

## CHILDREN'S SERVICE

### LOOKED AFTER CHILDREN PROCEDURES

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## Looked After Children

The following procedures are written primarily to assist Case Officers and their respective line managers in the delivery of good practice standards for children who enter the 'Looked After' system.

They are split into the following Sections:

1. Making a Placement.
2. Planning and Reviewing Process.
3. Placement with Relatives or Friends.
4. Permanence Planning.

In addition, the following section has been added to assist in understanding legal aspects, relating to Looked After Children, using the Children (Jersey) Law 2002:

5. Parental Responsibility – definitions and meanings.

It is important to be aware of the need to be fully familiar with the above and the links between them, and with other procedures pertaining to work with children and their families (e.g. Case Management Procedures & Protocols, Child Protection Procedures, Fostering & Adoption Procedures, Recording Policy, and the Procedure for Opening & Maintaining Case Files, etc.).

### 1. Making a Placement

#### Introduction

This procedure relates to all requests for a child/young person to enter the 'Looked After' system. All requests will be submitted to the **Placement and Resource Panel**, with the exception of:

- Remands (determined by Youth Court)
- Any Permanence placements (Long term Residential or Foster Care/ Open Adoption / Adoption)\*

\* These are submitted to the **Adoption & Permanence Panel** for approval following recommendations from a statutory Review.

For any child/young person to enter the 'Looked After' system is a profound step to take on the part of the parent, professionals and carers, and most significantly for the child/young person.

Staff involved in such decisions must recognise that such action is not risk-free, or necessarily a solution to any difficulties experienced by the child at home. Indeed a child is presented with new risks to their welfare which, whilst being less obvious and immediate than the risks faced prior to entering care, in the longer term can be as damaging. In particular, the risks of suffering the corrosive effects of changes of carers, professionals, and potential disruption to education and friendships. Significantly, they may lose touch with that part of their own identity which, within families, is maintained as an oral tradition.

This procedure is a framework for good practice which is intended to guide Case Managers and other staff through:

- The Placement and Resource Panel process;
- The initial steps required to ensure that appropriate information is gathered, recorded and shared, as necessary, from the outset.

**Definition**

Planned Admissions (more than 24 hours notice)  
 Emergency Admissions (less than 24 hours notice)

**(NB – Before making any placement Case Officers must have explored placement(s) with family members or friends)**

<b>Action By</b>	<b>Action</b>	<b>Guidance</b>
Case Officer	Completes an Initial Assessment (CIN3) to justify need for accommodation.	The Assessment Framework is used to reach decisions regarding admissions to care. The decision to admit rests with the Team Manager, and will be ratified or otherwise by the Placement and Resource Panel.
Team Manager	Considers the recommendation and makes a decision re-accommodating the child/young person.	
Case Officer	Presents the Initial Assessment to the Panel, ensuring that the Panel are advised of: <ul style="list-style-type: none"> <li>• Why accommodation is required</li> <li>• Why family/friends are not available or suitable</li> <li>• The anticipated outcome of accommodation for the child</li> <li>• Tasks required to achieve the desired outcome, including the estimated timescales</li> <li>• Changes required promoting the child’s return home</li> </ul>	In cases where an admission has been agreed in an emergency (i.e. child deemed at risk of significant harm), the Initial Assessment must be completed within 24 hours of placement (NB: this also applies to out of hours admissions). It is to be presented at the next available Panel for ratification or otherwise, by the relevant Case Officer.
Placement & Resource Panel	Determines from the following options: <ul style="list-style-type: none"> <li>• To agree the need to accommodate / continue to accommodate the child/young person</li> <li>• To direct the use of alternative resources, including Family Support, to maintain the</li> </ul>	

