

# **Achieving Permanence**

## **Programme Participants' Workbook**

### **Part 1: Introduction and Module 1**

## Introduction

Welcome to Part 1 of the *Achieving Permanence Programme Participants' Workbook*.

The Achieving Permanence programme is introduced in the *Achieving Permanence Introduction and Overview* document and you are expected to be familiar with that and the outline of the programme as a whole including:

- the background and context for the programme
- the vision and purpose
- the learning process
- the programme structure and timetable.

However, *this* document (and the companion workbook parts linked to the other three modules comprising the full programme of study and learning) is intended to be a practical programme *workbook* for you to use: to complete, fill in and build up as a record of your learning and reflection throughout each module and across the programme as a whole. Having this as a 'digital' document that you can add to as you progress through the programme seemed the most useful format. We hope that the following notes help you to understand the way that the four parts of the workbook (linked to each module) can help you in your learning and development across the whole programme.

After this introduction, each of the four parts of the workbook follow the week-by-week format of each module and set out the following:

### **Module exercises, tasks and activities**

Every module includes exercises, tasks and activities; these are set out in each of the four parts of the workbook with spaces for you to record notes and your responses to the tasks, where appropriate.

### **Material for preparation and use in the training workshops**

The workbook also includes some material that you are likely to refer to during the formal training workshop that is included within each module of learning.

### **Policy and practice briefing paper**

As part of the programme, you are required to undertake some project work in relation to a particular area of interest, identifying and exploring (through reading and research and reflection on practice) a specific topic of relevance to your work to achieve permanence for children and young adults.

Ideally, this would be a topic relating directly to your own specialist area of practice or service and the children, young people or young adults with whom you work and the issues that one or more may experience.

You are required to prepare a 'briefing paper' on the selected topic to share with participants on the programme, with your line manager and supervisor (as part of the portfolio requirements), with your colleagues and other professionals as appropriate – and to share the insights and expertise directly with the children, young people or young adults and their carers with whom you work, where appropriate.

### **Portfolio**

Finally, in order to complete the programme, participants are required to compile a *portfolio* of work that will be reviewed by their line manager, supervisor or the person within their agency who is identified to support their learning and progress and verify completion of the programme. Where there are tasks within each module (and the related workbook) that will contribute to the completion of the *portfolio*, these are indicated in the relevant part of the workbook. The final, fourth part of the workbook includes more detail on completing the portfolio work.

### **Additional learning material**

Alongside the workbooks and the material included in them, additional learning resource material is also available including reading and case studies – this is available in the online resources that support the programme.

## **Module 1: Permanence – every child’s right**

As outlined in the main *Achieving Permanence Introduction and Overview* document, this module essentially serves as the foundation for the programme, giving an overview of the process and the content of subsequent modules.

It provides a structured approach for participants to evaluate their current practice and identify a personal development plan in relation to achieving permanence for children/young adults. It enables practitioners to reflect on what they can contribute to achieving permanence for children/young adults in their current role.

Throughout the module you are encouraged to consider, explore and reflect on the following questions:

### **Key Questions**

- What are your strengths in relation to planning for children/young adults?
- What are your personal learning goals in relation to achieving permanence?
- How will you know when you have achieved your goals?
- How does uncertainty, change and loss impact on the well-being of children/young adults?
- What should your plan communicate to a child/young adult?
- What might compromise your capacity to enact your employer’s responsibility as corporate parent?
- What critical themes and issues arise in your experience of achieving permanence?
- How does a focus on the child/young adult’s sense of self help achieve permanence?
- What might get in the way of children/young adults having ownership of their plan?
- How have assumptions or unconscious bias (your own or other people’s) affected how professionals planned for and intervened with children/young adults and their families?
- How do your core beliefs influence your practice with children/young adults and families?

## **Week 1: An introduction to the Achieving Permanence programme**

### **Exercises, tasks and activities**

- 1) Re-read the overview/introduction to the programme.
- 2) Read the programme portfolio guidance.
- 3) Identify your existing experience, knowledge, and expertise in relation to work with children and families.
- 4) Review your engagement with achieving permanence in recent and current practice.
- 5) Identify your existing strengths, skills, and knowledge in relation to planning for children/young adult's immediate and long-term future.
- 6) Complete a structured self-evaluation (NB: this is a task required for the portfolio) and identify and record learning goals.
- 7) Design a study plan.
- 8) Discuss the programme with your practice supervisor/line manager and draw up a learning agreement.
- 9) Watch Lemn Sissay's Ted Talk: '*A child of the state*'.

**To assist with task 3)**

You can use the chart below to map what you have already achieved. Use the extra spaces to record any other areas in which you already have particular knowledge, experience or expertise.

<b>Knowledge of theory and research</b>	<b>Practice experience</b>	<b>Expertise</b>
<b>Child development</b>	<b>Child observation</b>	<b>Child observation</b>
how? where? when?	how? where? when?	how? where? when?
<b>Attachment theory</b>	<b>Family work</b>	<b>Family work</b>
how? where? when?	how? where? when?	how? where? when?
<b>Neuroscience</b>	<b>Direct work with children</b>	<b>Direct work with children</b>
how? where? when?	how? where? when?	how? where? when?
<b>Systems theory</b>	<b>Diversity</b>	<b>Diversity</b>
how? where? when?	how? where? when?	how? where? when?
<b>Strengths-based approaches</b>	<b>Assessment of need</b>	<b>Whole family assessment</b>
how? where? when?	how? where? when?	how? where? when?

<b>Precedent and case law</b>	<b>Assessment of harm</b>	<b>Forensic investigation</b>
how? where? when?	how? where? when?	how? where? when?
<b>Child care legislation</b>	<b>Assessment of parental capacity</b>	<b>Family/friends/kinship</b>
how? where? when?	how? where? when?	how? where? when?
<b>Adoption law</b>	<b>Complex family casework</b>	<b>Foster care</b>
how? where? when?	how? where? when?	how? where? when?
<b>Child abuse and neglect</b>	<b>Care applications and report writing</b>	<b>Adoption</b>
how? where? when?	how? where? when?	how? where? when?
<b>Impact of trauma</b>	<b>Giving evidence in court</b>	<b>Cultural competence</b>
how? where? when?	how? where? when?	how? where? when?
<b>Resilience</b>	<b>Section 7 assessments</b>	<b>Special guardianship</b>
how? where? when?	how? where? when?	how? where? when?

Learning from Serious Case Reviews	Managing transitions	Leaving care
how? where? when?	how? where? when?	how? where? when?
Disability	Disruption/breakdown	Conducting research
how? where? when?	how? where? when?	how? where? when?
<b>Other areas in which you already have particular knowledge, experience or expertise.</b>		

**You might also review your experience, expertise, confidence and competence in relation to the *Knowledge and Skills Statement: Approved Child and Family Practitioner (2014)*.**

The table in Appendix 1) of this document shows the links between the *Knowledge and Skills Statement: Approved Child and Family Practitioner (2014)* and the programme and modules that make up this *Achieving Permanence* programme.



