term care for the child. It ensures that there is a clear plan for the child's upbringing which everyone is working to. Care Plans will specify the outcomes to be achieved for the child, who will deliver each aspect of the Plan and set timescales for completion of each task.
- 11.5 If a young person is 16 years old then the Care Plan is replaced with the Pathway Plan. The assessment for the Pathway Plan should be completed not more than 3 months after the date on which an eligible child reaches the age of 16 or in the case of a relevant child who does not already have a pathway plan, not more than three months after the date on which he becomes a relevant child [The Children (Leaving Care) (England) Regulations 2001]¹
- 11.6 Care Plans should be regularly reviewed and updated. No Care Plan should be

¹ **Leaving Care Act 2000 Definitions and Criteria**

Eligible child is a looked after child aged 16 or 17, who has been looked after for a total of at least 13 weeks which began after s/he reached the age of 14, and ends after s/he reaches the age of 16.

Relevant child is a young person aged 16 or 17 who was an 'eligible child' but is no longer looked after, defined in **Former relevant child** is a young person aged 18 or over who was either an eligible or a relevant child. The local authority has duties in relation to former relevant children until they reach the age of 21, or 25 in the case of former relevant children who are pursuing a programme of education or training.

[Ref: Leaving Care Act 2000 and Children Leaving Care Act Regulations 2001]

more than 12 months old. The first review should confirm the date and the arrangements for the child's return home. If the review concludes that a return home will not take place on the date agreed, this should be referred back to the Planning Process to set a revised return home date within 6 weeks of the Review and to plan the services necessary to achieve this. If the child remains in care beyond the revised date consideration needs to be given to:

The assessment of viability of continuation of a rehabilitation plan

Construction of a Permanence Plan

The appropriateness of the child's legal status

- 11.7 A Permanence Plan must be in place by the time of the second statutory review (within 3 months of the first review) and must be discussed with all parties prior to the second review. The options for a Permanence Plan to be considered at the review are:
- Adoption for all children under 10 years (and exceptionally for children over 10 years) if the child is to remain in care away from the birth family
 - Permanent fostering placement
 - Placement with a Connected Person (with a view to a Residence or Special Guardianship Order following their successful assessments as carers and a period of placement stability).
 - Long term residential placement
 - Placement within the extended family
 - Rehabilitation if there is evidence established that this is a viable plan
 - Independent living or supported accommodation
- 11.8 The views of the following people should be ascertained and recorded about the options for achieving permanence for the child:
- The child (if of sufficient age and understanding)
 - The child's parent(s)/ family
 - Anyone else with parental responsibility for the child
 - The Independent Reviewing Officer
 - The carer
 - Any other relevant person e.g., CAFCASS children's guardian, other professionals
- 11.9 The second review will consider the child's Permanence Plan and agree it if appropriate. If the Permanence Plan is not appropriate the IRO will detail the reasons in the Review Record and advise the social worker and team manager of their actions and any concerns. If subsequent agreement is reached, a care planning meeting should be reconvened within 28 days of the Review to construct the Permanence Plan followed by a further statutory review within 6 weeks of the previous statutory review.
- 11.10 If agreement cannot be reached, the IRO will refer the concerns to their line

manager in an attempt to reach an agreement. If there is no agreement reached within the Authority, the IRO will consider referring the matter to CAFCASS. *Please refer to Dispute Resolution process document for more details*

PRACTICE GUIDANCE

Indicators for adoption:

- The child does not have strong ties to the birth parent
- The birth parent is not going to play a significant role in the child's life

Indicators for permanent fostering:

- The child has spent a significant period with the birth parent and has a strong emotional tie to them
- There is significant contact and the parent(s) are committed to playing a significant role in the child's life
- Placement with a Connected Person should be considered where the connected person has had a significant role or connection to the child and if it is assessed that the placement is in the child's best interests (Children Act 1989 Guidance and Regulations: Volume 4 Fostering Services 2011)

The significant difference for the child may be in their perception of families and their expectations in adulthood.

Adoption:

- Legally the child becomes an integral part of the family
- Child has a life-time family of resource
- Child has an expectation of return during adulthood
- Caregiver can make all decisions in respect of the child

Permanent Fostering:

- No legal protection of relationship between carer and child
- Child may have no life-time family of resource
- Child may have no expectation of return to family during adulthood
- People outside the family make decisions about the child

11.11 If the permanence option selected by the time of the second review is adoption, an adoption plan for the child should be commenced in the form of a Child's Permanence Report (CPR). This report is then presented to the Adoption Planning Meeting, which is chaired by the Senior Manager (SM) for CIC&CL and/or Provider Services. Decisions will be recorded clearly within the minutes of the meeting, including recommendations and accompanying documentation will be sent to the HOS as the Agency Decision Maker. If adoption is agreed, an adoption file for the child should be set up at this point.