Case Officer	<p>child's current situation</p> <ul style="list-style-type: none"> <li>• (In extreme circumstances), recommend placement in Secure Accommodation for up to 72 hours in any 28 days, or 'Off Island' (where necessary)</li> </ul> <p>Following a Panel / Emergency decision to provide a placement, ensures that the following documents are available and completed on, or before, the day of placing the child/young person:</p> <ul style="list-style-type: none"> <li>• Initial Assessment* (<b>CIN3</b>)</li> <li>• Parental Consent Form* (<b>LAC1</b>)</li> <li>• Essential Information Record* (<b>LAC2</b>)</li> <li>• Change Form (<b>LAC3</b>)</li> </ul>	<p>(NB – re: Secure Accommodation - such decisions would require approval of the Manager of Residential Resources, or Manager of Placement &amp; Support, who would seek ratification from 2 other members of the Secure Placement Panel).</p> <p>*These are the absolute essential minimum information required by a carer.</p>
Case Officer	<p>Ensures that copies of <b>CIN3, LAC1 &amp; LAC2</b> are given to the carer on admission.</p>	<p><u>In emergency placements, the Parental Consent Form must be provided at point of admission, and all other documentation within 24 hours of placement.</u></p>
Case Officer	<p>Passes the Change Form (<b>LAC3</b>) attached to the Standard Notification of Change letter (<b>LAC3a</b>) to the Team Secretary with the names and addresses of the people who need to be notified of the placement (within 1 working day).</p> <p>Those considered for distribution should include:</p> <ul style="list-style-type: none"> <li>• LAC Medical Advisor*</li> <li>• Support Worker for carer*</li> <li>• Finance Officer*</li> <li>• Relevant School*</li> <li>• Social Security*</li> <li>• GP*</li> <li>• The person who was caring for the child prior to placement</li> <li>• Any person who has a Contact Order in respect of the child</li> </ul>	<p>The early notification to key partners enables a prompt response which will contribute to the Care Planning process. Much of the information gathered in the early stages also assists the Case Officer with the completion of the Core Assessment which may have been triggered in accordance with Case Management Procedures. <u>This Form also serves to initiate payment of allowances to foster /relative/friend carers where required.</u></p> <p>*Indicates those that must be notified. Others dependent upon the best interests of the child.</p>

Team Secretary	The Team Secretary distributes the Standard Letter (LAC3a) and Change Form (LAC3) within 1 working day.	
LAC Medical Advisor	Upon notification of admission to care, completes Initial (BAAF) Health Assessment Forms, and ensures that the summary is available to 1 <sup>st</sup> Statutory Review (i.e. within 28 days of placement). Annual Health Reviews thereafter, to be linked to the Statutory Review process.	The LAC Medical Advisor will be responsible for undertaking a full health assessment/history of the child and, where appropriate, the parent(s).

## 2. Planning and Reviewing Process

Planning and reviewing are the two key activities, alongside ongoing assessment of children and their families, for Child Care Officers, carers and others working with Looked After Children.

For Corporate Parenting to be effective it needs to replicate as closely as possible the tasks of parents. It is, therefore, vital that carers and others associated with the care of a child/young person always have the most up to date information required to fulfil their responsibilities.

**Essential Documents to enable the above process to be effective are:**

### **The Essential Information Record (LAC2)**

This should provide background knowledge and awareness of the historical context of the child, life events, significant family relationships, achievements, milestones etc.

### **Significant Event Sheet (*sometimes referred to as a Chronology*)**

*(on Word/File/New/Children's Service/Significant Events Sheet)*

An account of all significant events in a child's life.

### **Care Plan (LAC6)**

This Plan should state the overall objectives, including:

- Aspirations for the child's future
- Awareness of general and specific ongoing needs
- Priorities, long-term goals, and expectations of changing roles as children grow

The initial Care Plan should be drawn up at the first Care Planning Meeting, and should be up-dated after each formal Review, as and when appropriate. No Care Plan should be more than 12 months old.

#### **Care Planning Meetings (LAC4)**

This evidences the process of consultation with the child/young person, parent (wherever possible), and other significant others; which in turn assists with the development, maintenance and up-dating of the Care Plan.

#### **Care Planning Meetings should be held within the following timescales:**

- Within 5 calendar days of placement.
- One meeting to be held between the 28 day Review and the 4 month Review.
- Two meetings to be held between 6 monthly Reviews where permanence plans have not been determined/secured.
- One meeting to be held between 6 monthly Reviews for children/YP in ratified long-term foster/residential placements.

#### **BAAF Health Assessment Forms:**

These forms have recently been designed by the British Agencies for Adoption & Fostering (BAAF) following the evaluation of extensive research evidence into the health information required for children who enter the 'Looked After' system.

Once the LAC Medical Advisor has been notified of a child or young person entering the Looked After system, contact will be made with the child and his/her carer, and the birth parents, to commence the Health Assessment process. She will continue to gather as much information as possible regardless of whether the child is discharged quickly from care or not. This record will prove useful regardless of the child's accommodation status.

It will also be invaluable for a child who has been identified for permanence with a substitute family.

#### **Formal Review Documentation**

- Child/Young Person's Consultation leaflet
- Parent's Consultation Leaflet
- Carer's Report
- Review Document (**LAC7**)
- Care Plan (up to date) (**LAC6**)
- Checklist – (Quality Assurance) (**LAC8**)

The Review is the culmination of the process of consultation and planning. It is intended to ensure that an objective overview and scrutiny is brought to the planning for the child, and to ensure that the Care Plan addresses and aims to meet both the short term and long term needs of the child. It is not a forum for consultation, as this should have been done prior to the Review.