**To assist with task 4)**

**What challenges have you faced?**

**What worked well?**

**What dilemmas did you have to think through?**

**What was the carer/parents' perspective?**

**What was the child's perspective?**

To assist with task 5)

What personal strengths, skills and qualities do you bring to your professional role?

Personal strengths	Personal qualities	Personal skills

**What personal experiences enhance your ability to work with children and their families?**

**To assist with task 6 and the associated portfolio requirement**

As part of the portfolio you are required to undertake and submit a self-assessment of your confidence against the *Knowledge and Skills Statement: Achieving Permanence (2016)* – both at the start of the programme (a baseline measure) and again at the end of the programme (a follow-up measure).

**To assist with tasks 7 & 8 and the associated portfolio requirement**

**a) Think about what undertaking this programme will mean to you...**

- Why have you signed up for this programme?
- What do you hope to achieve?
- What will the children you work with notice when you have achieved this goal?

**b) Consider, discuss with your supervisor and record in Part A of the portfolio: your learning goals for the programme.**

**c) Plan the practicalities for completing this programme successfully.**

**How, when, and where will you carve out the time to undertake the independent study that this programme requires?**

**How will you ensure that your diary enables you to attend all four workshops?**

**What do you need to talk about with your manager/supervisor?**

**In discussion with your manager and supervisor, consider and identify the specialist area of interest that you plan to explore during the programme and as part of the requirement to produce a *'policy and practice briefing'* (which will be included in your portfolio).**

**Draw up a learning agreement and study plan in discussion with your manager or supervisor.**

You might like to record the key points here:

**Finally:**

**Task 9) Watch Lemn Sissay's TED Talk: *'A child of the state'*.**

## **Week 2: Critical themes and issues**

### **Exercises, tasks and activities**

- 1) Read the six short vignettes that address critical themes and issues in permanence planning.
- 2) Write a very brief, honest, personal response to each scenario: what thoughts and feelings arise for you as they consider each child/young adult's circumstances and needs?
- 3) Reflect on their initial response to the vignettes.
- 4) Ask some colleagues/lay people/partners from different disciplines to look at the vignettes and elicit their thoughts/feelings/opinions.
- 5) Prepare a short reflective study (maximum 500 words) articulating this process and how your thinking about the issues raised is evolving.
- 6) Explore four blogs about child-to-parent violence.
  
- 7) Identify any ideas or questions that you want to raise at the workshop in week 4.

***Please note that you are asked to include work in relation to tasks 3), 4) & 5) in the programme portfolio (see guidance and portfolio requirements).***

### **Task 1) Six short case vignettes**

1) A man has phoned a child and family referral line anonymously for advice. Jamal is six months old. Her mother, Yara, is twenty nine and has been sofa-surfing, on the fringe of homelessness, since arriving in London nine months ago. Yara has claimed refugee status but has not been granted leave to remain and has no access to funds. Yara has been detained and is likely to be deported. Yara had left Jamal with acquaintances at their home just one hour before she was arrested. Five single men are sharing their one bedroom flat, sleeping and working in shifts. They do not want to identify Jamal because if the authorities reunite her with Yara they could be deported together. The caller says he is certain that both mother and baby will be in real danger if they return to their home country and he wants to find a way of protecting Jamal.

2) Jamie is fourteen years old and was placed with his adoptive parents, Alan and Richard, at three months old. Alan and Richard have sought help from the agency that placed Jamie for adoption because they feel at a loss to know how to parent him. Since moving to secondary school, Jamie has been increasingly troubled and now seems to them to be profoundly unhappy, cuts his arms with sharp objects, and is unable to sleep. The agency has assigned a social worker to support Alan, Richard and Jamie. In the worker's discussions with Jamie, he says his unhappiness is because he has two fathers and he never asked to have two fathers. She has encouraged him to explain the problem and he is clear that this has nothing to do with homophobia, or stigma, and does not find fault with either Richard or Alan. He compares himself to his friends and feels that having a mum and dad gives them more and better experiences and that having two dads is just not the same and not what he wants. He wants to live in what he describes as 'a normal family'.

3) Joanne, aged fifteen and Leeanne, aged sixteen, have been in care for eleven years. They experienced severe neglect and emotional harm throughout their early childhood, having been systematically abused within their extended family. They were with the same foster carers until recently. Their birth parents, social workers, teachers, and therapists always commented on the strength of their attachment to each other and emphasised the importance of placing them together. Their foster mother, herself a twin, and birth mother to twin boys, felt that she understood their relationship and for most of the time they were with her she encouraged them to do everything together, dress alike, and share their toys. Neither Joanne nor Leeanne made any significant friendships either in or out of school. Their behaviour in placement was challenging from the very start, and over the years the family lived in constant anticipation of their physical fights with each other, tantrums, and episodes of intense anxiety. They also engaged in bizarre rituals and sometimes in sexualised behaviour together from the very early days of placement and these seemed to take on more intensity as they grew older. Professionals had begun to wonder whether Leeanne, particularly, was held back by her Joanne's demands on her, was perhaps frightened of her and might fare better on her own. On the day their foster mother suffers a stroke, the social worker and manager are faced with a dilemma: should they seek a placement for these girls together or apart?

4) Erin belongs to a family where four generations are addicted to heroin, are prescribed methadone and habitually misuse alcohol. The family home is known to harbour dealers and often hosts large numbers of heroin users. This family's women share a troubling history of mental health problems. Erin has been in and out of care throughout her childhood. Her last foster placement was never planned to continue beyond her sixteenth birthday, and when faced with the options available, Erin decided she would be better off going home. Six months later and pregnant, she has been asked by her new social worker to sign an undertaking that she will not at any time during her pregnancy or after her baby is born use either heroin or any other illegal substances. Arrangements have been made for regular testing and the undertaking makes it clear that if Erin is shown to have used, care proceedings will be initiated immediately. Erin is desperate to keep her baby but feels sure that she will be tempted to use heroin eventually if she stays at home. Erin can't think of anywhere else to go – she asked if she could go back into foster care but was told that it is too late.

5) Darren is fourteen years old and is profoundly disabled. Blind, deaf, quadriplegic and with some degree of learning difficulties, he needs continuous care. His family own their own home, and over time have sought much financial help to modify it to meet Darren's needs. He now lives in an extension built onto the side of the house which has separate access and no connecting door. His parents manage a personal budget and have been able to arrange for twenty four hour professional carers. These arrangements have gradually come together. The occupational therapist has come to appreciate that Darren is effectively receiving institutional care and is no longer viewed as part of the family. This was brought home to the occupational therapist when she was confronted by Darren's angry younger sister complaining that because of his selfishness her sleepover had been ruined. Darren had been admitted to hospital the previous evening with a life-threatening condition.

