

## Permanence Policy



***Promoting Child Focused Multi Agency Planning and Permanence for Children in Swindon.***



# Permanence Policy

## INTRODUCTION:

Permanence is the framework of emotional permanence (attachment), physical permanence (stability) and legal permanence (the carer has parental responsibility for the child) which gives a child a sense of belonging, security, continuity, commitment and identity. [The Children Act 1989 guidance and regulations \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781111/children-act-1989-guidance-and-regulations.pdf)

This permanence policy applies to all work with children in need and their families. It must underpin practice in Early Intervention, Youth and Communities, Assessment and Child Protection, Family Safeguarding, Children We Look After, and Positive Futures (care experienced young people) where children's needs for stability within their family form part of their assessment.

This policy was updated in February 2024 to reflect the transformation of services for children and young people who are cared for by Swindon with a focus on robust and time sensitive permanence planning. The policy outlines how Swindon Borough Council will work with children and their families to ensure that children and young people will achieve permanence within their own families where possible and at the earliest opportunity.

All children need to have stable and permanent arrangements to govern their everyday lives and to enable them to develop and grow into healthy adults. The task of social work with children is to achieve that stability in the best way for the child, and for this reason, working towards permanence is relevant to all areas of social work with children.

Research tells us that when children come into care, the damage caused by separation from their birth family members can affect them for a long time. This may then create additional emotional and behavioural issues for the child as he/she is growing up <sup>1</sup>in some cases resulting in the child requiring expert therapeutic support to help overcome these issues.

There are links within this document to link to related policy, procedure and good practice guidance.

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<sup>1</sup> The emotional and behavioural issues often exhibited by children looked after are generally primarily the result of earlier experiences of neglect, abuse or inconsistent or inappropriate parenting, the nature of the child/young person's emotional attachments, subsequent experiences of separation can serve to amplify and add to already established difficulties.

# 1. Introduction and Scope

## 1.1 Framework of Permanence

Permanence for children has three particular aspects which are fundamental to their sense of security; stability, health and happiness:

1. Legal permanence, living with an adult(s) who has parental responsibility i.e. adoption, or by securing court orders such as a Child Arrangements Order or Special Guardianship Orders;
2. Psychological permanence when the child feels attached to an adult or adults<sup>2</sup> who provide a stable, loving and secure relationship, e.g. a carer who provides this sense of security;
3. Physical or environmental permanence where there is a stable home environment within a familiar neighbourhood or community which meets the child's identity and cultural needs.

## 1.2 Permanence Policy

1. It should be in the best interests of most children to live with their parent(s) or primary attachment figure throughout their childhood and into adulthood;
2. When this is not possible, appropriate arrangements for children to live with relatives or friends will always be encouraged and will be the primary consideration at the earliest point in care planning;
3. Where a child needs to come into care, they will have a permanence plan agreed by their second statutory looked after review, which will include a preferred plan and a contingency plan – for example; the plan may be rehabilitation but if this unsuccessful and there are no family or friends available, the plan may be adoption;
4. The aim of contingency planning will be to provide the child with alternative legal permanence with a family member or friend of the child or family (see [Placements with Connected Persons \(proceduresonline.com\)](https://proceduresonline.com/placements-with-connected-persons)) unless this is not achievable or not assessed to be in the child's best interests. Clear timescales will be set to ensure no delay for the child;

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<sup>2</sup> This may be a member of his/her substitute family e.g. his/her foster or adoptive family member(s) rather than a birth relative.

5. If no family members or friends of the child are available or viable depending upon the child's age, attachment to their birth family and ability to attach; alternative plans such as adoption, long term fostering or semi independence will be considered;
6. Whatever the permanence plan is for the child, the aim will always be to provide as much stability as possible, by careful matching them to a place to live with caring and supportive carers that will provide a safe, nurturing home into adulthood;
7. The overall aim of permanence planning will be presented within the child's Care Plan at their statutory review as well as within care plans for court;
8. For younger children (under the age of 8 years) and those who are able to form secure attachments to an alternative care giver, adoption must always be a consideration: and in circumstances where siblings have already been placed with adopters every effort should be made to place children with their adopted sibling at the earliest point;
9. Additional consideration must be made where care experienced /leavers have their own birth children. Every effort must be made to support care experienced young people to be positive parents, and when necessary, pre-birth assessments should be undertaken to identify appropriate support.