11.12 If the Care Plan for the child is significantly changed at a planning meeting this must be validated at a statutory review which should be convened ideally within five working days but within a maximum of ten working days of the care planning meeting. For minor amendments within the existing Care Plan for the child, a statutory review is not required.

12 MAKING A PLACEMENT

- 12.1 When making a placement the first duty of the Local Authority is to assess the possibility of a return home within a defined timescale as long as a return home is consistent with the child's protection and best interests.
- 12.2 If a child has been reunified with their family and is again accommodated, the expectation is that no further attempt at rehabilitation should be made and that planning for permanence will focus on planning for either adoption or permanent care outside the immediate family unless
- There are factors which indicate the child will be returning to a changed home environment from which they were re-accommodated
 - The resilience of the child is sufficiently robust to indicate that a further return home is in the child's best interests.
- 12.3 If a child comes into care by voluntary agreement with a parent or guardian (Accommodated under Section 20 Children Act 1989) the child should remain in care for the minimum time necessary and a target date for a return home within 6 weeks of the child's admission should be set as long as a return home is consistent with their needs and would not compromise their safety. The Directorate will work with parents during this period to achieve a safe and stable environment to which the child can return.
- 12.4 Children should experience as much stability and security in placement as possible with a minimum of placement moves. A permanent placement should be achieved for a child at as early an age as possible as the earlier the decision the greater the possibility of a successful outcome.
- 12.5 A placement decision should always be based on a sound matching process that links a child with an appropriate family that can meet the child's individual needs.
- 12.6 Although placement within the Local Authority should be the starting point of planning in respect of the child, there may be a need to prioritise between a child's need to live locally and the suitability of a permanent placement option further afield.
- 12.7 Due account should be taken of the particular needs of the child (for example in relation to gender, sexuality, health, disability, education, religious persuasion, racial origin, cultural and linguistic background), the degree, if any, to which these needs are being met by existing services to the child or family, and the services which will most appropriately meet these needs.
- 12.8 The implications of placement for the child/young person's education must be carefully considered. Ideally the young person should remain at their current school where practicable. Transport may need to be arranged to support this but this can only be sustained in the short term and therefore this would need to be considered carefully in the care planning process.

- 12.9 If the child is in Key Stage 4 (years 10 and 11) everything possible must be done to maintain their current school placement to avoid any disruption to the GCSE curriculum and a move should only be made in exceptional circumstances. If it is impossible for the child to remain at their current school then they should not be moved to a care placement, except in an emergency, unless the education placement is made at the same time [The Children Act 1989 Guidance and Regulations volume 2: Care planning, Placement and Case Review (March 2010)]

13 TYPES OF PLACEMENT

Placement with Relatives, Friends or a Connected Person

- 13.1 Placement with a connected person² is the first option for establishing a permanent placement and all potential placements should be explored. This option will only apply to children on Section 31 Care Orders as voluntary arrangements should have been previously explored without the child coming into care. Connected People can be supported in applying for a Residence Order/Special Guardianship Order once the placement is assessed as secure. An assessment may then be completed for ongoing financial and practical support to facilitate such an application where appropriate.
- 13.2 If an arrangement is made for someone other than a close relative³ to care for a child away from home with the parents' consent for a period exceeding 28 days, then Private Fostering Regulations will apply and an assessment should be completed under these Regulations. Some support may need to be provided to children living in a private fostering arrangement under Section 17 Children Act 1989 [Ref: Private Fostering Regulations].
- 13.3 If these arrangements place the child at risk of significant harm, then consideration will need to be given to accommodate the child under section 20 or initiating section 31 proceedings. The decision must be based on the best interests of the child and cannot be implemented without authorisation from the Divisional Manager.

Placement with Foster Carers

- 13.4 The preferred placement for all children not living in their own families is within an alternative family setting. When a child comes into care, their placement should be in a local foster care placement that facilitates continuation of contact with family/friends and attendance at the child's allocated school unless

² 'Connected person' means a grandparent, brother, sister, uncle or aunt (whether full blood or half blood or by marriage or civil partnership), step parent or friend of, or other person connected with, a looked after child. A person in the last category may be someone who knows the child in a more professional capacity such as a childminder, a teacher, or a youth worker although these are not exclusive [Ref Foster Care Regulations and National Minimum Standards 2011]

³ Definition of Close Relative in relation to a child," means grandparent, brother, sister, uncle or aunt (whether of the full blood or half blood or by affinity) or Step parent. (Children Act 1989 Section 105)

their initial or core assessment indicates that this would not be appropriate for some specific reason.

13.5 Circumstances where a local foster care placement may not be appropriate are:

- The child may have complex needs which require a specialist placement which cannot be provided locally
- The child may need to live away from their community for their own protection.
- The child may need to live elsewhere to promote family contacts in a different community

Placement of Siblings

13.6 The Authority will aim to place siblings together unless exceptionally the assessment of the specific needs of individual children identifies the need to place them separately. However the Authority will not search indefinitely for a sibling placement. If the search is unsuccessful, decisions will be reviewed and consideration given to the relative priorities of permanent placement versus placement together.