6) Zara is six years old and has been caught between warring parents almost since she was born. She lives with her mother and has regular contact with her father. The arrangements for contact have been determined by court order but have been the subject of continuous litigation in the family court. Zara's mother wants her to have no contact with her father, her father seeks shared care. Zara, formerly an intelligent and lively little girl, has gradually become more subdued over the past twenty months. She is now no longer speaking at all, and is electively mute.

**To assist with Tasks 2) – 5)**

Reflect on your initial response to the vignettes and write a very brief, honest, personal response to each scenario: what thoughts and feelings arise for you as you consider each child/young adult's circumstances and needs?

**Notes:**

Ask some colleagues/lay people/partners from different disciplines to look at the vignettes and elicit their thoughts/feelings/opinions.

**Notes:**



Prepare a short reflective study (*maximum 500 words*) articulating this process and how your thinking about the issues raised is evolving.

**Reflective study:**

**To assist with task 6)**

Child to Parent Violence is not a new problem, but has been neglected in social work practice until very recently. Take a look at these blogs to get a sense of how thinking and practice in this arena is developing:

<https://holesinthewall.co.uk>

This is run by Helen Bonnick, a social worker who has been active in bringing this issue to attention since the 1980s. It includes an extensive, regularly updated bibliography.

<http://www.alcoates.co.uk/>

<https://allaboardthetraumatrain.com>

<https://mumdrah.co.uk>

These are all the work of adoptive parents and provide invaluable insights the impact of child to parent violence.

**Notes:**

### **To assist with task 7)**

Identify any ideas or questions that you want to raise at the workshop next week.

**Notes:**

### **Week 3: Essential reading**

#### **Exercises, tasks and activities**

Lynch, C. (2017) *Cooperation or Coercion? Children coming into the care system under voluntary arrangements. Findings and recommendations of Your Family, Your Voice Knowledge Enquiry*. London: Family Rights Group.

<https://www.frg.org.uk/images/YFYV/KI-Report-10.07-final.pdf>

**Note any thoughts raised for you by this article:**

**Week 4: Workshop**

**Workshop preparation and review**

**My goals for today are:**

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**In order to achieve these goals, I will need to:**

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**My new learning goals at the end of this workshop:**

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## **Corporate parenting principles as set out in Children and Social Work Act 2017**

(1) A local authority in England must, in carrying out functions in relation to the children and young people mentioned in subsection (2), have regard to the need:

- (a) to act in the best interests, and promote the physical and mental health and well-being, of those children and young people
- (b) to encourage those children and young people to express their views, wishes and feelings
- (c) to take into account the views, wishes and feelings of those children and young people
- (d) to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners
- (e) to promote high aspirations, and seek to secure the best outcomes, for those children and young people
- (f) for those children and young people to be safe, and for stability in their home lives, relationships and education or work
- (g) to prepare those children and young people for adulthood and independent living.

(2) The children and young people mentioned in this subsection are:

- (a) children who are looked after by a local authority, within the meaning given by section 22(1) of the Children Act 1989
- (b) relevant children within the meaning given by section 23A(2) of that Act
- (c) persons aged under 25 who are former relevant children within the meaning given by section 23C(1) of that Act.

**Reviewing the workshop**

What has been the main learning today?

How does that fit with my personal learning objectives?

Commitment to action – I can and I will.

## Week 5: Getting to grips with the challenges

### Exercises, tasks and activities

- 1) Review your practice/casework experience in permanence planning to consider the question:
  - how have assumptions or unconscious bias (your own or other people's) affected how professionals planned for and intervened with children/young adults and their families?

**Notes:**

- 2) Discuss your findings with colleagues and/or your supervisor.

**Notes:**

- 3) Prepare a reflective study (maximum 500 words) that examines your experience of the impact of assumptions or unconscious bias.

**Notes:**

## **Week 6: Transforming practice**

### **Exercises, tasks and activities**

- 1) Reflect on your own experience of childhood and family life.
- 2) Consider the question:
  - how do your core beliefs influence your practice with children/young adults and families?

Read Jim Kennedy's special report on Cultural Competence, written for CareKnowledge, October 2017. *See the article in the Additional Material document online that accompanies the programme.*

- 3) Consider your direct work with children/young adults and families. Identify examples of how cultural competence arises from effective use of core social work skills and the enactment of values-led practice.
- 4) Ask your colleagues and managers to provide feedback about the strengths that you bring to your work with children/young adults and families.
- 5) Prepare a short reflective study (maximum 500 words) articulating this process and how your thinking about your practice is evolving in relation to cultural competence.

**To assist with task 1)**

1) Reflect on your experience of family in childhood.

Choose five words to describe your childhood
What three words can you use to describe your relationship with your mother when you were young?
What three words can you use to describe your relationship with your father when you were young?
What did you remember feeling about your siblings?
Who else was important to you when you were a child?
What ideas about family life did you grow up with?
What does the expression "family values" mean to you now?



**To assist with task 2)**

**Notes on considering:** How do your core beliefs influence your practice with children/young adults and families?

**...and reading** on Jim Kennedy's special report on Cultural Competence, written for CareKnowledge, October 2017.

**To assist with task 3)**

**Notes:** Examples of how cultural competence arises from effective use of core social work skills and the enactment of values-led practice.

**To assist with task 4)**

**Notes:** Feedback from colleagues and managers about the strengths that you bring to your work with children/young adults and families.

**To assist with task 5)**

**A short reflective study** (maximum 500 words) articulating how cultural competence arises from effective use of core social work skills and the enactment of values-led practice and how your thinking about practice is evolving in relation to cultural competence.