## 1.3 Key Objectives

When it is established that a child may not be able to live with their birth family, permanence must be discussed as part of the assessment and care planning process.

"The objective of planning for permanence is to ensure that children have a secure, stable and loving family to support them through childhood and beyond".

We know that children thrive in stable, secure, environments and must be protected and safeguarded from harm.

Where it is necessary for a child or young person to leave their family:

- a. This should be for as short a time as needed to secure a safe, supported return home;
- b. If they cannot return home, plans should be made for alternative family or connected person care;

- c. Residential care is provided only when a need for this is identified within the Care Plan because the child or young person is voicing or demonstrating that they will be unable to live within a family setting.

The following considerations should be adhered to when planning for permanence:

- The birth family and the child or young person, depending upon their age, should be provided with the opportunity to discuss the options of family or friends, known as connected persons at the earliest point;
- Family group meetings should be arranged through child protection planning. This provides birth families with an opportunity to work in partnership with local authorities at the earliest point.
- Social workers must ensure they use genograms to identify the extended family network.
- Wherever possible, children are placed within the local authority boundary unless a clear reason for placing them elsewhere is apparent;
- Contact with the child's birth family and extended family where appropriate will be facilitated and supported unless this is clearly identified as inappropriate and not in the child's best interest.

**Children, young people their families and all agencies involved will be fully involved in all planning and the voice of the child will be central to the planning, whatever the outcome.**

## 2. Planning for Permanence for Children in Need

### 2.1 Staying at Home

The first stage within permanence planning is to work with children in need and their families to support them staying together.

**PRACTICE GUIDANCE:** Staying at home offers the best chance of stability. Research shows that family preservation has a higher success rate than reunification. This of course has to be balanced against the risk of harm to the child.

For most children the preferred outcome would be that they stay within their own family. It is expected that services and support to maintain a child at home safely and with acceptable levels of care will be considered and provided before any consideration is given to a child coming into care

The Swindon Early Help Strategy provides children and families with a number of support systems to enable families to live together. A range of support can be put in place to ensure that children on the edge of care are provided with every opportunity

to improve their circumstances. This may be through the implementation of a Child Protection Plan and/or by using the Public Law Outline process where it is made clear to families what resources must be put in place to improve the child's situation (see [Care and Supervision Proceedings and the Public Law Outline \(proceduresonline.com\)](#)).

Families with children considered to be at the edge of care are able to access support through a referral to the Care & Resource Panel made by their Social Worker.

## 2.2 Living with Family or Friends – Connected Persons

(See Family and Friends Care Policy - [fam fri pol.pdf \(proceduresonline.com\)](#).)

If a child needs to live away from home, close family members can be suggested by the child's birth family. Ideally this would be with the parents' consent; however, in situations when consent is withheld, social workers should discuss with team managers, as family members may still be approached in the best interests of the child. This would apply in pre-proceedings and in care proceedings.

Short term support to such arrangements can be provided under Section 17 of the Children Act 1989 when they are deemed to be a private arrangement that has been initiated by the family.

If an arrangement is made for someone other than a close relative to care for a child away from home with the parents' consent for a period of over 28 days, the Private Fostering Regulations will apply. Short term support to such arrangements can also be provided under Section 17 of the Children Act 1989 and will be subject to a full private fostering assessment. (See also [Private Fostering Procedure p private fost.pdf \(proceduresonline.com\)](#)).

**PRACTICE GUIDANCE:** Definition of close relative in relation to a child, "means grandparent, brother, sister, uncle or aunt (whether of the full blood or half blood or by affinity) or step parent" Children Act 1989 Sec.105)

## 2.3 Legal Security with Family or Friends

For children who cannot return home, more secure and long-term care may also be provided by family or friends through a Child Arrangements Order, Special Guardianship Order or fostering arrangement.

See SGO policy - [Children Looked After & Special Guardianship Order Policy \(proceduresonline.com\)](#)



### **PRACTICE GUIDANCE**

- A Child Arrangements Order is made under Section 8 of the Children Act 1989 and is an order settling the arrangements to be made as to the person with whom a child is to live. This order gives the person with the order parental responsibilities for a child under 16 years (or 18 years if the child has disabilities) and parental responsibility/decision making is then shared between the person holding the order and the birth parents.
- A Special Guardianship Order is made under Section 115 of the Adoption and Children Act 2002 and means parental responsibility is shared with the birth parents but the special guardian has exclusive responsibility for all aspects of caring for the child and for taking the decisions in relation to their upbringing. (This is in place until the child turns 18.)