13.7 Existing foster carers who express an interest in providing a permanent placement for a child already in their care will be considered alongside any other carers/adopters who express an interest as a result of the family finding process. A key factor to be considered is the existing carers willingness to offer the same level of legal security as other potential carers e.g. adoption or residence order/special guardianship. This may need to be balanced with other factors such as existing attachment.

Residential Placements

13.8 A placement in residential care should only normally be made following an assessment of the child's need for such a placement. No placement in CWAC residential resources (excluding short breaks) will normally be agreed unless such an assessment has taken place and has been agreed at a care planning meeting.

13.9 Places in CWAC residential resources are limited and can only be agreed following consultation with the ART/Senior Manager (Children in Care). The allocation of a residential place is based on a risk assessment which will assess the impact of the child being placed on the other residents already in placement, and vice versa, and is agreed between the residential managers and the children's social workers.

13.10 No young person over school leaving age should be placed or remain in residential care unless they have specific assessed needs for that form of care. Young people over school leaving age should be placed in, or move on a planned basis, to appropriate supported accommodation

Planned Placements

- 13.11 A placement will be considered planned if there are 72 hours or more in which to make the arrangements.
- 13.12 Where placements are planned all documentation should be completed prior to placement.
- 13.13 When a child is placed in a planned way a planning meeting must take place within five working days of the placement.

Unplanned/Emergency Placements

- 13.14 A placement will be considered an unplanned / emergency placement if there are less than 72 hours within which to make the arrangements. If a child is admitted to care by the Emergency Duty Team, an initial care planning meeting chaired by a Team Manager should take place within 3 working days of the placement commencing.
- 13.15 The social worker must also prepare a Resource Panel Report to use in presenting the case at next available Resource Panel following the CYP reception into Care.
- 13.16 The procedures detailed in section 2 should be followed to ensure that the appropriate documentation is completed prior to the 1st review within 20 working days of placement and to consider whether an alternative planned placement is required.
- 13.17 Although the placement may be made quickly, an initial assessment should be completed and written parental consent given to obtain information from other agencies.
- 13.18 Information from other agencies may be obtained without consent only if enquiries are being made to safeguard the child's welfare.
- 13.19 When an unplanned placement has been made out of hours, the emergency social worker will:
- Make a Contact on Liquid Logic for the duty/allocated social worker to retrieve the following morning or next working day.
 - Complete the Placement Information Record Part 1
 - Forward any supplementary recording or documentation to the social work office
- 13.20 On receipt of the referral on the next working day, the social worker will discuss the case with the Team/Senior Manager and the ART to ensure that the placement is appropriate and authorised.
- 13.21 The social worker must complete the outstanding procedures and

documentation needed for the placement. They will need to review and amend the Placement Information Record (PIR) to ensure that all the relevant information is recorded, and request an initial medical, PEP and a Care Planning Meeting, then complete the care plan.

Out Of Borough Placements

- 13.22 Any Child or Young Person (CYP) who is placed outside of a 20 mile radius of the LA is considered to be in an Out of Borough (OOB) placement. CYP placed in agency foster care/residential placements which are not provided from CWAC Council's own resources are also considered to be OOB.
- 13.23 Planned placements should be made after an assessment of need and all CIC documentation is completed. The assessment document, placement request form and supporting documentation e.g. care plan should be presented to the ART/Resource Panel and Senior Manager detailing all the known placement costs. Recommendations to the making of the placement or other resources suggested will be considered at Resource Panel. The Resource panel will then obtain Authorisation from the Head of Service.
- 13.24 If a child is placed in accommodation in another local authority area, the CWAC Policy and Procedures for Notification of CWAC Children in Care Placed in Other Local Authorities need to be applied. The Statutory Notification for Out of Borough Placements form must be completed for any CWAC child who is placed outside of CWAC, within the boundaries of another Local Authority and must be completed within 1 day of placement and sent to the Safeguarding Unit with the Change of Details form
- 13.25 A combination of emergency circumstances and a lack of local available resources may result in some children being placed on an unplanned basis in Out of Borough Placements. All planning in these cases for the first 3 months of placement should anticipate a return home or to a local placement.
- 13.26 A statutory review must take place within 20 working days of the date of the placement for unplanned placements and the second review within 3 months of the first review date, after an Out of Borough family placement is made, to review the Care Plan. At this point a decision should be made regarding whether a Permanence Plan is required and whether the child should remain in the Out of Borough placement or a local placement should still be planned. The Independent Reviewing Officer (IRO) will consider the Care Plan for the child at the Review.
- 13.27 The Senior Manager will scrutinise the planning and if the assessment of the child's needs indicates the need for the child to remain in the placement and there is no alternative resource available, the Senior Manager will give provisional agreement to the continuation of the placement pending the authorisation of the HOS
- 13.28 If a CYP is placed Out of Borough their care plan may need to be reviewed at a higher frequency than required by Regulations. Once the Out of Borough

Placement has been designated as long term, the frequency of Statutory Reviews will continue on a 6 monthly basis.