## Week 7: Essential reading

- Boddy, J. (2013) *Understanding Permanence for Looked After Children: A review of research for the Care Inquiry*.
- Read part one of the cross-module case study:
  - introduction and chronology

A variety of optional further reading is identified below:

- All Party Parliamentary Group for Children (2017) *No Good Options. Report of the Inquiry into Children's Social Care in England*. London: National Children's Bureau.
- Baginsky, M., Gorin, S. and Sands, C. (2017) *The Fostering System in England: Evidence Review Research Report*. King's College, London and Quest Research and Evaluation Ltd.
- Become (2014) 'Staying Put' for young people in residential care: A scoping exercise. Available at: <http://www.becomecharity.org.uk/>
- Become (2017) *Perceptions of Care*. Available at: <http://www.becomecharity.org.uk/>
- Biehal, N. (2014) A sense of belonging: meanings of family and home in long-term foster care *British Journal of Social Work*, 44, 955-971.
- Department for Education (2011) *The Foster Carers Charter*, Crown. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/175444/Foster\\_carers\\_charter.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175444/Foster_carers_charter.pdf)
- Department for Education (2012) *Charter for Care Leavers*, Crown. Available at: <http://media.education.gov.uk/assets/files/pdf/c/ci%20charter%20final%2025%20oct%202012.pdf>
- Gupta, A., Featherstone, B and White, S. (2016) *Reclaiming Humanity: From Capacities to Capabilities in understanding parenting in adversity* BJSW.
- Hadley Centre for Adoption and Foster Care Studies/Coram Voice (2015) *Children and Young People's Views on Being in Care – A Literature Review*.
- Hutton, A., and Partridge, K. (2006) 'Say it your own way'. *Children's participation in assessment: a guide and resources*. Barkingside: Barnardo's/DfES.
- Rahilly, T., and Hendry, E. (2014) *Promoting the Wellbeing of Children in Care Messages from Research*. NSPCC. Available at: <https://www.nspcc.org.uk/globalassets/documents/research-reports/promoting-wellbeing-children-in-care-messages-from-research.pdf>
- Selwyn, J. and Breiham-Crookall, L (2017) *Our Lives; Our Care: Looked after children's views on their wellbeing*. University of Bristol and Coram Voice.
- The Care Inquiry (2013) *Making not Breaking; Building relationships for our most vulnerable children*.
- The Care Inquiry (2013) *The views and recommendations of children and young people involved in the Care Inquiry*.
- Thomas, J. and Holland, S. (2010) 'Representing Children's Identities in Core Assessments.' *British Journal of Social Work*, 40, 8, 2617 – 2633.

- Ward, H., Brown, R. and Hyde-Dryden, G. (2014) *Assessing Parental Capacity to Change when Children are on the Edge of Care: An overview of current research evidence*. London: Department for Education.

## Introduction

This fictitious case<sup>1</sup> study material will be used in various places and in various ways across the programme.

### a) Chronology

Date	Event	Information	Impact on child
15/04/1999	Belle born, 6lbs 10.	No known information about family.	
28/04/1999	Health visitor home visit.	Routine post-natal visit to check on child. Mary, mother seen, Belle put on 1lb.	Appears to be thriving at home, routine follow up.
06/07/2002	River born @38 weeks 6lbs 5oz.	Referred to health visitor for follow up by midwifery as no ante natal care.	Belle had not been seen for routine (health) screening no record of immunisations although Mary said she had taken her to the GP, not registered.
16/07/2002	Health visitor home visit.	Both children seen and Mary, their mother. Mother challenged about where Belle had had her immunisations and Mary admitted she hadn't. Mary told health visitor they moved around a lot and were just back from staying with friends in the West Country. Dan, her partner does seasonal work on the farms or the fairs when he can. He was fruit picking.	Belle seen and was chatty and responsive to her mum. Her height and weight were on 9 <sup>th</sup> centile. River had put on a 1lb since birth and was breastfed. Belle was enjoying helping her mother look after River, fetching nappies and singing to him.
05/11/2002	Health visitor home visit as there had been no attendance at clinic for immunisations. No one at the address.	No answer when visited the home on a planned visit. Called round later and still no one there.	
14/05/2003	Health visitor – saw River at Clinic.	Mary reported that Belle had been going to local pre-	River healthy, beginning to move, could sit unsupported.

<sup>1</sup> NB: the term 'case' is used not as a description of a specific child or young person but rather the whole situation and circumstance, people and processes relating to work with a child, young person and their family.

		school since beginning of summer term. River given first immunisation.	On 9 <sup>th</sup> centile but gaining weight. Responsive to his mother.
21/08/2003	Health visitor home visit.	Saw Mary and Belle and River. Belle chatty about her friends from pre-school and starting school, showed her uniform.  Mary encouraged to get the children immunised.	Toys in the home, neighbours coming round and Mary and the children appeared well. River taking steps unaided, babbling and pointing to Belle.
05/08/2004	Skye born @39 weeks 7lbs.		
16/12/2004	Education welfare discusses Belle's attendance.	Belle only managing 46% attendance. Mary says Skye is not sleeping well so she oversleeps in the morning and can't get Belle to school.	Belle missing education but teacher reports she is able when in school.  Not yet statutory school age but of concern.
02/04/2005	Mary seen at home by health visitor.	Health visitor concerned by Mary's presentation, seemed unkempt, tired and sad.	Children asleep upstairs and not seen.
23/04/2005	Health visitor home visit.	Mary said she was feeling better. Belle back in school routine and River and Skye sleeping better.	Skye was seen walking and babbling. River could concentrate on playing with blocks on the floor and was responded to by his mum as well as tender towards Skye even when she kept knocking over his tower. Skye approached her mum for comfort and health visitor felt routine monitoring sufficient.
16/10/2005	School review with Education welfare.	Belle's attendance improved and it was noted that Dan was bringing her and that he had attended the parent's evening.	Belle doing well in school. She has made friends and achieving the targets set for her.
19/11/2005	Police notify children's social care that the family have come to their attention because of a domestic violence referral.	Mary called the police to say Dan had attacked her while she was holding Skye.	Police visited and parents were reconciled. Children seen and appeared fine. No marks and no wish to press charges.
27/11/2005	Police notified by neighbours of fight between Mary and	Mary and Dan said this is a malicious call.	Children asleep and not seen.

	Dan.		
23/12/2005	Anonymous call (believed to be neighbours) children's social care alleging Mary and Dan are using drugs and not suitable parents.	For initial assessment.	
30/12/2005	Planned visit to follow up the allegation.	Parents deny using drugs. They report that parenting 3 children can be hard work but that they are coping and do not require support.  NFA.	Children appeared well cared for. Belle said she liked school and loved helping her mum look after Skye. River was seen and heard making words.
13/10/2006	Police notified of a further domestic abuse allegation, again anonymously.	Parents deny anything happening.	Children seen but unwilling to talk to police. No obvious marks or injuries.
18/01/2007	Other parents complain to school about Belle's parents sitting in local park with River and Skye smoking/drinking. School advises referral to social care if they are concerned.	Not followed up.	Not known.  Belle's attendance at school is good (80%) and she is achieving targets set.  River could be in Reception although not yet statutory school age so school do not refer to education welfare.
15/05/2007	School nurse records Reception check.	River in school and maintaining growth along 9 <sup>th</sup> centile.	River attending school since Easter holidays and both he and Belle doing well in school.
12/12/2007	Education welfare notified that Belle and River attendance below 80%.	Discussion between SENCO and Education welfare whether to pursue non attendance.	Children learning well when in school and have peer friends.
04/07/2008	Head teacher notes on school reports that there has been no attendance at parents evenings this school year.		Belle finishing year 4 and preparing for year 5. River entering year 2 in September.
11/11/2008	None of the children seen in school this term.  Education welfare	Mum seen at home promised to get children into school.	Polite, quiet children seen by education welfare officer. Mum reporting hard to get children into routines. All 3 now on school roll.

