APPROVED MINUTE OF DUNDEE CITY COUNCIL ADOPTION AND FOSTERING PANEL HELD ON THURSDAY 29 AUGUST 1996 AT POLEPARK FAMILY COUNSELLING CENTRE, DUNDEE

6 **Permanence Plan**

6.1 [redacted] & William Tarbett, c/o [redacted]

Present at Discussion:

Phillip McGill	Social Worker	Kirkton Road SW office
Margaret Leslie	Social Worker	Kirkton Road SW office
Marion Selfridge	Social Worker	Whitfield SW office
Anne Partington	Snr Social Worker	Kirkton Road SW office
Joyce Gall	Resource Worker	Kirkton Road Resource Centre
Mrs [redacted]	Foster Carer ([redacted] & William)	
Mrs [redacted]	Foster Carer [redacted]	

It was noted that the Form E recorded the date of the plan for permanency as having been March 1994. However, Marion Selfridge, Social Worker who completed the Form E, believed this date should be March 1995. It was agreed that Phillip McGill, Social Worker, will check this matter.

BACKGROUND INFORMATION

With regard to why this case has taken such a long time to be presented to the Panel, Mrs Anne Partington, Senior Social Worker, stated that her team took over responsibility for the Tarbett children in February 1996 on the understanding that this would allow Mrs Marion Selfridge to complete the Form Es. This was done due to the fact that the management of the case was taking up such an inordinate amount of time ie separate access sessions, parents and children in different places. Mrs Partington informed that, since the Form Es were completed, the medical examinations took up more time and it was only after these were done that consideration could be given to setting a Panel date.

The Panel asked if the delay in time had been caused by the Social Work Department or had it been due to some other reason. Mrs Selfridge replied that, in March 1995, the decision was taken to pursue permanency. Rehabilitation had been attempted and it was agreed that the children would not return to their father or mother, either separately or together (they were living together as a couple at that time). However, Mrs Jacquie Roberts, Manager, had stated that there was still a possibility that Linda Tarbett, mother, could resume the care of one, or more, of the children and so the situation was left. However, the children's parents again separated and there was yet another delay in order to reassess the situation.

MEDICAL INFORMATION

Dr Dewar advised that the children were seen by Dr Patricia Gallagher, CMO, on 16 July 1996. It was noted that the children were quite disruptive during examination.

Michael

[redacted]

[redacted]

[redacted]

William

William's family history is the same as [redacted] histories. Dr Dewar described William as a healthy 5 year old boy who does not require any regular medication. He does not attend the GP for any current problems.

When 5 weeks old, William suffered meningococcal meningitis, a condition which is sometimes associated with hearing loss. He failed to attend the Audiology Clinic for check-up but he was recently re-referred. Dr Dewar informed that the basic testing carried out at medical examination did not diagnose any problems but this does not mean William has not suffered any hearing loss.

It was noted that William suffered asthma when younger but has had no problems since 2 years of age. It was further noted he still required his pre-school booster at the time of his medical examination. However, this is now up-to-date.

William reached his developmental milestones at 3½ years. He presents as a bright, able child but, at the time of his medical examination, failed to demonstrate appropriate skills, particularly in respect of fine motor skills, pencil skills specifically. His concentration span is limited. He was noted as being lazy in respect of self-help but it is not known whether this is a genuine laziness or if he is simply not good at self-help tasks.

In general, William's behaviour is attention-seeking and immature. He has also had numerous changes of address and has witnessed various types of abusive behaviour when in his parents' care. He suffers physical and verbal abuse from his brother, [redacted] and his own behaviour can be violent or sexualised at times. William also attended Polepark Family Counselling Centre but this was discontinued.

William requires security in his life - he needs an environment in which he can receive and reciprocate love and attention. He likes both adult and younger children's company.

With regard to his education, it is felt that William may not cope unsupported in Primary 1. If this is the case, Dr Dewar stated that William will be seen early in P1 by her Department and an appropriate referral will be made to the Education Psychology Service.

William has been referred to Ryehill Clinic. It was noted he may require referral to Child and Family Psychiatry at some stage in the future.

[redacted] & WILLIAM IN PLACEMENT

Mrs [redacted] described [redacted] as being very aggressive and not liking discipline. His behaviour at school is good but, within the foster home, it is bad. He is like this with everyone within the family.

Mrs [redacted] stated that she believed [redacted] behaviour at school to be better due to the fact he is told that if he does not conform to rules etc, he will be placed in the Behaviour Support Unit.