The following procedure guides you through the required stages of the process. It is essential that Reviews are held within the stipulated minimum timescales which are as follows:

- 1<sup>st</sup> Review to be held within 28 days of placement
- 2<sup>nd</sup> Review to be held within 4 months of placement
- Subsequent Reviews to be held no less than 6 monthly thereafter

### Statutory Visit Form (LAC5)

Visits to the child/young person in their placement are now a legal requirement under the Children (Jersey) Law 2002. This Form gives clear guidance regarding visiting children/young people in our care, and outlines the process to follow during the visit.

The Form will evidence:

- The date of the visit
- That Statutory timescales have been met
- That the child/young person has been seen alone
- That the child/young person's basic needs are being met

**(NB - The Statutory Visit Form must be counter signed by the Team Manager or Supervising Officer)**

**The minimum timescales for Statutory Visits are as follows:**

- Within 5 working days of placing the child/young person\*
- 6 weekly minimum during the 1<sup>st</sup> year of placement
- 3 monthly minimum thereafter

\* In the case of **short break / respite** arrangements, within the 7<sup>th</sup> day of placement or before the first Review, whichever is the sooner.

Action by	Action	Guidance
Case Officer	Once a child is placed, sets up a Care Planning Meeting, and organises the 1 <sup>st</sup> formal Review. The latter to be chaired independently. The Case Officer should also arrange to visit the child in the first 7 days of placement and completes the Statutory Visit Form.	1 <sup>st</sup> Care Planning Meeting to be held <b>within 5 working days</b> of placement. 1 <sup>st</sup> Formal Review to be held <b>within 28 days</b> of placement. 1 <sup>st</sup> Statutory Visit to be completed <b>within 5 working days</b> of placement.
Case Officer	Chairs the Care Planning Meeting and completes the Care Planning Meeting Form ( <b>LAC4</b> ). Completes the Initial Care Plan ( <b>LAC6</b> ) for the child, which also clarifies roles and responsibilities for the completion of the Core Assessment (if required).	Case Officer should ensure that all parties sign up to the Care Plan and are in agreement to its aims and objectives, agreeing roles and responsibilities to meet these.
Case Officer	Ensures that all relevant parties, including the child (where appropriate) receive copies of the Care Planning Meeting Minutes and the Initial Care Plan.	Where the child is placed with foster carers, their respective Support Worker (Homefinding) should be invited to all meetings.

Case Officer	<p>For Reviews - consults the child/young person about who he/she would like at the Review.</p> <p>Passes Invitation List to Team Secretary.</p> <p>Consults with all relevant professionals prior to Review to obtain their views about:</p> <ul style="list-style-type: none"> <li>• Plan for the child</li> <li>• Current placement</li> <li>• Any concerns and/or progress made</li> </ul>	<p>There is an obligation to consult with the child/young person regarding the arrangements for the Review and its venue.</p> <p>The priority must be to facilitate the child/young person's attendance at their Review, wherever possible.</p>
Team Secretary	<p>Ensures that:</p> <ul style="list-style-type: none"> <li>• Invitations are sent out promptly</li> <li>• Consultation documents are distributed to the child, and parent/s with a specified date for return</li> </ul>	<p>Where there is conflict between child and parents, separated parents, or between parents and carers, suitable arrangements should be made to ensure that everyone is consulted about their views regarding the child's needs.</p> <p>The wishes of the child/young person must be respected.</p>
Case Officer	<p>Ensures that completed consultation documents, up to date Care Plan (<b>LAC6</b>) and Review Document (<b>LAC7</b>) are made available to the Independent Chairperson prior to the Review.</p>	
Independent Chair	<p>Reads the documentation prior to the Review and clarifies any issues with the Case Officer, if necessary.</p> <p>Conducts the Review with the emphasis on supporting the participation of the child/young person.</p> <p>Completes the Quality Assurance Checklist (<b>LAC8</b>) for internal audit purposes.</p>	<p><b>At the 1<sup>st</sup> Review</b> – in addition to the usual Review documentation, the completed Initial Health Assessment should be available.</p> <p><b>At the 4 month Review</b> - the completed summaries and analysis of the Core Assessment should be available.</p> <p>If the Independent Chair feels that there is evidence of drift, the relevant Team Manager</p>