## **2.4 Going into Care**

**No child may come into care without authorisation from a service manager, head of service or director. The decision must be based on evidence that this action is necessary to safeguard the child and promote their health and well-being.**

The evidence will be derived from a child and family assessment, unless delay is likely to result in the child suffering significant harm.

For children who need to be safeguarded in this way, placement with family or friends would be the first option, (subject to their satisfactory approval as a Regulation 24 foster carer approved by the director of corporate parenting).

If no such placement is available, the child should be placed with the foster carers or within a residential children's home setting if this is the outcome of the assessment.

**PRACTICE GUIDANCE:** It is very important to establish at an early stage what relatives or friends might be available to care for the child. Not only does this avoid the kind of delays that can happen during care proceedings where this work has not been done, but it avoids moves for children e.g. a family member identified to care for a child during planning for permanence will also be the first consideration, subject to satisfactory assessment, for legal permanence. Family members or friends should be identified through the family group conferencing process. It is vital that any regulation 24 assessment considers whether the carer is likely to be able to care for the child in the long term. The Children and Social Work

Act 2017 requires all those involved in planning for children to consider their needs now and into adulthood.

The placement should be local in order for the child to facilitate continuation of family time with family and friends and attendance at the child's school unless their assessment indicates this would not be in their best interests.

**PRACTICE GUIDANCE:** Contra-indications to a local foster care placement:

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

The placement decision should also consider whether placement with a sibling already in care or a known familiar child is a possibility and in the case of disabled children, whether the placement accommodation is suitable for the needs of the child.

## 2.5 Returning to Birth Family

The first duty of the local authority is to assess the possibility of a return home within a defined timescale as long as a return home is consistent with the child's protection and best interests.

It is important that there is clear communication with the family about what needs to happen or change in order for the child to return home with specific tasks and timescales set and is within the child's timeframe for achieving permanence.

Once at home, a range of resources will need to be available to sustain the child and family during reunification. This will be in the form of a child in need plan.

**PRACTICE GUIDANCE:** Research indicators for successful re-unification:

- Child aged under 2 years when returned home;
- Parents have had regular contact;
- Parents participated in reviews;
- Parents recognise problems they may have when the child returns home;
- No new serious child care problems have emerged while the child has been away;
- No younger step or half siblings at home;
- Space has been kept for the child in the family home;
- Only one care placement before the child returns home;



- No changes amongst the children in the household;
- Short period in care;
- Early active social work planning;
- Reliable social work visiting.

If a child has experienced reunification with their family and is again accommodated, consideration needs to be given as to whether:

- There are factors which indicate the child will be returning to a changed home environment from which they were re-accommodated;
- The resilience of the child is sufficiently robust to indicate that a further return home is in the child's best interests.
- If not, the expectation is that no further attempt at reunification should be made and that planning for permanence will focus on planning for either adoption or permanent care outside of the immediate family.

Resources for reunification of children with their families can be found in the [Resources Folder](#)

## 2.6 Planning for Permanence for Children Looked After

### **Permanence Panel**

Once a child has been looked after for a period of 5 weeks, they will need to be presented to the Swindon's Permanence Panel, again at 12 weeks in preparation for the 2<sup>nd</sup> review and periodically as agreed by panel, until permanence is achieved for the child.

[Links to Permanence Panel ToR, Care and Permanence Planning Practice Guidance and Flowchart in the Resources Folder](#)

### **Legal permanence**

For most children, the possibility, or not, of rehabilitation will be clear by the first review where the pre-proceedings protocol has been used and in all cases by the four-month review. The care plan presented to this review should clearly set out the contingency plan to be followed to achieve legal permanence, if the preferred plan is not achieved within the specified timescales.

The options for legal permanence are:

- Adoption;

- Special Guardianship;
- Child Arrangements Order.

## 2.7 Long Term Fostering

Long term fostering can provide a sense of permanence for older children and young people, who have significant emotional ties to their parents which inhibits their ability to form other permanent emotional ties. It provides children with the opportunity to experience physical permanence and a sense of psychological permanence for as long as it is available to them from their foster carers.