14 PLACEMENT PLANS

- 14.1 A young person should not be placed without the Placement Information Record. This should be fully completed prior to placement for all planned placements
- 14.2 Where this is not practically possible, e.g. emergency placements it should be partially completed with all essential known information and a copy given to the carers to ensure that they have at least the essential information. In these circumstances the Placement Information Record must be fully completed within 5 days of placement.
- 14.3 The plan records arrangements for a child's upbringing where responsibilities are divided between a number of people, e.g. parents, social workers, foster carers, residential staff and young people themselves. The PIR must also reference levels of delegated authority. *See 14.7 for further details.*
- 14.4 The Placement Information Record provides information on the child's familiar routines such as bedtimes, comfort objects, likes and dislikes and also information on the carer's expectations about issues such as bedtime, mealtimes, privacy, chores, school attendance etc. These issues can be vitally important in enabling a young person to feel at home in a new placement.
- 14.5 The Placement Information Record will need to be changed if a child/young person changes placement permanently, but up dated when they attend for respite or short break arrangements as fundamentally their routines and familiarity they comes with this should follow the child.
- 14.6 If the child is subject to a Care Order and parental responsibility is shared with the local authority then the PIR should be passed to the Senior Manager for signature
- 14.7 Decisions that can be delegated to a foster carer are detailed within the Delegated Authority Policy and Procedures. Any responsibility which is felt to not be appropriate to be delegated to foster carers must be agreed and recorded in the PIR, and must be fully signed by the parent/s, social worker, carer/s and young person (if of appropriate age). Copies of the assessment tool used in agreeing levels of delegated authority should also be referenced in the PIR and held on the CYP file. A copy of the PIR should be given to
 - Foster Carer
 - Foster Carer's supervising social worker (for carer's file)
 - Parents
 - Designated Nurse for Children in Care

- 14.8 A Placement Information Record must be completed for every child in care over 16 years who is placed in an unregulated placement (a placement which is not regulated by Children's Home Regulations, i.e. Supported Accommodation, Hostels).

15 CONSENT

- 15.1 Every effort should be made to secure the signature of the person with parental responsibility when completing the Placement Information Record Part One and the Delegated Persons Decision Clarification form.
- 15.2 Should the person refuse to sign these documents and the child is subject to a section 31 or section 38 care order a Senior Manager, Children and Families Service can provide the necessary authorisation.
- 15.3 Young people of a certain age, as detailed in the Delegated Authority Policy and Procedure may be considered competent to give their own consent and this should be discussed with the Designated CIC Nurse and a Team/Senior Manager. Further advice can also be sought from Legal Services, if required.
- 15.4 If the child is accommodated under section 20 Children Act 1989 and the person with parental responsibility refuses to sign the Placement Information Record Part 1 and the Delegated Authority Decision Clarification form, a Senior Manager/HOS and medical professionals will do what is considered to be in the best interests of the child or young person and will do what is necessary to save life or prevent deterioration in their health.
- 15.5 Additional medical and other information in relation to children with disabilities must be provided on the CWAC forms for children with disabilities. (Refer to Children with Disabilities Policy and Procedures).

16 NOTIFICATION OF PLACEMENT, OR CHANGE OF CIRCUMSTANCES/DETAILS

- 16.1 The Correction/Change of Details form should be completed by the Social Worker and entered on the Liquid Logic system prior to placement or within one working day of the child becoming a Child in care, or of a change of placement, legal status, or any other changes occurring.
- 16.2 A copy of the Correction/Change of Details form should also be sent to the Designated CIC Nurse, Virtual Head and PEP co-ordinator to ensure that their records are updated and to enable them to notify the CIC Nurse in the Local Authority area where the child is placed, if the child is placed out of borough, in accordance with the CIC Health Policy and Procedure.
- 16.3 The Safeguarding Unit will then arrange the date of the Statutory Review Meeting in conjunction with the social worker, parent and carer.

- 16.4 Health and Education agencies will be notified formally by the CYP allocated IRO and Safeguarding Unit that the child has been placed or of any change of circumstances. This will be via a pro-forma letter. If the child has been placed in another local authority area, the notification will be completed by the IRO and Safeguarding Unit using a pro-forma letter.