Mrs [redacted] also stated that [redacted] does not like to speak about things. However, he does sometimes speak at bedtimes, if he is in a good mood. At these times, he wants to know about such things as being in care and whether or not his father wants him. Mrs [redacted] added that [redacted] does not like physical contact.

When asked by the Panel what were the most difficult aspects of caring for [redacted] Mrs [redacted] replied this was [redacted] predilection to constantly cause trouble. If this is not amongst Mrs [redacted] own children then it is with his brother, William. Mrs [redacted] stated that Michael physically fights with William - the 2 of them cannot sit down to a meal without physically fighting or calling each other names.

The Panel asked if there was a degree of loyalty between [redacted] and William. Mrs [redacted] replied that there most certainly was not any sense of loyalty between the boys.

[redacted]

Mrs [redacted] stated that William can be quite good although, at times, he does copy [redacted] behaviour. She added that William can be affectionate, he likes a little love and a cuddle and is more rewarding than [redacted]

Mrs [redacted] described William as being " a little slow" although he has been better since starting school. He can now sit and listen while a book is being read to him.

Mrs Joyce Gall, Resource Worker, stated that William always gives people a warm welcome. Mrs [redacted] commented that she has always to tell William where she is going and when she will be back.

RELATIONSHIP BETWEEN [redacted] AND WILLIAM

Mrs [redacted] told the Panel that she thought the sexual part between the brothers was under control. She added that, since Polepark Family Counselling Centre involvement ceased, the sexual language had stopped but now William is saying that [redacted] is coming into his bed and kissing him. This has happened on 2 occasions. William described [redacted] as lying on top of him, kissing him and "sooking his boobs and willie". When Michael leaves, he says "Bye Wilma". Mrs [redacted] stated that she does not know when this is happening as she checks the boys before she goes to bed. She also ensures that William is asleep before [redacted] goes to bed. Mr McGill stated that this issue requires discussion. He added that the time-span of a lot of what William says is difficult to guage. However, he added it was good that he was able to talk about these things. Mrs [redacted] stated that William only talks about these things when he is alone with her.

With regard to the physical fights between William and [redacted] Mrs [redacted] stated that William is now more able for Michael. Mr McGill described William as a "sturdy" child but, despite that, [redacted] still "batters" him when it proves impossible to stop him. It was noted that William will hit back a[redacted] when he can. Mr McGill added that when all 3 children, (William, [redacted] are together), they all tend to use physical violence if not watched.

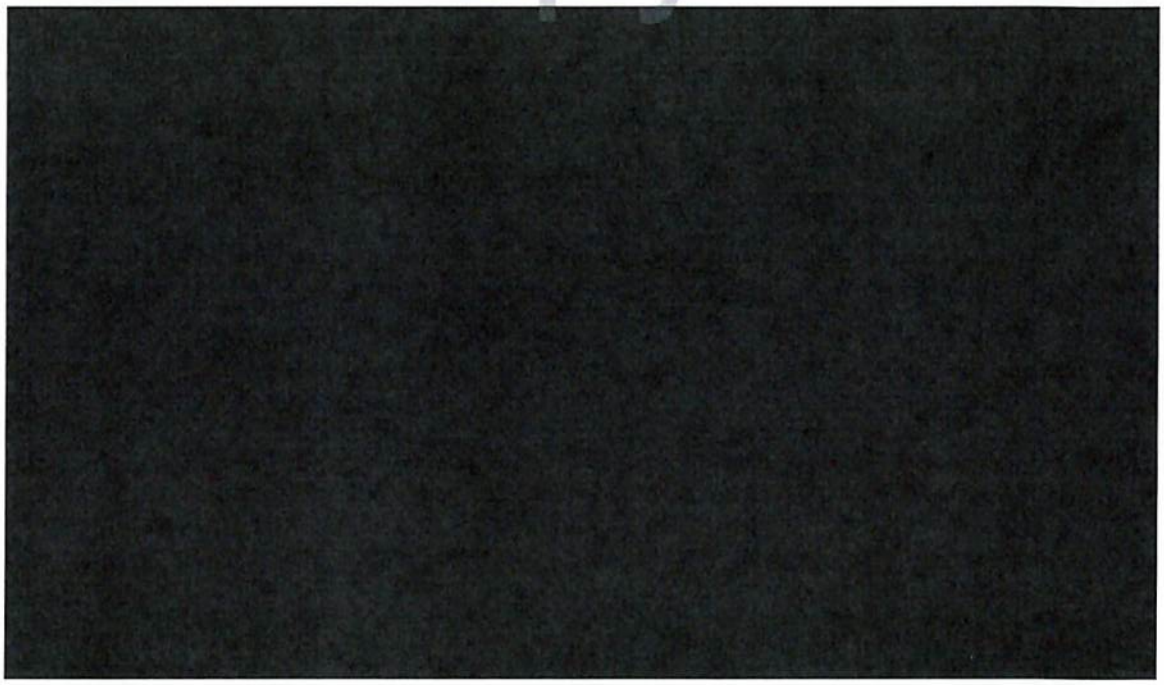
With regard to William's view of the future, Mr McGill stated that he believes William knows what is going on. He likes staying with Mrs [redacted] and wants to stay there. He knows that the Social Work Department do not want him to return to the care of his mother and father because they cannot look after him properly. William talks about when he was hit when in the care of his father but, to him, tomorrow is more important than the past.