**PRACTICE GUIDANCE:** Indicators for long term foster care:

- The child has spent a significant period with the birth parent and has a strong emotional tie to them;
- The parent(s) are committed to playing a significant role in the child's life.

Implications of long-term foster care:

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

## 2.8 Matching

Matching a child with a foster carer or adopter is one of the 'turning points' (Schofield et al 2011b) in a child's life. Successful matching depends on good assessments, clear support plans, careful decision making and a high level of information sharing between professionals.

Matching should be viewed as a process to be worked at together, rather than a single event. The quality of the relationships between everyone in the team around the child is likely to impact on the outcomes for the child. Understanding each other's roles and perspectives during this process is essential.

Relationships with people who care for them are the 'golden thread' running throughout a child or young person's life. Whatever the route to permanence, professionals must work to match the developmental needs of the child with the caregiving required to meet them. There are many criteria to be considered but these should be viewed through the 'lens' of the quality of the child's relationships.

Children should be fully involved in the decision-making process.

Matching should take place at the Fostering panel if the child is under 14, and the decision should arise from a looked after child review with the agreement of the child's IRO, the social worker, the supervising social worker and their respective managers

## 2.8 Permanence with Existing Foster Carers

Short term foster carers provide short term care during permanence planning for those children who cannot be placed with family or friends foster carers. These foster carers are significant in supporting the child during assessments of their needs, facilitating contact arrangements and contributing to good outcomes for the children during their period in care.

They will also be significant in supporting the child in transition to a legally permanent placement or to a long-term foster placement.

If legal permanence is not achievable, or not assessed to be in the child's best interests, the willingness and ability of the short-term foster carer to change their approval status to become long term foster carers for the child should be explored before seeking a change of foster home.

## 2.9 Preparation for Independence

Although young people may have the same needs as younger children for psychological and legal permanence, meeting these needs can be unrealistic as well as unachievable. Where the Care Plan for a young person is to prepare them for independence (i.e. physical permanence), foster care or alternative care provision will be sought which provides as much stability as possible.

## 3. Care Plans

The care plan is a statutory requirement for all children looked after and must be prepared before the child becomes looked after based on the assessment completed of the child's needs. If not practicable to complete the care plan prior to placement it should be completed within 7 days of a child moving into a care provision, along with the placement plan and delegated responsibility agreement (see [Delegated Authority Children in Foster Care – Delegated Authority Policy \(proceduresonline.com\)](#)), in time for the initial statutory review which takes place within 4 weeks of the placement being made.

For those children that have been subject to the pre-proceedings protocol, the permanence plan should be presented to the first review. The care plan must be

shared with the parent or person with parental responsibility and with the child where appropriate; all agencies involved should contribute to the care plan.

Once a child is looked after, the local authority will make all plans for the child's future in consultation with parents, carers, the child, other significant adults and multi-agency partners. The care plan for a child ensures that all children and young people in care have clearly stated objectives for their care and a strategy for achieving them. (**Care and Permanence Planning Practice Guidance and Permanence Flowchart**)

It should include:

- The permanence plan for the child;
- The contingency plan if the preferred permanence plan is not achieved;
- The arrangements for the child's:
  - Health needs and the health plan to meet those needs;
  - Education needs and the personal education plan to meet those needs;
  - Emotional and behavioural development;
  - Identity needs with particular regard to religion, race, culture and language;
  - Family and social relationships, including family time arrangements;
  - Social and self-care skills and presentation.
- The desired outcomes for the child and clear goals set with timescales for key responsible people;
- The actions expected of all services and individuals who form the 'team around the child';
- The arrangements for ending the placements;
- The wishes and feelings of the child and parents/carers about the placement and care plan;
- The name of the responsible Independent Reviewing Officer.

The care plan also includes the placement plan for the child and why it was chosen - children aged 16 years do not require a care plan as they have a pathway plan which identifies how they should be cared for, and their pathway to independence.

It is the child's main plan that outlines their needs and how these needs will be met now and in the future. It brings together other plans including the health plan and the education plan, and should explain different people's responsibilities and tasks, in the context of shared parenting between birth parents, the child's foster parents and the corporate parents (i.e. the responsible local authority). ([Care Planning Regulations 2010](#))

Every child we look after should have a completed set of documentation prepared before the child goes into care ideally but no later than a week after the child becomes looked after.