<p>Independent Chair</p>	<p>Ensures that the Care Plan is addressing the identified needs, that the case is progressing towards the desired outcome for the child, and helps to identify where revision/updating of the Care Plan is required.</p> <p>Sets the date for the next formal Review, and ensures that the date for the next Care Planning Meeting has been arranged.</p> <p>Completes a summary of the discussion on the Review Document (<b>LAC7</b>) and highlights the decisions/recommendations reached.</p> <p>Sends a copy of the completed Quality Assurance Checklist (<b>LAC8</b>) to:</p> <ul style="list-style-type: none"> <li>• Relevant Team Manager</li> <li>• Children's Service Manager</li> </ul>	<p>should be formally notified, immediately following the Review. The Team Manager will be responsible for ensuring action to rectify the situation.</p> <p>Timescale for completion and distribution of LAC7 is <b>15 Working Days</b></p> <p>This information will be used for quality assurance and internal audit purposes.</p>
<p>Case Officer</p>	<p>Up-dates Care Plan if required and ensures distribution (if amended) to all relevant parties (including the child/young person).</p>	<p>Signed and Original copies on Child's File.</p>

### 3. Placement with Relatives or Friends

#### Introduction

The Children (Placement) (Jersey) Regulations 2002, provides that children may only be placed in Foster Care where the carers are formally approved and the placement has been made with a suitable Care Plan in place.

Where immediate placement is necessary, with carers who are not formally approved (relatives or friends of the family), it is seldom possible to complete all of the regulatory requirements in the time available. Regulation 19 of the Children (Placement) (Jersey) Regulations 2002 provides that immediate placements may be made without full compliance with the regulations:

- Where it is in the interest of the welfare of the child or young person, and
- Where the requirements of the regulations are met within 12 weeks of the child or young person being placed.

Compliance with the procedures and guidance in 'Making a Placement' and 'Planning and Reviewing Process' ensures that the regulations are met in relation to the Care Plan for the child.

This Procedure and Guidance applies:

- To those circumstances where consideration is being given to placing a child, who is subject to an Interim Care Order, with a relative or friend who has **NOT** been assessed and approved as a Foster Carer, and
- Where it would not be in the child's best interests to delay placement until such an assessment has been completed.
- In exceptional circumstances, where the child or young person is accommodated voluntarily. These circumstances would be exceptional because such arrangements are more likely to be a private arrangement between the parent and the relative or friend.

This procedure **does not** apply:

- Where families make arrangements for relatives or friends to care for their child/children, whether or not there has been any Children's Service involvement in such an arrangement, or
- To Private Fostering placements.

Action by	Action	Guidance
Case Officer	Completes an Initial Assessment ( <b>CIN3</b> ) to determine the need to accommodate a child/young person. Identifies whether there are any relatives or friends who are able to care for the child or young person.	
Case Officer	Interviews the person/s who wish to be considered as potential carers, to establish the proposed carers: <ul style="list-style-type: none"> <li>• Relationship with the child and parent/s</li> <li>• Understanding of the child's likely needs during the placement</li> <li>• Understanding of the need for contact</li> <li>• Attitudes, expectations in relation to child care, and the management of the child's</li> </ul>	Whilst it can be helpful to the promotion of the child's sense of identity to be placed with a relative or friend, it is important to consider any potential negative factors, or negative consequences, and how they would be managed.

Case Officer	<p>behaviour</p> <ul style="list-style-type: none"> <li>• Ability to meet the needs of the child</li> <li>• Willingness to work in partnership with the Children's Service to promote good Corporate Parenting</li> </ul> <p>Establishes the potential effect/impact on any other members of the household, and their likely contribution to the success of the placement.</p>	
Case Officer	<p>Identifies any potential obstacles to the proposed carers being approved within the Regulations pertaining to Approval of Foster Carers.</p> <p>Identifies any other members of the household and obtains information about them.</p>	<p>If the proposed carers have criminal convictions, this may compromise their approval.</p> <p>Approval will certainly not be given where there are convictions for offences against children or other serious 'Schedule 1' offences.</p>
Case Officer	<p>Obtains the written consent of the proposed carer/s, and any other household member over the age of 16 years, to undertake <b>Police Checks</b> and obtain proof of identity, in respect of each person for whom a police check is required.</p> <p>Inspects the accommodation including the child's proposed sleeping arrangements and explores issues of safety. Determines appropriate contact arrangements with significant others.</p>	<p>Reference should be made to Schedule 4 of the Children (Jersey) Law 2002 – 'Disqualification from Caring for Children'.</p>
Case Officer	<p>On, or before, the day of placement, completes the Placement with Relative/Friend Carer Form (<b>LAC9</b>), and sends off the Police Check Form/s.</p>	

Team Manager	Approves and counter signs the Placement with Relative/Friend Carer Form ( <b>LAC9</b> ).	
Case Officer	Presents this Form, alongside the Initial Assessment ( <b>CIN3</b> ) to the next available Placement & Resource Panel as per Making a Placement Procedure.	Refer to 'Making a Placement' Procedure.
Case Officer	Proceeds with the <b>Making a Placement</b> and <b>Planning and Reviewing Process</b> Procedures.  On receipt of satisfactory police checks and verification of identity information, alongside any additional relevant assessment / observations of the potential carers ability to care for the children, presents the information to the next available Fostering Panel.	Refer to 'Making a Placement' and 'Planning and Reviewing Process' Procedures.
Fostering Panel	Considers carers and decides re-approval as Relative/Friend Placement.	If approval is not given, alternative care arrangements must be sought as a matter of urgency.