17 FINANCIAL RESPONSIBILITIES

- 17.1 If the child/young person is placed with approved foster carers or in a residential placement then the Directorate will pay appropriate allowances according to existing policies. The social worker will ensure prompt payment by completing the Children in Care Payment System, BOP (Boarding out Payments) form on the day of placement or within one working day of placement, to ensure that carers receive the relevant allowances promptly, as delay in processing the payments could create difficulties for carers.
- 17.2 If the child/young person is placed with a Connected Person the Connected Person must be assessed and approved as a foster carer. The Directorate will then pay appropriate allowances according to existing policies [The Children Act 1989 Guidance and Regulations volume 2: Care planning, Placement and Case Review (March 2010) 3.11]
- 17.3 If the child is not looked after but placed by the parents with family or friends then the parents should make arrangements to pay the carers direct or the carers should apply for state benefits. The Directorate will financially support such private arrangements in exceptional circumstances only and subject to existing policy [Private Fostering Policy and Procedure].

18 CONTACT ARRANGEMENTS

- 18.1 Under the Children Act 1989 Guidance and Regulations volume 2: Care planning, Placement and Case Review (March 2010) the local authority has a duty to:
- Encourage children's/young people's contact with their family unless this has been restricted by a court order. It is important to identify:
 - Key members of the family, extended family and friends with whom the child/young person should have direct contact
 - Other people with whom the child should receive indirect contact such as letters, postcards, telephone calls etc.
 - Appoint an Independent Visitor where it appears to be in the child's best interest when:
 - Communication between child and parent/person with PR has been infrequent.
 - Child has not been visited or lived with parent/person with PR during the preceding 12 months

PLEASE REFER TO CWAC, CONTACT PLANNING AND ASSESSING CHILDREN IN CARE FOR FULL GUIDANCE 18.2.

19 DOCUMENTATION

- 19.1 Every Child in Care should have all of the necessary documentation completed in accordance with the policies and procedures. A copy of this documentation should also be provided to the child's parents and carers.
- 19.2 A Children in Care Welcome and Information Pack should be provided to all children over the age of 7 years old at the time of admission to care. The CIC Welcome and Information pack consists of a number of information leaflets that will be updated as required. The pack is available on the CWAC Intranet under Children in Care policies and Procedures. The social worker should print off all information from the pack that is relevant to the child and create a pack to be given to the child as soon as possible after they become a child in care.
- 19.3 All CYP in or entering care aged 16 years and over, including all eligible, relevant and former relevant Care Leavers will be given their own Care Leavers Health Guide/File "Me and My Health Guide".

COMPLETING DOCUMENTATION

- 19.4 The Placement Information Record (PIR) must be completed prior to placement. (If it is not possible to fully complete it at this time than it should be completed with all available and essential information and a copy given to the carer. A fully completed version must then be updated within 5 working days of the child's placement date)
- 19.5 Copies should be distributed as follows:
- Child's file
 - Carer/care establishment
 - Child/young person if of sufficient age and understanding
 - All persons with parental responsibility
- 19.6 Social Workers need to be careful in ensuring that any information contained in the copy to parents or other significant others/connected persons caring for the child does not breach data that may place the child's safety at risk for example disclosing placement address.
- 19.7 The Care Plan must be completed before the child is placed, but where it is not practicable to do so, it must be completed within 10 days of the start of the placement. Copies should be distributed as follows:
- Child's file
 - Carer/care establishment
 - Child/young person if of sufficient age and understanding

- All persons with parental responsibility
- Conference Chair and/or Independent Reviewing Officer

DOCUMENTATION TIMESCALES

Placement Information record	Prior to admission, or if not reasonably practicable, then it must be partially completed with all available and essential information at the time of placement and must then be completed in full within 5 working days of the start of the placement (in an emergency, e.g. and EDT placement, a minimum of basic information will need to be provided to the carer on the Placement Information Record document. A fully completed Placement Information Record will then need to be provided within 5 working days of the start of the placement).
Care Plan	Before placement, but if not reasonably practicable, within 10 working days of the start of the first placement at latest.
Initial Personal Education Plan (PEP)	To be initiated before placement, unless in an emergency and then it must be initiated within 10 days of the placement and completed for the first CIC review within 20 working days of placement.
Initial Medical/ Health Assessment	To be completed (including a written medical/health assessment report) before placement, but if not practicable it must be completed by the first CIC review, within 20 working days of placement
BOP (Boarding Out Payments) form	BOP form to be completed and given to Business Support officer prior to placement or within one working day, for all children placed with CWAC foster carers or residential placements.
Correction/change of details for all children on Liquid Logic	Within 1 working day of initial placement and subsequently within one working day of either a change of placement, legal status, school, GP, Dentist or any other relevant/ significant changes which require notification to other agencies.
Statutory Notification of Out of Borough Placements form	This must be completed for any CWAC CIC who is placed outside of CWAC, within the boundaries of another Local Authority and must be completed within 1 day of placement and sent to the Safeguarding and Quality Assurance Unit with the Change of Details form
Authorisation for Agency Placements	Resource Panel Report To be completed for all agency placement requests prior to placement. An agency placement cannot be made without the prior signed approval of the Head of Service. In all circumstances the case will be presented to resource panel.