- Placement plan; including delegated authority
- Care plan – which incorporates the risk assessment and permanence plan
- Personal education plan (PEP)
- Pathway plan post 16

Care plans should clearly state the aim of the plan and progress towards achieving it i.e.:

- Reunification within a specified period;
- Adoption;
- Child Arrangements Order or Special Guardianship Order.
- Long term foster care

Care plans should be relevant and dynamic and informed by an up to date assessment of the child's needs now and in the future and how these can be met No care plan should be older than six months. Where there has been a significant event and changes are needed earlier, this should be discussed with the child's IRO to consider whether an early review of the plan is needed.

Care plans must demonstrate what improvements/progress should be made and subsequently must demonstrate how the child has progressed.

The initial health assessment should be completed by 20 working days of a child becoming looked after.

## 4. Care Planning

Care planning is the means by which agencies, carers, family members and the child concerned share information about the child and monitor the progress of the actions being undertaken within the child's care plan in order to meet the child's needs and to monitor action being taken to achieve the overall aim of the care plan.

In line with Swindon's assessment procedures ([Assessment \(proceduresonline.com\)](https://www.swindon.gov.uk/assessment-procedures) ) care planning should be informed by an up to date holistic assessment of the child's needs. Therefore, a new child and family assessment should be completed as part of the review of arrangements/statutory assessment.

The aim is to provide children and young people in care with the quality of care that a good parent would want to provide for their own child so that the child is supported in

achieving good outcomes during their childhood and in establishing continuity of relationships with nurturing parents or care-givers.

All children in care will have their care plans pro-actively pursued to ensure that the actions contained in those care plans are fully achieved.

This will be achieved by holding a multi-agency care and permanence planning meeting. These meetings will be held as part of the care planning process to ensure smooth transitions and to avoid drift. The statutory looked after children's review will consider the care plan and endorse and if not in agreement, will dispute the plan.

**[See Care and Permanence Planning Practice Guidance and Permanence Flowchart](#)**

Multi-agency care and permanence planning meetings should take place at key planning points for the child, there should be a minimum of one care planning meeting at a minimum of 3 monthly between each review and this meeting should agree the care plan to be presented to the next review. In some cases, it will be necessary to have care and permanence planning meetings more regularly. The regularity of care and permanence planning meetings over and above the minimum should be recorded in managers oversight or supervision notes.

The purpose of the care and permanence planning meeting is to:

- Develop the care plan prior to the first statutory looked after review;
- Agree the permanence plan for the child prior to the second statutory review;
- Monitor the progress of the care plan in achieving permanence;
- Ensure all elements of care and permanence plans are implemented and monitored for children who remain subject to a statutory care order.

### **Care Proceedings:**

For children who are in pre-proceedings, the first care plan should identify the preferred plan; the first review will endorse the care plan.

A care and permanence planning meeting can additionally be requested:

- To develop the child's care plan prior to the statutory review;
- Prior to the second statutory review to agree the permanence plan for the child;
- At any time during planning for permanence if it appears that the permanence plan may be unrealistic/needs changing. The team manager of the allocated team should review the tasks allocated from the last meeting and set new tasks with new timescales which are then incorporated into a new care plan to



be put to a re-convened statutory review. This piece of work is undertaken through care planning meetings.

All meetings must be minuted and the minutes distributed and loaded on to the child's electronic file within 5 working days of the meeting.

If a child comes into care under Section 20, the care and permanence planning process will focus initially on the viability of a care plan of rehabilitation. The care and permanence planning meeting held before the four-month review will focus on the success of the rehabilitation plan and if it has not been achieved, the alternative plan. At this stage, the issuing of care proceedings should be considered if this has not already happened.

If a child comes into care under Section 38 (Interim Care Order) the timescales for care planning will be determined by the court process. The transfer meeting which takes place at the point of transfer from the ACP Team to the Family Safeguarding Team will ensure:

- The social worker and manager from the transferring in team must be invited to the care and permanence planning meeting and permanence panel at the last meeting prior to transfer.
- overall aim of the care plan is understood by all workers taking over responsibility for the case;
- All workers taking over responsibility for the case understand the grounds for the proceedings and all associated legal requirements.