## 4. Permanence Planning

### Introduction

These procedures have been written to assist Case Officers, and their respective line managers, in ensuring robust progression of the Care Plan for a child once the following decisions have been taken at Review:

- Rehabilitating the child/children home has been ruled out; and
- A permanent alternative placement is being sought.

The main objectives in such circumstances are:

- To enable the Adoption & Permanence Panel to recommend, and the Health & Social Services Minister to approve, plans for a permanent placement away

from their natural parents in circumstances where this has been decided to be an appropriate part of the Care Plan for the individual child.

- To link, match and place children in the most appropriate permanent placement available, hopefully with a substitute family, and to provide them with appropriate levels of support to maximise the chances of a successful outcome for the child.
- To meet statutory requirements in relation to permanent residential, fostering or adoption placements.

## DEFINITIONS

### Permanent Placement

A placement for a child or young person which is intended to last until he/she is an adult, or longer. Its intention is to provide the child or young person with carers who will continue their role and relationship with the child or young person up to, and hopefully beyond, the age of 18 years. Whilst not necessarily to the exclusion of birth parents or other significant adults, this type of placement is not a form of shared care between parent and carers, but hopes to establish alternative parenting for children whose birth parent/s have been deemed unable to provide the consistent nurturing relationship necessary for the child. The placement could be for adoption, adoption with contact (also known as 'open adoption'), permanent foster care with a view to adoption (at some point in the future), permanent foster care, long term residential care, or (in certain cases) supporting appropriate carers in applying for a Residence Order.

### Contact

Contact is the means by which children either maintain attachments with people from their past, and/or obtain information about their history and roots. Contact can vary on a continuum from: non identifying updates via a 'Letterbox Service' operated by the Children's Service; to regular face to face contact. It can involve birth parents, siblings and other significant adults (not necessarily those with a blood relationship).

**NB - When considering contact, it must be remembered that it should always be for the benefit of the child, not the parents or other relatives.**

### Linking

The identification, by the Adoption & Permanence Panel, of a possible alternative placement for a child.

### Matching

The detailed examination of whether a family can meet an individual child's needs for permanency. This involves the Case Officer for the child meeting the identified family/ies with their respective Support Worker from the Homefinding Team. It may also involve the new family meeting the current carers (residential staff or foster carers), and occasionally meeting professionals who can help the new family make an informed decision about whether to proceed to a match at Panel. On rare occasions, the family may also meet the child informally. A Report is presented to

Panel to enable it to decide whether to recommend approval or not. A match is confirmed by a recommendation from Panel to approve the match, to the Adoption Agency Decision Maker (in Jersey, this is the Service Manager – Children’s Service).

### **Support**

Each short term and permanent carer will have an identified Support Worker. This is a qualified Child Care Officer based within the Children’s Service - Homefinding Team. Once prospective carers have been ‘linked’ this worker liaises closely with the child’s Child Care Officer to ensure that the placement planning is robust and timely.

### **Counselling**

It is a responsibility of the Children’s Service to provide appropriate counselling for parents and children when adoption is being considered for a child. This could involve consultation, advice or advocacy. For some parents this can be done by the worker responsible for the child (e.g. for relinquishing parents). However, for children subject to Care Orders or where parents are opposed to the plan for adoption, this counselling role may need to be offered to be done by another worker.

It is deemed good practice to offer parents similar counselling when a permanent fostering placement is the plan, as this would be fulfilling the philosophy embedded in the Children (Jersey) Law 2002 to attempt to work in partnership with parents.

## **PERMANENCE PLANNING PROCESS**

### **Guiding Principles**

Once a child or young person has entered the Looked After system and cannot return home within a timescale that meets the child or young person’s needs, planning must commence with an aim to place the child/young person permanently in a substitute family.

Before a child/young person is recommended for any permanent placement, every effort **MUST** have been made to offer support to the birth parent/s in addressing the problems that led to the removal from home.

All steps necessary to examine whether rehabilitation is possible must be taken, but equally must bear in mind the instability that delay in decision making can cause to the child/young person.

### **Guidance Regarding Timescales (following the child becoming Looked After)**

There is considerable urgency attached to the work necessary to achieve rehabilitation. This varies according to the age of the child.

#### **For Babies and Toddlers up to 3 years of age**

A decision should be made regarding the feasibility of rehabilitation home or the need for permanency within 4 months of placement. The child is likely to suffer harm from delay if the plan for permanence has not been achieved within 1 year.