	asked to visit.		
08/12/2008	Lunchtime supervisors tell head teacher concerned by the quality of food provided to the children, suggest free school meals?	Head teacher speaks to mum and encourages her to apply for free school meals.	Concern about whether children's needs are being neglected - food and attendance.
03/02/2009	Improved attendance.	Dan bringing children and speaking to their teachers.	
18/03/2009	Skye tells her teacher that Daddy has left.		Observed that Belle is bringing the children to and from school.
20/03/2009	Headteacher asks Mary if she can refer her to children's social care for some support. Mary refuses and says she is managing.		No attendance at any of the parents' evenings for any child.  Children still having minimal food in packed lunches, staff supplementing with breakfast club food.
07/10/2009	Head teacher meeting with Dan and Mary.	Concerns raised about attendance, packed lunches and attendance at parents' evenings. Also encouraging parents to look at secondary schools for Belle.	Children quiet in class but seem to be keeping up although attendance is around 75%. Dan explained that he often works away and relies on Mary to manage the children.
13/10/2009	Police receive anonymous phone call about neighbour dispute, a fight in the street.	By time police arrive, situation has calmed.	No reports of children being involved although one of those fighting is alleged to be Dan. No-one willing to make a statement or alleging injuries.
18/11/2009	Domestic violence incident reported anonymously to police.	Mary tearful and saying she had been hit.	Children spoken to and confirm that Dan hit Mary because there was no food in the house. Refer to children's social care.
26/11/2009	Children's social care complete assessment.	Family refusing support. There are some concerns but not felt to meet child protection threshold.  Encouraged to seek additional support from children's centre.	Children's school attendance noted to be erratic, and parental support with education not always there, some concern about whether there is sufficient food. Good bonding observed between the children and their mother. Dan working away on the

			fairs for a week, spoken to by phone and feels the family are managing.
08/07/2010	Head teacher rung by secondary head teacher to say Belle has not arrived for the transition day.		Belle expected to manage secondary transfer although school would have liked to offer her additional support, Mary has refused.
15/07/2010	Pastoral team at children's school concerned how well the family are managing as Belle seems to take the parental role with her siblings walking them to and from school. Neither parent has been seen since October. Not felt to meet threshold of referral to children's social care.		Children in school and achieving. Ongoing concern about how well their needs are met at home and no evidence of parental interest in their education. Class teachers feel each child could achieve more with greater support and more consistent attendance. However they have friends and appear to be able to learn.
07/12/2010	Both schools refer to children's social care to report children missing from education.	Education welfare had discussed with Mary in October and nothing has improved. Discussion between DSLs and EWO decided to try referral to social care rather than prosecution.	River and Skye attendance at 45% and Belle has been much lower 10%.
16/12/2010	Children's social care visited home.  (planned visit)	All children at home with Mary. Dan has now left for good. The house was clean and tidy with well stocked cupboards, appropriate bedding and toys available for the children.  Encouraged to get children to school. Offers of informal support refused.	Children quiet and did not report problems.  Belle said none of her friends from primary school came to the secondary school with her and she was finding it hard to make friends.
10/03/2011	Panel meeting to discuss educational needs of children.	Decision made to pursue legal proceedings.	
14/03/2011	Education welfare visits home and explains legal process.	Mary very upset and says children refusing to go to school.  House looked untidy and	Belle says she still has no friends but also that she tries to get River and Skye to go to school.



		<p>unclean, there was no evidence of food.</p> <p>Mary accepts referral to children's social care.</p>	
17/03/2011	Social care home visit.	Mary tearful and admitting she can't cope.	<p>Children not getting educational needs met. Unclear whether they are getting sufficient food. Appear cared for in terms of clothing and relationships with each other and to the social worker.</p>
29/03/2011	Child in need meeting.	<p>Plan – Belle offered pastoral support in school. School offering TA to meet River and Skye at school.</p> <p>Plan to improve how Mary manages the children's care specifically food and school attendance.</p>	
02/06/2011	Home visit by social worker.	<p>Children at home as school holidays. Social worker let into home by River. Belle has gone to visit their father. Mary is asleep upstairs. River and Skye say their mother is often asleep and they cannot remember the last time they had food. Mary is woken and makes the children scrambled eggs.</p> <p>Decision to call an initial child protection case conference.</p>	<p>Children are hungry. Unclear how well their developmental needs are met as they appeared to be at home unsupervised as Mary was asleep.</p>

**Appendix 1) A table showing the links between the programme modules and the *Knowledge and Skills Statement: Approved Child and Family Practitioner (2014)***

**K&SS:ACFP – foundation statements relevant for all modules of the Achieving Permanence programme**

Communicate clearly and sensitively with children of different ages and abilities, their families and in a range of settings and circumstances. Use methods based on best evidence. Create immediate rapport with people not previously known which facilitates engagement and motivation to participate in child protection enquiries, assessments and services. (2)

Act respectfully even when people are angry, hostile and resistant to change. Manage tensions between parents, carers and family members, in ways that show persistence, determination and professional confidence. (2)

Listen to the views, wishes and feelings of children and families and help parents and carers understand the ways in which their children communicate through their behaviour. Help them to understand how they might communicate more effectively with their children. (2)

Promote speech, language and communication support, identifying those children and adults who are experiencing difficulties expressing themselves. (2)

Observe and talk to children in their environment including at home, at school, with parents, carers, friends and peers to help understand the physical and emotional world in which the child lives, (3)

Hold an empathic position about difficult social circumstances experienced by children and families, taking account of the relationship between poverty and social deprivation, and the effect of stress on family functioning, providing help and support. Take into account individual child and family history and how this might affect the ability of adults and children to engage with services. (6)

Prioritise children's need for emotional warmth, stability and sense of belonging, particularly those in public care, as well as identity development, health and education, ensuring active participation and positive engagement of the child and family. Test multiple hypotheses about what is happening in families and to children, using evidence and professional judgement to reach timely conclusions. Challenge any prevailing professional conclusions in the light of new evidence or practice reflection. (7)

Make realistic, child centred, plans within a review timeline, which will manage and reduce identified risks and meet the needs of the child. Ensure sufficient multi-disciplinary input into the process at all stages. Apply twin and triple track planning to minimise chances of drift or delay, being alert to the effectiveness or otherwise of current support plans. (7)