CHILD'S CASE FILE

- 19.8 A Child in Care electronic case file should be kept up to date by the allocated social worker for every child who is or comes into care. The same standards for case records and case files should be applied to electronic records.
- 19.9 The case records and case file should be maintained in accordance with the Directorate's Recording Policy.

LIFE WORK

- 19.20 Every child in care who is to be adopted must have lifework completed before or at the latest upon the making of the Adoption Order. It would also be best practice for all children who are to remain in long term care to have life work undertaken with them.
- 19.21 The lifework should detail the child's life history, people in their lives, personal information, stories, achievements etc. to promote their sense of identity and understanding of who they are, where they came from and why things have happened. Significant people in the child's life should assist in completion of lifework. Present foster carers, key workers in residential care, birth parents, teachers etc can all make significant contributions to providing such a picture even if at times the information may seem contradictory. Photographs, videos etc. may all help to "bring the child to life".
- 19.22 This information should start to be gathered by the child's social worker, FSW and carers from the date the child becomes a child in care to ensure that no relevant information is lost or forgotten.

CHILD'S PERSONAL HEALTH RECORD

- 19.23 When a child under 5 years comes into care, the Child Personal Health Record (red book which is provided to every child following the birth) should be obtained from the child's parent/guardian and passed to the child's carer.
- 19.24 The record should always be located with the child and should therefore be transferred to a new carer if the child moves placement or returned to the parent if the child returns home.

CHILD'S BIRTH CERTIFICATE

- 19.25 The child's birth certificate should be provided by the parent/guardian (if they are willing and able to provide this). Alternatively a copy should be requested at the time the child is placed in care from the registrar's office in the place that they were born. This may not be required if the child is only accommodated for a very short period. The birth certificate should be kept in a plastic wallet in the Personal Information section of the CIC File. A copy of the birth certificate should always be scanned into and held on the child's electronic file.