### **For Children between the age of 4 and 9 years**

Attempts to rehabilitate should ideally have been undertaken, or deemed to have failed, between 9 and 12 months. The child is likely to suffer harm from delay if the plan for permanence has not been achieved by the 18 month stage.

### **For Children Between the age of 10 and Adolescence**

A decision to plan for permanence should be made ideally between 1 year and 18 months, having exhausted all attempts at rehabilitation home. Decision making that takes longer than 2 years would place the child/young person at risk of harm, due to drift in the system, and heightens the potential of disaffection from society.

### **For Adolescents and Older Teenage Children**

The concept of permanency generally does not have the same meaning or usefulness for this age group as the prime developmental task for them is to separate from their carers and to achieve independence. However, for some individuals, there is still a need for the intensive dependency associated with permanence, in which case the timescales should be in line with those stipulated for the 10 – Adolescent age group.

**NB - As caring professionals we always strive to keep families together, wherever possible, but care must be taken to ensure that the needs of the child are always at the forefront of our work. Whilst we should always remain as optimistic as possible when attempting to rehabilitate a child home to his or her family, we must avoid the danger of falling into the trap of allowing such attempts to drift on through the years. In doing so, this can cause serious damage to the child, who is effectively being deprived of the opportunity to form attachments to permanent carers.**

## **CONTACT ISSUES**

### **Introduction**

Contact must always be for the benefit of the child, not the parents or relatives or significant others.

**Contact may serve either one or both of the following functions:**

1. To preserve attachments.
2. To maintain the child's sense and knowledge of identity.

### **Face to Face Contact**

**As a general rule**, face to face contact will only work if all parties:

1. Agree the plan (i.e. permanency), and whichever route to permanency is being taken.
2. Accept the parental role of the permanent carers.
3. Support the notion of face to face contact.

**NB - If there is acrimony or disagreement about any of the above, or the likelihood of conscious or unconscious undermining of the placement, then face to face contact should not take place. It will be necessary to seek legal advice in such circumstances.**

The securing of a permanent placement for a child should take precedent over the issue of contact, where a couple who approve open contact is not available. The child's need for knowledge and a sense of identity can be met in other ways.

For children whose attachments are still developing (i.e. between 0 – 3 years generally), it is likely that they will transfer these attachments to a new family. Recent research (Elizabeth Neil and David Howe – Contact in Adoption and Permanent Foster Care, Research, Theory and Practice. BAAF 2004) has shown that where the above guiding principles are met, face to face contact with birth parents for this age group can be beneficial in enhancing the child's sense of self and does not adversely impact on their ability to attach and thrive in their new 'forever family'.

The best alternative option for this age group is usually ensuring their sense of knowledge of identity via Letterbox Contact, unless the above general rule regarding face to face contact can be agreed and sustained.

For a child between the ages of 3 – 9 years, their need for a permanent secure family will also be greater than their need to maintain face to face contact. Therefore, once a decision has been made to plan for permanency, any delay caused in attempting to find a family who will accept face to face contact should ideally not be greater than about 6 months. Any delay beyond 1 year is likely to cause damage/harm to the child. Therefore a decision should be taken at this stage to terminate face to face contact in order to facilitate finding a family. It is advisable that an explanation of the principles involved in decision making is given to parents, wherever possible.

For children older than 9 years, face to face contact with their birth family is more important. At this age their sense of identity is likely to be more dependent on identification with their family of origin. However, care needs to be taken in assessing:

1. The strength of the attachment
2. The viability of contact in terms of:
  - Birth parents ability to sustain the level of contact required
  - The likelihood or otherwise of birth parents supporting the placement
  - The effect of contact upon the child (positives vs negatives)

If the child is able to express their wish to join a new family without face to face contact, this must be given considerable weight at any age.

If face to face contact is part of the permanence plan, a formal written agreement should be drawn up, setting out:

- How contact will take place
- Who with
- Where
- How frequently

Ideally this should be done prior to the child moving to their permanent placement.

### **Indirect Contact (also known as Letterbox Contact)**

Wherever possible, indirect contact between the child and his/her new family and people from their past, should be facilitated:

- In order to leave open channels of communication in case more contact is deemed to be in the best interests of the child in the future
- To provide information (preferably two way) to help the child maintain and enhance their sense of identity, and to provide the birth relative with some comfort in knowing of the child's progress and development

Indirect contact should be negotiated prior to placing the child in his/her permanent placement, and will involve all parties entering into an agreement with one another about the form and frequency that the contact will take. Any re-negotiations, thereafter, should only take place if the child's needs warrant it and, in such circumstances, those with parental responsibility should have the ultimate decision making power (in Adoption placements this is a statutory right).