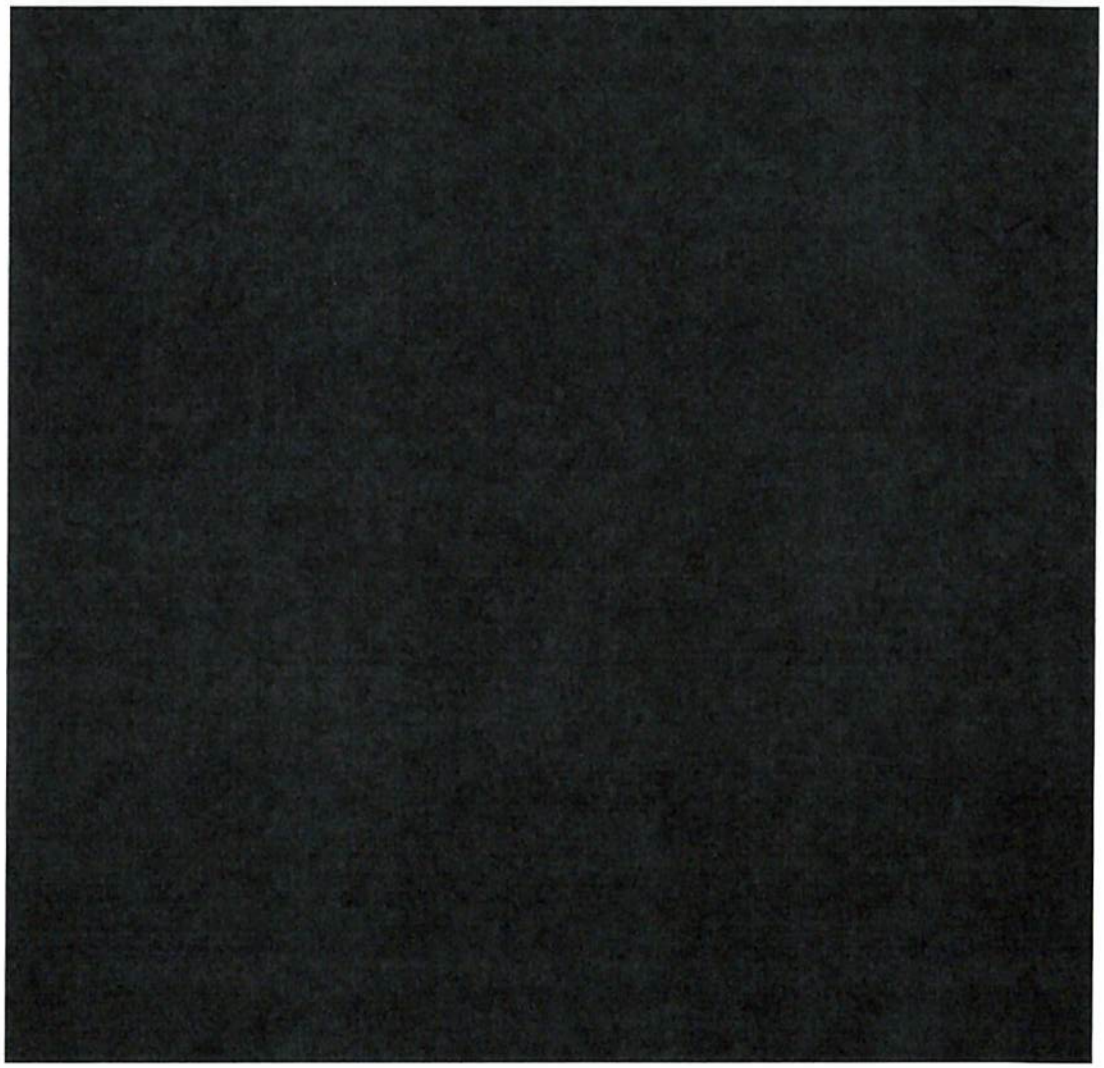
Mr McGill stated that whilst William is a sturdy child, he is frightened of certain things such as dogs and workmen. Mr McGill believes there is a very dark side to this fear. Whilst William likes dogs, he is always wary of them in that they may bite. He is always looking out for being hurt by something or someone.