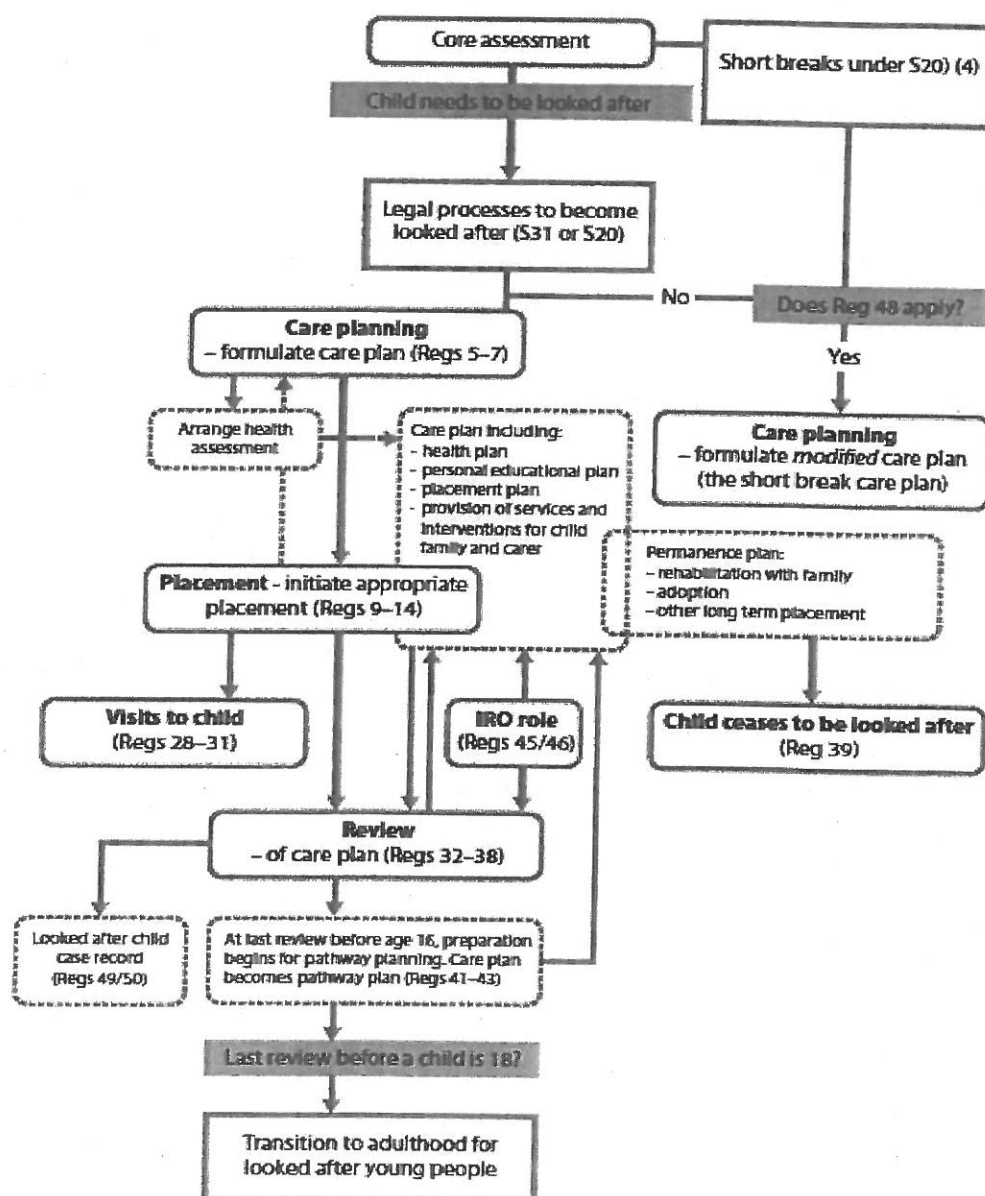
PHOTOGRAPH

- 19.26 A current photograph of the child should always be kept on the child's file for the purpose of identification. This will require the photograph being updated on a regular basis for those children who remain in long-term care.

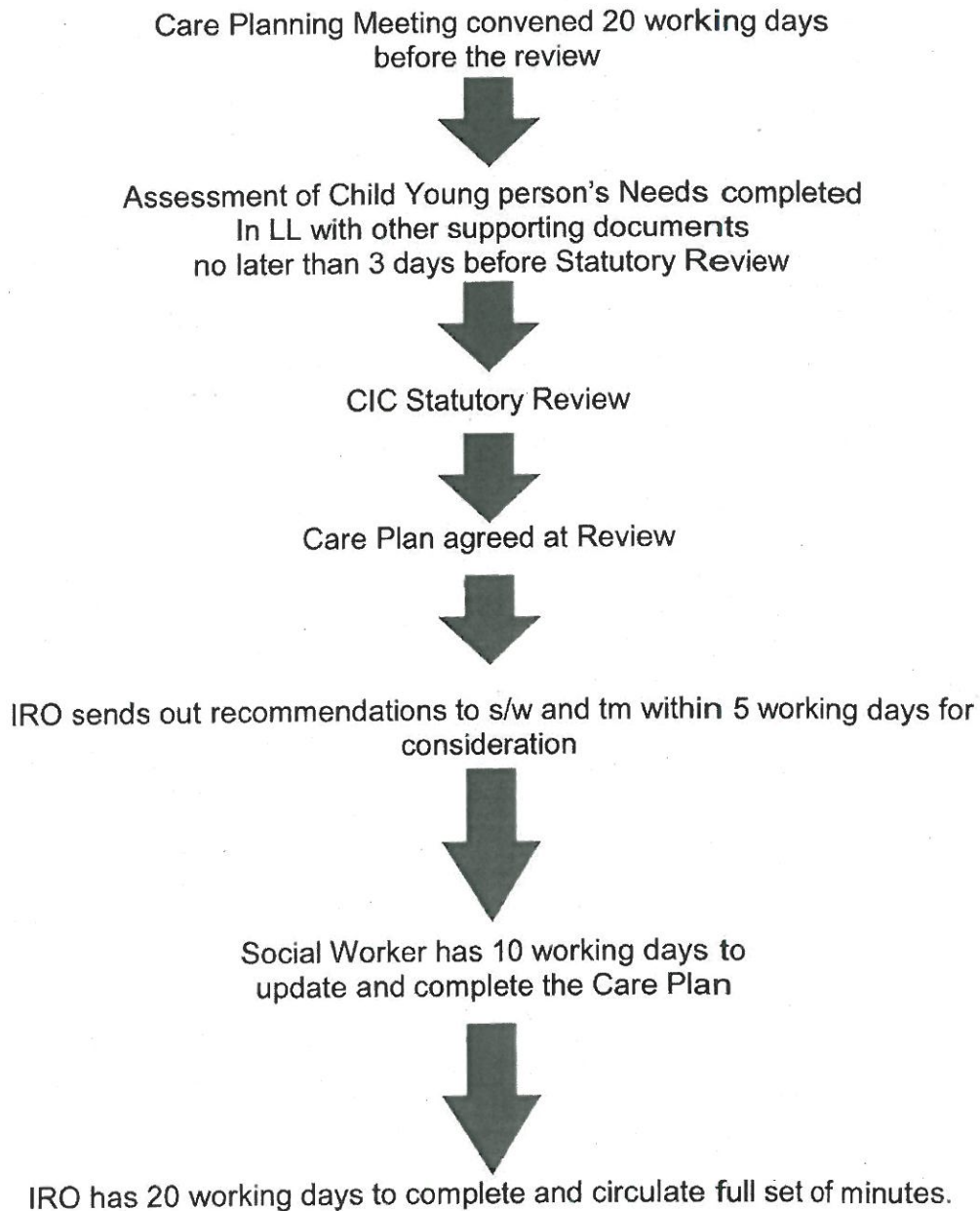
INDEPENDENT VISITORS AND CHILDREN'S ADVOCATES

- 19.27 The social worker should consider whether it would be appropriate to appoint an independent visitor or a children's advocate for a child in care. Reference should be made to the separate Children's Rights, Advocacy and Independent Visitors Policy and Procedure for further clarification of the relevant criteria.
Please refer to separate procedures for more details