As the child gets older, and has more understanding about contact arrangements, he or she will have a view regarding its continuation. Consequently, no promise can be made to birth parents/relatives that contact arrangements will remain unaltered throughout the child's childhood. Equally, those involved will need to understand and accept that contact may cease if it is no longer deemed to be in the best interests of the child.

The Children's Service offers a non-identifying 'Letterbox Service' to assist children and their families maintain contact with each other. This will usually involve a card and letter exchange. It may also (if deemed appropriate), accept presents. The decision to exchange photographs is part of the contact arrangements and must be considered before the placement, and made explicit in the Contact Agreement.

## **PLACEMENT CHOICES IN PERMANENCE PLANNING**

### **Adoption**

Adoption has the following advantages:

1. Parental responsibility is held by the permanent carers.
2. There is less stigma for the child than in permanent fostering arrangements.
3. The sense of belonging to the new family is the strongest, in that there is usually a name change to that of the new family, and a sense of security since no further legal challenge is possible.
4. Decisions about continuing contact will be made by the new parents (on the child's behalf) who are most aware and in touch with the child's ongoing needs.

Adoption has the following disadvantages:

1. It involves a complete and permanent legal separation from the birth family.
2. There is no formal means for professionals to review contact issues post Adoption Order being made.
3. Post Adoption Order support is less readily available.

### **Open Adoption**

The concept of Open Adoption, or 'Adoption with Contact', has developed as a means of promoting the benefits of Adoption to older children and young people. More recent research has shown that even children as young as one or two benefit from this form of adoption where all agree to the guiding principles mentioned earlier. It has the same advantages and disadvantages as any other form of Adoption but is different in its inception and planning as it requires the prospective adopters to acknowledge the importance of any direct contact issues to the child/young person.

When prospective adopters are assessed the principle of Open Adoption will be explored with them and a recommendation will be made as to whether they are likely to be able to support 'open' arrangements. If they are subsequently approved for this category there is an implicit expectation that they will honour any agreements for face to face contact that were developed prior to placement. They would also be expected to support the ongoing review and development of these arrangements, according to the child's needs.

Whilst there can be no statutory responsibility on the carers to honour arrangements, the whole process of assessment and approval should ensure that carers in this category understand the issues and are prepared to act in the child/young person's best interests.

### **Permanent Fostering**

Permanent Fostering has the following advantages:

1. The decisions re-ongoing contact with the birth parents lies with the Children's Service and not with the foster carers, although if the parties do not agree, then it would be difficult to maintain anyway.
2. There is continuing support from the Children's Service for the child and the new family, and the ongoing needs of the child are regularly reviewed.
3. It maintains legal links to the birth family who can still play a part in the decision making for the child.

Permanent Fostering has the following disadvantages:

1. Lack of parental responsibility for the permanent foster carers.
2. Continued Children's Service involvement causing stigma to the child.

3. Regular reviews which are a statutory requirement, again re-emphasising for the child a feeling of 'being different'.
4. Less sense of belonging to the new family since the child is not legally a full member of the family, and does not legally share the family name.

### **Fostering with a view to Adoption**

In certain circumstances, Permanent Fostering is able to develop further as the issue of Open Adoption (by their current carers) can still be considered at a later stage, once the child/young person is able to understand the implications for themselves and can make their wishes known to all involved.

In situations where the Permanence Plan identifies Permanent Fostering as the most effective means of meeting a particular child's needs, then the issue of whether this could develop into an Open Adoption placement in the future should be openly discussed from the outset.

### **Residential Care**

The use of Residential Care to meet a child/young person's needs for a permanent placement is only likely to be appropriate in a limited number of situations:

1. Where the child has already spent a considerable amount of time in a residential placement and any efforts to find a suitable alternative have failed – thus the need for the child to feel secure in their current placement have overridden any benefits that might accrue from continuing to seek alternatives.
2. Where the child's own needs are such that they require the on-going support of specialist, professional, carers.

### **Residence Order**

Under the Children (Jersey) Law 2002, which came into force in August 2005, there are a range of additional Orders available to secure stability for a child. A Residence Order is one of the options available when considering the issue of permanence.

A Residence Order has the following advantages:

1. It gives parental responsibility to a carer (most likely an extended family member) whilst maintaining the parent's parental responsibility.
2. It is likely that the child's sense of belonging and identity with his/her roots will be maintained.
3. There is not necessarily a need for ongoing Children's Service involvement.
4. There is no statutory Review process required.
5. There is less stigma attached to the placement.

6. Any contact issues are likely to be agreed by way of a Contact Order.
7. Residence Orders do not automatically require financial support from the Children's Service.