(See [Transfer Policy](#)).

If changes to the care plan arise from care and permanence planning meetings or any other assessment/meeting, the independent reviewing officer (IRO) should be notified to discuss the change and to decide whether an early review is required to make the changes to the care plan. Any agreed changes should be recorded on the care plan. The IRO has a responsibility to ensure that plans are informed by an up to date child and family assessment.

If a care and permanence planning meeting concludes that the overall care plan for the child needs to be changed, a statutory review must be convened ideally within ten working days to discuss the new care plan.

## 5. The Permanence Plan

### 5.1 Content:

- a. The objectives of the plan;

- b. Key tasks/how these objectives will be met, including the proposed status of the child and of their carers;
- c. Timescales for achieving the plan;
- d. Those responsible for achieving the plan and the respective roles of others;
- e. The criteria that will be used to evaluate the success of the plan;
- f. What the contingency/parallel plan will be.

## 5.2 Child Care and Permanence Planning Meeting

Child care and permanence planning meetings must be held as part of the care planning process, prior to attendance at the permanence panel and in preparation for a child's review of arrangements.

Reunification should always be considered as a route to permanence within a child's permanence meeting and where a return home is not achievable, a rationale should be clearly recorded in the minutes.

Any unborn baby in the family where there is a possibility that they may become looked after early permanence options must be considered as part of the permanency planning, and Adopt Thames Valley (ATV) must be notified and invited to attend a care and permanence planning meeting.

Each child in a family must have a Together and Apart Assessment completed to identify each child's relationship and how this will be maintained throughout their childhood. A positive together and apart assessment should not be a barrier to younger children being sought adoptive families where they cannot remain within their birth family.

**[Add links Together and Apart Assessment Coram Baaf in the Resources Folder](#)**

**[Link to ATV guide to Early Permanence](#)**

**[Link to Child's Care and Permanence Planning Meeting Practice Guidance](#)**

## 5.2 Permanence and Contingency Planning

The social worker must ensure that the birth parents are informed that our policy is to reunify most children to their families, but that other arrangements are being put in place to meet the child's needs and to prevent unnecessary delay.

All initial care plans should clearly state that the overall aim of the care plan is to secure legal permanence for a child, and if this is not achievable by a return home,

then alternative options for legal permanence will be sought unless these are not assessed to be in a child's best interests or are unachievable.

Any unborn baby where there is a possibility that they may become looked after early permanence options must be considered as part of the permanency planning, via Adopt Thames Valley

[Link to ATV guide to Early Permanence](#)

## 5.3 Permanence and the Review Process

The Adoption and Children act 2002 state that a plan for permanence must be produced at the four-month statutory review. This means that the central focus of the second looked after review, which takes place no more than 13 weeks after the beginning of the care episode, will be to ensure that there is a clear plan for permanence. Referring to the care plan, the IRO must ensure that the agenda includes the following:

- Review of permanence work to date;
- Review of whether the chosen route to permanence is still viable i.e. whether the care plan is still valid; and
- If not, to make sure that care planning has considered the most appropriate permanence alternative.

At the third review, if the permanence plan has not progressed as stated in the care plan, then the review meeting must establish whether the lack of progress is as a result of drift or whether there are definable circumstances. No further reunification plans should be made (unless further assessment is specifically directed by the court, or, in very exceptional circumstances, it is agreed that an existing plan should continue) and the alternative parallel plan should be pursued.

## 5.4 Decision Making – Oversight

It is crucial that during care proceedings the permanence care plan is written, this will be used in the forming of Child Permanence Reports (CPR) for long term foster care, residential care, special guardianship, child arrangements order or adoption.

Child permanence reports are presented to the agency decision maker for the 'should be placed for adoption decision'.

The matching of children to carers for long term fostering is presented to the permanence panel for approval and for placements recommended by the panel

which are with independent fostering agencies approval is considered by the agency decision maker.

Special Guardianship Order and Child Arrangements Order decisions are made through the care planning process and the permanence panel. Financial agreements are subject to means test and are recommended by the permanence panel but agreed by the agency decision maker (ADM)

Further Resources:

Children Looked After and Special Guardianship Order Policy [Children Looked After & Special Guardianship Order Policy \(proceduresonline.com\)](#)