FUTURE CARE OF [redacted] AND WILLIAM - TOGETHER OR SEPARATELY?

Mrs [redacted] clearly stated that, in her opinion, [redacted] and William should not be placed together. She felt they would be quite happy placed in separate placements.

Due to other commitments, Mrs [redacted] left the meeting at this point.





Mrs Leslie, Social Worker, stated that Mr Tarbett is very clear that he is capable of caring for the children on his own. He states he does not know why the children are in care, does not recognise any problems and chooses to say that the Social Work Department is the problem. Mrs Leslie remarked it is concerning that Mr Tarbett has no sense of recognising past issues.

It was noted there is no possibility of Ms Archer resuming the care of the children. Mrs Leslie informed that, at the moment, Ms Archer agrees with the Social Work Department plan. However, she added that, if the children were returned to the care of their father, the situation would probably change. Marion Selfridge, Social Worker, informed that it will not be recommended that [redacted] return to his mother's care.

ACCESS ARRANGEMENTS

Access is monthly with both parents, separately, and is supervised. This access allows the children to see each other on a once fortnightly basis. It was noted that access arrangements are to be reviewed.

FUTURE PLACEMENTS/ACCESS/JOHN ARCHER

The Panel noted that these 3 children have quite distinct needs. The need to consider [redacted] position was also questioned.

Mr McGill, Social Worker, stated it is Mr Tarbett's view that the children should all stay together in his care. Mrs Leslie added that he has also stated that, if they are not placed with him, then they should all be together in one placement. Mr McGill informed that Ms Archer would like the children to stay together but she recognises the difficulties in respect of the relationship between [redacted] and William. She accepts the fact that separation may take place.

Mrs Leslie stated it is felt that separate placements would be best given the possible difficulties in sustaining one placement. She added that discussion has taken place in respect of placing [redacted] and William, or [redacted] together, but concern was expressed about the impact on [redacted] behaviour, particularly in relation to [redacted]

[redacted] foster carer, remarked that she would not be happy about Linda being placed with any of the boys. She stated that, at the moment, Linda is settled and stable but it would prove very easy for her to revert to her past behaviour.

The Panel noted it would appear that separate placements would be best, with contact between each child and each parent being arranged. With regard to the amount of contact with their parents, Mrs Leslie stated this would very much depend on each parent's attitude. Mrs Leslie felt that Ms Archer's contact would be negotiable - she would like contact but, from her point of view, she just wants the children to be happy and settled.

Mr McGill stated he did not think there was an option of stopping [redacted] having contact with his father. However, there was a possibility that William may not have

contact with either parent - he is more interested in the "Mum and Dad" who currently care for him.

Mrs Partington, Senior Social Worker, informed that Mr Tarbett always brings [redacted] and [redacted] to access and this contact is more significant for the children than the contact with their father.

It was noted that [redacted] who was previously placed with [redacted] is interested in [redacted] situation. Mr McGill stated that William does not like [redacted] very much. Mrs [redacted] foster carer, stated that placing [redacted] together was a possible combination as, in general, they get on well together. However, Mrs Partington pointed out that one difficulty would be in respect of the fact that [redacted] case has been transferred to Perth Social Work Department. Perth will still be seeking legal advice on whether there are grounds for permanency in respect of [redacted] However, any possible carers must be made aware of the situation in relation to [redacted]

LEGAL ROUTE

Mrs Leslie, Social Worker, stated that she felt the preferred legal route was not necessarily through adoption. She added she felt permanency should be sought but this should be with the option for open adoption.

Mr McGill stated he felt William was a candidate for adoption given that access/contact would be reduced to a point whereby it would be feasible to the placement family to adopt him. He would still have some access/contact with the rest of his family.

Mrs Leslie stated that she did not feel [redacted] should be placed for a closed adoption. Ms Selfridge stated that she fel[redacted] would be best placed in a family with younger children.