A Residence Order has the following disadvantages:

1. It is potentially less secure than adoption in that an application can be made to revoke the Residence Order at any time.
2. There is no guaranteed, formal, continuing support to the new family post order.
3. There is no statutory reviewing process to ensure that the child's ongoing needs are being met.
4. The Order only lasts until the child is 16 years of age.

## Making the Permanence Plan

Any decision regarding permanence should be made at a formal Review.

All parties should have been consulted in the usual way, and it must be made clear to the parents, and where appropriate the child/ren, that the issue of permanence is being considered.

Action by	Action	Guidance
Case Officer	Sets up a formal Statutory Review. Alerts the Homefinding Team to the likely need for a Permanence Plan, and invites a representative to attend the meeting.	The Case Officer should bring the Review date forward if permanence is considered appropriate to avoid delay in decision making process. The Case Officer <b>should not</b> ask the current short term carers whether they are interested in caring for the child on a long-term basis. This is a task for the Homefinding Team, and discussions as to whether this is likely to be appropriate should have taken place between Case Officer and the carer's Support Worker in advance. If the current carers are to be approached this should ideally happen prior to the Meeting.
Homefinding - Support Worker	<b>Before the Meeting:</b> Discusses likely Permanence Plan with current carers. If they wish to be considered as permanent carers: <ul style="list-style-type: none"> <li>• Considers their likely suitability in view of their registration and circumstances</li> <li>• Makes no guarantees</li> <li>• Discusses any request with the Case Officer for the child</li> <li>• If appropriate - advises the current carers to put their request, for consideration, in writing to the Homefinding Team.</li> </ul>	

Chairperson of Meeting	<p><b>Review Meeting</b></p> <ul style="list-style-type: none"> <li>• Discuss and agree the Permanence Plan</li> <li>• Agree and record decisions regarding the route for permanence, and include the desired timescales</li> <li>• Consider any contact issues appropriate for the child at each stage of the permanence process</li> <li>• Agree the tasks and roles and responsibilities of those involved in moving towards the desired outcome for the child</li> </ul> <p>When a current carer has indicated a desire to be considered as a permanent carer for the child, decide whether their application will be supported by the Review, and if so:</p> <ul style="list-style-type: none"> <li>• Whether other placement options will be considered alongside their application</li> <li>• Whether their approval status is likely to require further assessment and approval</li> <li>• Make recommendations to the Adoption &amp; Permanence Panel (as appropriate)</li> <li>• If the current carer's application is not being supported, this needs to be minuted, and they should be offered support from their Support Worker.</li> </ul>	
Homefinding - Support Worker		<p>NB – there is no necessity to wait for a Full Care Order in order to present plans to the Adoption and Permanence Panel.</p> <p>Courts should look favourably on the Children's Service if it has progressed plans and are maintaining momentum in achieving progress for the child towards permanence. However, where there are existing Care Proceedings, these must be successfully concluded before any plans can proceed to implementation.</p>
Chairperson of Review	<p>Completes the minutes of the meeting, and ensures circulation <b>within 21 working days.</b></p>	
Case Officer	<p>Commences the permanence planning process as per Fostering &amp; Adoption Procedures.</p>	

## 5. Parental Responsibility

### Introduction

The concept of Parental Responsibility (PR) has been introduced by the Children (Jersey) Law 2002, which came into effect on August 1<sup>st</sup> 2005.

### Definition

Parental Responsibility is defined in the law as:

‘All the rights, duties, powers, responsibilities and authority which, by law, a parent of a child has in relation to that child and their property’

There is an overriding principle that:

- More than one person can have Parental Responsibility for the same child and each person can act independently in meeting that responsibility, as long as this is not incompatible with any order made by the court

### Who has it?

- Where the father and mother of the child were married at the time of her/his birth, they both have it. Otherwise only the mother has parental responsibility

### Who can acquire it?

The unmarried father:

- By application for a Parental Responsibility Order (Art 5)
- By means of a formal agreement with the mother
- By application for a Residence Order (Art 13)
- By being appointed as a Guardian (Art 7)

Anyone:

- By being granted a Residence Order (Art13)
- By being appointed as a Guardian (Art 7)
- By having an EPO in their favour (Art 37 - limited)
- By having an Adoption Order made in their favour

The Children’s Service:

- By being granted a Care Order (Art 24)

### Duration

If people have PR by virtue of being married the only way they can lose it is by the making of an Adoption Order in the Royal Court under the Adoption (Jersey) Law 1961.

If a person has PR as a result of a formal agreement or court order it can be brought to an end

- By successful application to the court by any other person with PR
- With the leave of the court on application by the child
- Otherwise it comes to an end when the child reaches 18 years of age

If PR is acquired as a result of a Residence Order, it ceases on discharge of that order or otherwise when the child reaches 16 years of age