Annex 2. Overview of the care planning, placement and review process

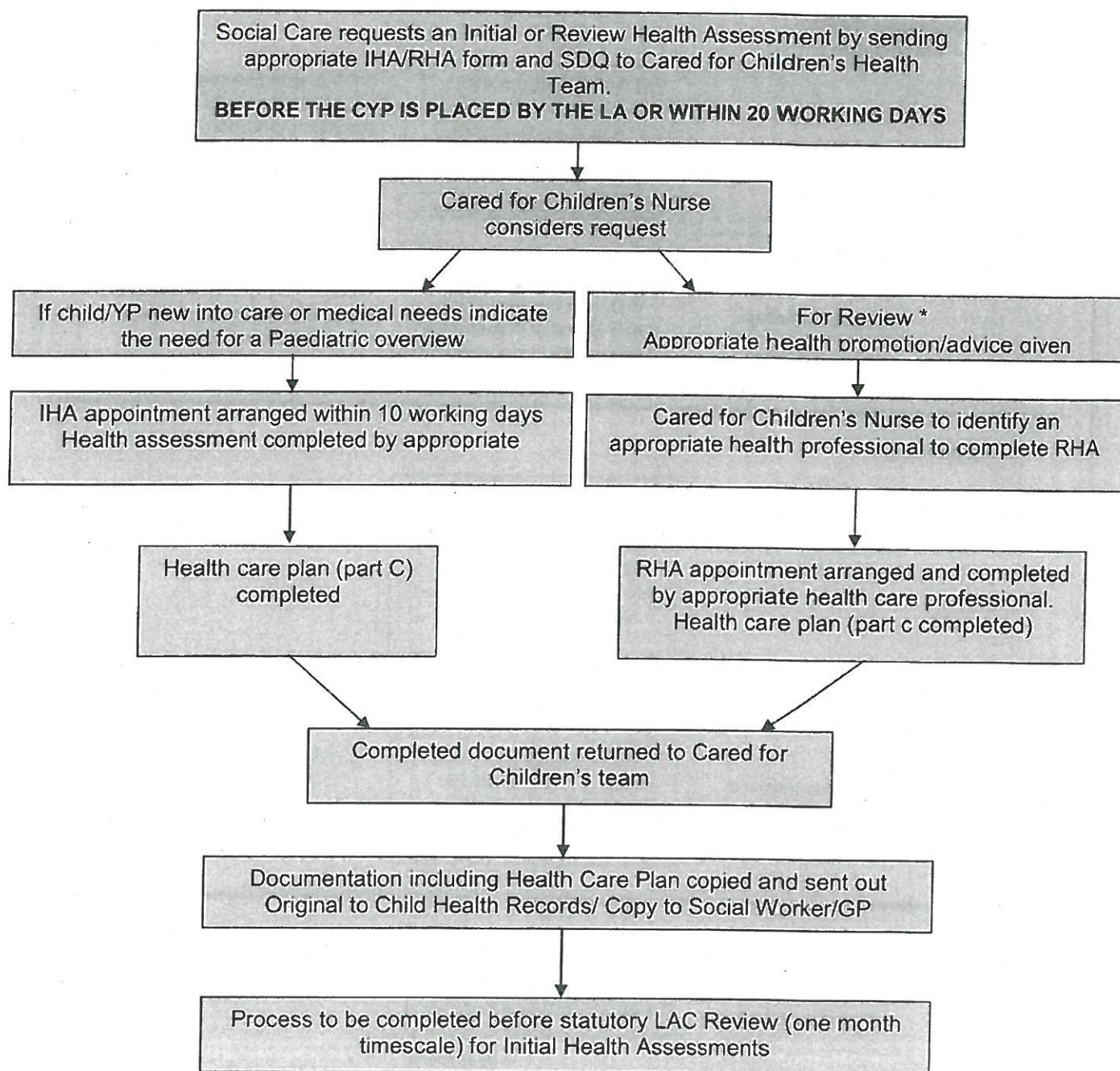


CARE PLANNING PATHWAY



APPENDIX 3

MULTIDISCIPLINARY HEALTH CARE PATHWAY FOR CHESHIRE WEST AND CHESTER CARED FOR CHILDREN



APPENDIX 4.

Dispute Resolution Process Flowchart