With regard to [redacted] Mr McGill stated that [redacted] is very aware that Mrs[redacted] is not his final placement. Mr McGill added that he felt psychotherapy would be helpful for [redacted] in assisting him to differentiate between what he wants and what his father wants for the future. Ms Selfridge stated that she felt [redacted] would be best placed in a family where there were no younger children and he would be given individual attention.

Mrs Partington stated that all of the children are aware of the plan to move to a permanent family and the sooner this is achieved the better. Mr Tarbett is quite clear that his battle is with the Children's Hearing and this, perhaps, takes some of the onus off the Social Work Department.

Following further discussion, general opinion was that the preferred legal route is through a Children's Hearing Order leaving open the option for adoption.

PLACEMENT TO BE WITHIN OR OUTWITH DUNDEE AREA

Mrs Selfridge stated that she worried about Mr Tarbett's contact with any future placements as he has had unwanted involvement with carers in all of the children's placements. Mr McGill confirmed Mrs Selfridge's statement, however he informed that Mr Tarbett has been instructed about his inappropriate contact with carers. He

added that he did not think it would matter where the children are placed, Mr Tarbett will continue to make efforts to make contact.

Following further discussion, general opinion was that as wide a net as possible will be spread in seeking appropriate placements for the children. Referrals will be made as soon as possible.

RECOMMENDATION

The Panel unanimously recommended that [redacted] William and [redacted] Tarbett should not be returned to the care of their birth parents. It was further recommended that they would be better placed separately, although the possibility of [redacted], their youngest half-sibling, joining them was not ruled out. Ongoing contact between each child and contact with their parents will continue.

It was agreed that the preferred legal route is through a Children's Hearing Order thus leaving open the option of adoption. As wide a net as possible will be spread in seeking an appropriate family.

The need for future psychotherapy in respect of [redacted] behaviour was also recommended.

ADDENDUM TO FORM E
[redacted] AND WILLIAM TARBETT

SOCIAL WORKERS

[redacted] - Margaret Leslie, Permanence Team
[redacted] and William - Phillip McGill, Permanence Team (as from February 1996)

PARENTAL CONTACT

Mr Tarbett, the children's father, has been having regular, four weekly contact for one hour. This is supervised. He is usually accompanied by his adult daughter, [redacted], and her two year old daughter, [redacted] whom the children appear pleased to see. The atmosphere would seem to be generally relaxed with Mr Tarbett more focussed on, if not actively playing with, the children. All three children are currently expressing a desire to continue to see their father and this would appear to be related to the reduction in Mr Tarbett's hostility/anger toward workers during such contact.

The children have just recently begun to see their mother for one hour every four weeks. This had previously been weekly and, in April of this year, was reduced to fortnightly. [redacted] and William seem to enjoy seeing their mother and, to varying degrees, all have demonstrated an anxiety about such contact reducing.

VIEWS RE FUTURE PLACEMENT (S)

Views have been sought from parents, carers, and children regarding future placement plans.

Social workers have had regular individual contact with the children themselves with the aim of helping them to adjust to their present situation and to establish their views regarding the future. Overall, all three children would ideally like to be reunited with both parents in a calm, safe and happy home. [redacted] would seem to be the most resistant to the possibility that this may not happen. All three children would wish to continue seeing their parents and to be with each other in varying combinations - [redacted] has expressed her wish to be with [redacted] and William, [redacted] and William demonstrate an antipathy towards each other and both say they would wish to be with [redacted] and William have been presenting extremely difficult behaviour in their current placement - sexual, hostility, aggression. When in separate respite placements, such difficulties have not been so apparent.

Mr Tarbett feels very strongly that, failing a return to his care, the children should not be placed separately, and disputes any view of the children as overly demanding. Regarding his own contact with the children, he would want this to continue and feels that it should be more frequent that it is at present. Much of this he would justify in terms of the children's rights eg their right to be brought up in the same home together, their rights to see him regularly.

Miss Robertson, the children's mother, [redacted] and William's carers, and social workers, share concerns about the demands all three children together would make within one placement. Whilst the principle of placing the children together is not questioned, it is felt that the reality of the children's needs, and the dynamics of their relationships, would represent a major, and perhaps impossible, task for any one placement. Separate placements may be the most likely way of ensuring that each child's needs are met and with each child having greater "freedom" to develop individually. However, these sibling relationships are recognised as important for each child and continued contact would be extremely important and would have to be an integral part of any placement.

There are no plans at present to further reduce or terminate parental contact. The hope would be that some form of contact could continue, taking account of the children's needs and their best interests.

Margaret Leslie

Margaret Leslie
Social Worker
Permanence Team

27.08.06
ML/LA
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