Recognise one's own professional limitations and how and when to seek advice from a range of sources, including practice supervisors, senior practice leaders and other clinical practitioners from a range of disciplines such as psychiatry, paediatrics and psychology. Discuss, debate, reflect upon and test hypotheses about what is happening within families, and with children. (9)

Reflect on the emotional experience of working relationships with parents, carers and children, and consciously identify where personal triggers are affecting the quality of analysis or help. Identify strategies to build professional resilience and management of self. (9)

Operate successfully in a wide range of organisational contexts complying with the checks and balances within local and national systems which are a condition of employment. Maintain personal and professional credibility through effective working relationships with peers, managers and leaders both within the profession, throughout multi-agency partnerships and public bodies, including the family courts. (10)

Act in ways that protect the reputation of the employer organisation and the social work profession, whilst always privileging the best interests of children. Manage the specific set of organisational tasks relating to lead responsibility for children with the support of an appropriately qualified supervisor and use of the multi-agency support network. (10)

Contribute to the organisation's role as corporate parent to children in public care, encouraging and advocating for organisational focus, resource and support so that children and young people can thrive and enjoy their childhood and move into independence with confidence in and ambition for their futures. (10)

Module 1: Permanence - every child's right	Module 2: Relationships: the golden thread	Module 3: Making the Permanence Decision	Module 4: Sustaining Permanence
<p>Support children and families in transition, including children and young people moving to and between placements, those returning home, those being adopted or moving through to independence. (1)</p> <p>Observe and talk to children in their environment including at home, at school, with parents, carers, friends and peers to help understand the physical and emotional world in which the child lives... (3)</p> <p>Carry out in-depth and ongoing family assessment of social need and risk to children, with particular emphasis on parental capacity and capability to change. Use professional curiosity and authority while maintaining a position of partnership, involving all key family members, including fathers. Acknowledge any conflict between parental and children's interests, prioritising the protection of children as set out in legislation. (6)</p> <p>Establish the seriousness that different risks present and any harm</p>	<p>Build effective relationships with children, young people and families, which form the bedrock of all support and child protection responses. (1)</p> <p>Help children to separate from, and sustain, multiple relationships recognising the impact of loss and change. (1)</p> <p>...understand the physical and emotional world in which the child lives, including the quality of child and parent/carer interaction and other key relationships. (3)</p> <p>Acknowledge any conflict between parental and children's interests, prioritising the protection of children as set out in legislation. (6)</p>	<p>Ensure child protection is always privileged. (1)</p> <p>Produce written case notes and reports, which are well argued, focused, and jargon free. Present a clear analysis and a sound rationale for actions as well as any conclusions reached, so that all parties are well informed. (2)</p> <p>... be alert to signs that may indicate that the child is not meeting key developmental milestones, has been harmed or is at risk of harm. (3)</p> <p>Identify concerning adult behaviours that may indicate risk or increasing risk to children. Assess the likely impact on, and inter-relationship between, parenting and child development. Recognise and act upon escalating social needs and risks, helping to ensure that vulnerable adults are safeguarded and that a child is protected and their best interests always prioritised. (4)</p> <p>Exchange information with partner agencies about children and adults where there is concern about the</p>	<p>Be both authoritative and empathic and work in partnership with children, families and professionals, enabling full participation in assessment, planning, review and decision making. (1)</p> <p>Provide support based on best evidence, which is tailored to meet individual child and family needs, and which addresses relevant and significant risks. Secure access to services, negotiating and challenging other professionals and organisations to provide the help required. Ensure children and families, including children in public care, receive the support to which they are entitled. (1)</p> <p>Establish the pattern of development for the child, promote optimal child development and be alert to signs that may indicate that the child is not meeting key developmental milestones, has been harmed or is at risk of harm. (3)</p> <p><b>Establish the pattern of development for the child, promote optimal child development... (3)</b></p>

<b>Module 1: Permanence - every child's right</b>	<b>Module 2: Relationships: the golden thread</b>	<b>Module 3: Making the Permanence Decision</b>	<b>Module 4: Sustaining Permanence</b>
<p>already suffered by a child, balanced with family strengths and potential solutions. (7)</p> <p>... resolve tensions emerging from, for example, ethical dilemmas, conflicting information or differing professional positions. Identify which methods will be of help for a specific child or family and the limitations of different approaches. (9)</p> <p>Make use of the best evidence from research to inform the complex judgements and decisions needed to support families and protect children. (9)</p>		<p>safety and welfare of children.</p> <p>Triangulate evidence to ensure robust conclusions are drawn. Recognise harm and the risk indicators of different forms of harm to children relating to sexual, physical, emotional abuse and neglect. Take into account the long-term effects of cumulative harm, particularly in relation to early indicators of neglect.</p> <p>Consider the possibility of child sexual exploitation, grooming (on and offline), female genital mutilation and enforced marriage and the range of adult behaviours which pose a risk to children, recognising too the potential for children to be perpetrators of abuse.</p> <p>Lead the investigation of allegations of significant harm to children in consultation with other professionals and practice supervisors. Draw one's own conclusions about the likelihood of, for example, sexual abuse or non-accidental injury having occurred and the extent to which any injury is consistent with the explanation offered. Commission a second professional opinion and take legal advice where necessary. (5)</p>	<p>Take account of typical age-related physical, cognitive, social, emotional and behavioural development over time, accepting that normative developmental tasks are different for each child depending on the interaction for that child between health, environmental and genetic factors. Assess the influence of cultural and social factors on child development, the effect of different parenting styles, and the effect of loss, change and uncertainty in the development of resilience.</p> <p>Explore the extent to which behavioural and emotional development may also be a result of communication difficulties, ill health or disability, adjusting practice to take account of these differences. Seek further advice from relevant professionals to fully understand a child's development and behaviour. (3)</p> <p>Identify the impact of adult mental ill health, substance misuse, domestic abuse, physical ill health and disability on family functioning and social circumstances and in particular the effect on children, including those who are young carers. Access the help and</p>

Module 1: Permanence - every child's right	Module 2: Relationships: the golden thread	Module 3: Making the Permanence Decision	Module 4: Sustaining Permanence
		<p>Incorporate the contributions that other professional disciplines make to social work assessments. (6)</p> <p>Navigate the family and youth justice systems in England using legal powers and duties to support families, to protect children and to look after children in the public care system, including the regulatory frameworks that support the full range of permanence options. Participate in decisions about whether to make an application to the family court, the order to be applied for, and the preparation and presentation of evidence.</p> <p>Seek advice and second opinion as required in relation to the wide range of legal issues which frequently face children and families involved with statutory services including immigration, housing, welfare benefits, mental health and learning disability assessment, education and support for children with learning difficulties. (8)</p> <p>Use the law, regulatory and statutory guidance to inform practice decisions. Take into account the complex relationship between professional ethics, the application of the law and</p>	<p>assistance of other professionals in the identification and prevention of adult social need and risk, including mental health and learning disability assessment.</p> <p>Coordinate emergency and routine services and synthesise multi-disciplinary judgements as part of ongoing social work assessment. Use a range of strategies to help families facing these difficulties. (4)</p> <p>Use child observation skills, genograms, ecomaps, chronologies and other evidence based tools ensuring active child and family participation in the process. (6)</p> <p>Recognise and address behaviour that may indicate resistance to change, ambivalent or selective cooperation with services, and recognise when there is a need for immediate action, and what other steps can be taken to protect children. (6)</p> <p>Set out the best options for resolving difficulties facing the family and each child, considering the risk of future harm and its consequences and the likelihood of successful change. (7)</p>

Module 1: Permanence - every child's right	Module 2: Relationships: the golden thread	Module 3: Making the Permanence Decision	Module 4: Sustaining Permanence
		<p>the impact of social policy on both. (8)</p> <p>Explore the potential for bias in decision-making... (9)</p>	

**Appendix 2) A table showing the links between the programme modules and the *Knowledge and Skills Statement: Achieving Permanence (Nov 2016)***

Module 1: Permanence - every child's right	Module 2: Relationships: the golden thread	Module 3: Making the Permanence Decision	Module 4: Sustaining Permanence
<ul style="list-style-type: none"> <li>Maintain a focus on the rights, safety, needs, health, wellbeing and developmental recovery of the child and the circumstances that promote this. (1)</li> <li>Act purposefully to identify a permanent home for the child without unnecessary deliberations which cause delay, understanding the potential damage to a child as a result of delay. (3)</li> <li>Balance the ambition of finding the best home for the child with the need to achieve permanence. Give due consideration to the child's preferences and ensure that where these cannot be acted upon, there is a clear rationale for that. Keep the child and their families informed and communicate clearly, openly and sensitively any decisions regarding their future. (3)</li> <li>Communicate clearly, openly and sensitively with children, their families and carers about the</li> </ul>	<ul style="list-style-type: none"> <li>Draw on research that is relevant to an individual child's specific circumstances and use it to inform how their short and long term needs, including their sense of identity and belonging, can best be met. (1)</li> <li>Assess the child's current and future needs by building effective relationships with children and families, any current or previous carers, professionals, including health and education professionals and social workers, and others directly involved in their care. (1)</li> <li>Assess the impact of trauma, abuse, neglect, separation and loss on a child's development, and how this affects their capacity to build and maintain relationships. (1)</li> <li>Encourage the child to express their views, wishes and feelings with regard to permanence. Listen sensitively to the child to understand their preferences and</li> </ul>	<ul style="list-style-type: none"> <li>Eliminate drift for children by reaching the right decision within a timeframe which meets the child's best interests (1)</li> <li>Build a strong knowledge of all permanence options, so as to effectively explore all realistic options concurrently to secure a good outcome. (1)</li> <li>Change direction if it becomes evident that the proposal being pursued is not in the child's best interests. (1)</li> <li>Confidently defend decisions under scrutiny, effectively deploying evidence to demonstrate why a preferred option is favoured. (1)</li> <li>Use research to draw evidence-based conclusions about the best permanence option for a child. (1)</li> <li>Consider a range of realistic permanence options and the strengths and risk factors of each.</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the child to express their views, wishes and feelings with regard to permanence. Listen sensitively to the child to understand their preferences and involve and engage them when making decisions about their future. (1)</li> <li>Take into account: the age of the child, recognising the different challenges that older children face and understanding the impact of adolescent neglect; the importance of existing relationships (including the positive and negative impact of these relationships) including friendships; and the potential benefits of maintaining peer relationships for a child's sense of identity and belonging. (1)</li> <li>Assess the impact of trauma, abuse, neglect, separation and loss on a child's development, and how this affects their capacity to build and maintain relationships. Take account of the child's developmental stage and the likely impact of different transitions, as</li> </ul>



<b>Module 1: Permanence - every child's right</b>	<b>Module 2: Relationships: the golden thread</b>	<b>Module 3: Making the Permanence Decision</b>	<b>Module 4: Sustaining Permanence</b>
<p>planning process for moving into a permanent home or back to their birth home. Ensure that the reasons for any move are communicated in a way that is appropriate to the child's age and understanding, and that any questions or concerns the child has are listened to. Support children and carers to set realistic expectations and prepare children thoroughly for the different stages of that journey. (4)</p> <ul style="list-style-type: none"> <li>• Make clear the need for the child to be safe and to have stability in their home lives, relationships and education. (5)</li> <li>• Working with your wider organisation, identify and apply any lessons learned. (5)</li> </ul>	<p>involve and engage them when making decisions about their future. (1)</p> <ul style="list-style-type: none"> <li>• Build and maintain effective relationships with parents, prospective carers or residential homes to assess their suitability. (3)</li> <li>• Provide high quality communications. Listen to the child to understand their long term aspirations, and assess a potential carer's abilities to support the child in achieving these goals. (3)</li> <li>• Produce child and carer profiles that present an accurate summary of current and likely future needs, as well as a balanced picture of the child including their likes and dislikes, how they behave and their wishes and feelings. (3)</li> <li>• Engage in clear, open and timely communication with carers, which is honest about children's needs and the impact that any negative early experiences have had on their health and mental health, whilst being positive and solution-focussed about how these might</li> </ul>	<p>(1)</p> <ul style="list-style-type: none"> <li>• Use research on the outcomes of different options and knowledge of child development to weigh up the pros and cons of the options available. (1)</li> <li>• Recognise that some children may require a placement with therapeutic treatment provision before a successful permanent home can be found. (1)</li> <li>• Produce high quality case records about the child's permanence process which are well-argued and sensitively presented (1)</li> <li>• Draw on the views of those who have knowledge and experience of the child, such as family members or foster carers. In the case of unborn children, conduct a good quality pre-birth assessment. Address complex questions where the needs and circumstances of a number of people, organisations and institutions are in conflict with each other. (1)</li> <li>• Encourage the child to express their views, wishes and feelings</li> </ul>	<p>well as the support the child may need along the way. (1)</p> <ul style="list-style-type: none"> <li>• Make clear the need for the child to be safe and to have stability in their home lives, relationships and education. (5)</li> <li>• Acknowledge how adversity, inequality and limited life chances may impact on the plans for the child's future, and ways in which the impacts may be mitigated. (1)</li> <li>• Identify and harness the wider services the child may need to recover from previous experiences and to achieve stability. (1)</li> <li>• Identify the most effective types of support using the best evidence, and apply this to the provision of flexible, on-going arrangements. (5)</li> <li>• Develop high quality support plans that recognise the child's current and likely future needs, the capacity of the carer to meet those needs and the additional support that might be required. Develop plans for delegated authority. (4)</li> <li>• Be alert to: attempts by children to</li> </ul>

Module 1: Permanence - every child's right	Module 2: Relationships: the golden thread	Module 3: Making the Permanence Decision	Module 4: Sustaining Permanence
	<p>be met. Provide a professional and high quality service where potential carers are treated with respect. (3)</p> <ul style="list-style-type: none"> <li>Support carers to: promote a child's sense of identity, self-worth and belonging; understand how best to share a child's history and the events that led to previous and current care arrangements - for example, through life story work (in digital or other formats appropriate for the child); and understand how a child's behaviour is dependent on their experience of both past and present parenting. (4)</li> <li>Demonstrate professional expertise in managing potentially distressing transitions, recognising the complexity of family dynamics and the potential impact of loss and change. Provide support and advocacy to children, parents and/or carers, demonstrating sensitivity and empathy. Help current carers and birth families to cope with the transition, remembering that this may be a period of great loss and disappointment. (4)</li> </ul>	<p>with regard to permanence. Listen sensitively to the child to understand their preferences and involve and engage them when making decisions about their future. (1)</p> <ul style="list-style-type: none"> <li>Assess the risks of a return home for the child. Ensure that parents have received the support they need and, where necessary, have demonstrated the changes required to care for the child throughout their childhood. Assess: the parents' capacity for further or sustained change; and the impact of placing siblings together or separately and in various placement types. Pursue the child's best interests and identify ways to express their views even when contradictory to the views held by parents, family, other professionals, employers or other influential organisations such as the courts. (1)</li> <li>Operate within the statutory framework and regulatory process for achieving permanence for individual children, and comply with the legal powers, duties and guidance related to pursuing</li> </ul>	<p>'test' new arrangements and support carers and parents to access support from family, friends and community networks, where appropriate; and the potential vulnerabilities of children at the point of disruption, and apply strategies to fully support them through this transition. (5)</p> <ul style="list-style-type: none"> <li>Support carers to: promote a child's sense of identity, self-worth and belonging; understand how best to share a child's history and the events that led to previous and current care arrangements - for example, through life story work (in digital or other formats appropriate for the child); and understand how a child's behaviour is dependent on their experience of both past and present parenting. Co-create with carers helpful strategies to meet a child's needs, and in particular where carers may find behaviour challenging. (4)</li> <li>Build helpful relationships with families that empower the parent, carer or child to ask for support when they need it. Work closely with family networks and professional networks, including</li> </ul>

Module 1: Permanence - every child's right	Module 2: Relationships: the golden thread	Module 3: Making the Permanence Decision	Module 4: Sustaining Permanence
	<ul style="list-style-type: none"> <li>• Where a child is not returning home, assess, plan and support the appropriate level of contact with their birth family based on the individual child's specific needs. Support children, their siblings, carers and the child's birth family to understand, engage with and contribute to plans for successful contact with each other. (4)</li> <li>• Recognise the significance of a child's support network to the likely future success of permanence arrangements, and take necessary steps to ensure sustained participation of that network in a child's life, appreciating the particular imperatives for those older children in residential care. (4)</li> </ul>	<p>particular permanence options. Respond to a continuously changing legal environment and keep up to date with the latest regulations. (2)</p> <ul style="list-style-type: none"> <li>• Navigate the pre-proceedings phase, working within the Public Law Outline. Engage birth parents and other family members early, including through Family Group Conferences. Work with lawyers early in any potential proceedings and as care plans are developed, including deciding on the right permanence option for children. (2)</li> <li>• Communicate effectively and confidently in court and offer a clear rationale for recommendations. Present to the court a balanced picture of the child's needs and evidence of previous support and interventions that are relevant to the permanence decision-making process. Ensure that all court material is evidence based, well prepared and clearly argued to support any legal orders that are required. Present cases in court with professional gravitas, with a</li> </ul>	<p>Independent Reviewing Officers, to review arrangements and change these through consultation as the needs of the family change, addressing any escalating risks. (5)</p> <ul style="list-style-type: none"> <li>• Build a professional network of expertise to help families get the short and long-term support they need. Know what therapy options are available and their application, and support families to identify accessible resources that will respond in time. (5)</li> <li>• Identify indicators and early warning signs that a permanent home is under strain. Work collaboratively, with respect and without blame, with all parties to plan and deliver services and interventions that will support the child's network and may prevent family breakdown, including short out of home placements. Understand the different dynamics that each permanence option brings and how this affects a social worker's ability to engage and intervene. (5)</li> <li>• Be clear and decisive in situations where children are unable to</li> </ul>

Module 1: Permanence - every child's right	Module 2: Relationships: the golden thread	Module 3: Making the Permanence Decision	Module 4: Sustaining Permanence
		<p>focus on the child and a balanced, fair picture of the parents. (2)</p> <ul style="list-style-type: none"> <li>• Establish effective working relationships with agency lawyers, Independent Reviewing Officers, Cafcass guardians and relevant others, recognising the boundary between their respective and collective responsibilities. (2)</li> <li>• Consult with the child and their family and facilitate their representation in the court system. (2)</li> <li>• Keep the child and their family informed and communicate legal processes in a way they can understand. Work effectively with the local judiciary to meet legal requirements and prevent delay in achieving permanence arrangements. (2)</li> <li>• Recognise the effects of unconscious bias and risk aversion on decision making and utilise supervision to reflect on dilemmas about matching. (3)</li> <li>• Recognise: the extent to which carers will be able to act in the best interests of the child and</li> </ul>	<p>remain at home, balancing the short and long term impact of moving the child with the likelihood of future and irreparable breakdown of relationships if action is not taken. (5)</p> <ul style="list-style-type: none"> <li>• Where breakdown occurs, work collaboratively with all parties to understand the reasons for breakdown and the options for supporting alternative short or medium term arrangements that enable the child to maintain relationships with carers or parents in periods of crisis. (5)</li> <li>• Where breakdown occurs, assess whether and how the relationship can be sustained. (5)</li> <li>• Recognise that a move to a placement that better meets the child's needs is positive. (5)</li> </ul>

Module 1: Permanence - every child's right	Module 2: Relationships: the golden thread	Module 3: Making the Permanence Decision	Module 4: Sustaining Permanence
		<p>promote their health and wellbeing; and the different qualities, capacity and support carers might need to look after a child who presents behaviours associated with negative early life and childhood experiences. Understand the legal entitlements to support for different types of carers. (3)</p> <ul style="list-style-type: none"> <li>• Be clear and decisive in situations where children are unable to remain at home, balancing the short and long term impact of moving the child with the likelihood of future and irreparable breakdown of relationships if action is not taken. (5)</li> </ul>	