

Guidance on Signs of Placement Stability Meetings

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Agreed by: CYPS Policies and Procedures Group

Responsible Service Area/Team: Suffolk Fostering Service

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Document Summary

The Signs of Placement Stability (SOPS) meeting is a tool that can be used to increase stability of placements for children and young people in care where there are difficulties or concerns that indicate the home situation and relationships are at risk of breakdown.

This guide acts as a reference document to support the process by which social workers and foster carers can work together to find ways to keep a placement going; or, where that is not possible, to ensure children and young people are fully supported in the transition to any identified new provision. It is for:

- Foster Carers inc. Kinship Foster Carers
- Practitioners and managers in the Fostering, Adoption and Kinship Services including those practitioners in the Suffolk Therapeutic Fostering Service
- Practitioners and Managers in Residential Care Service
- Practitioners and Managers in the Child in Care or Leaving Care Services
- Other professionals who can support stability of the home situation

NOTE: This is a guide to practice and, like all 'guides', good judgement should be exercised in its application. There may be times, and in individual cases, when following the guidance requires some flexibility or a level of discretion is needed.

We will on request produce this policy, or particular parts of it, into other languages and formats, in order that everyone can use and comment upon its content.

Version	Reason for revision and summary of changes needed	
1.1	Changes from CareFirst to Liquid logic. Clarity on who is responsible to chair and	Sept
	organise the meeting. Strengthened what need to happen in SOPs meeting.	2022
	Reinforced the need to child to remain in the home whenever possible	
2	Include references to Kinship, change in lead persons for SOPS meetings	Nov 2025



Guidance on Signs of Placement Stability Meetings

1. Purpose:

1.1. The Signs of Placement Stability (SOPS) meeting is a tool that can be used to improve stability of placements for children and young people in care where there are difficulties or concerns which indicate that the placement is at risk of ending in an unplanned way.

2. When to use SOPS meeting:

- 2.1 The SOPS meeting should be held as soon as there is information which indicates that the placement is at risk of ending, being used as a critical opportunity to avoid placement disruption and bring about change so that both the child and carer can continue to enjoy living together.
- 2.2 The SOPS meeting is one of the tools that can be used as part of managing cases where these circumstances arise and does not replace other relevant case management processes such as individual or peer supervision, Social Worker's consultation with relevant professionals (e.g. Psychologist, Therapist, Virtual School practitioner), early Child in Care (CIC) review meeting (although one of the outcomes of the SOPS meeting can be that an early review meeting is held so that the care plan is formally reviewed).
- 2.3 The SOPS meeting is a rapid response measure based on the principles, and tools of the Signs of Safety approach. Such an approach highlights the importance of involving the **child and carer's natural support network** in creating and implementing plans to improve the quality and stability of the child's home situation i.e. their 'placement'.
- 2.4 It encourages open and honest exploration of worries and concerns. This should be within the context of understanding the child's and/or carer's presenting behaviours and circumstances. It seeks to identify the underlying reasons for the worries or concerns as well as the existing strengths and resources that could be used to increase the quality and stability of placement.
- 2.5 The SOPS meeting aims to bring together key people involved, which includes:
 - the foster carer
 - the child/young person, if appropriate if it is not deemed appropriate for
 the child/ young person to attend in person for the whole meeting or part of
 the meeting, their perspective should be represented, for example through
 attendance of an independent advocate or the social worker seeking the
 child's views in advance of the meeting.



- the child's parents and/or other relevant extended family members particularly important for children voluntarily accommodated.
 - Caveat: In some cases, where the difficulties in the placement centre around issues directly linked to the carer's personal circumstances or their family, it may not be appropriate for parents to attend the meeting although their perspective should be incorporated in the meeting for example through the child's social worker gaining their views prior to the meeting.
- relevant members of the foster carer's family network, particularly those who play a supportive role for the foster carer and the child.
- child's social worker and their supervisor/ manager
- fostering or kinship social worker/ keyworker and their supervisor/manager
- relevant professionals involved with the child and the foster carer, including
 Virtual School team (as appropriate).
- 2.6 The child's IRO should be notified of the meeting taking place (and also about the outcome of the meeting, once this has taken place).
- 2.7 A SOPS meeting may be called by any involved professional; however, it should be arranged and chaired by the fostering or kinship social worker, consultant social worker or practice manager (ideally within 5 working days of the decision being made that a SOPS meeting should be held). The child's social worker or their manager can also chair the meeting and this may be preferable in certain circumstances e.g. where the fostering social worker is new to the case.
- 2.8 Services and interventions to address immediate concerns or risks within the placement (including safeguarding concerns) should be put in place without waiting for the SOPs meeting to take place, whilst other services can be discussed in the meeting.
- 2.9 The venue of the meeting should be agreed in consultation with the child/young person, the carer and, where they are attending, the child's parent.

3. How to use the SOPS meeting:

- 3.1 Use of the Signs of Safety mapping framework is encouraged in order to record information gathered during the meeting, including the action plan agreed (see Appendix 1).
- 3.2 The wellbeing of the child / young person should be at the centre of the discussions.



- 3.3 All efforts must be made to limit changes and moves for the child.
- 3.4 Copies of the meeting record should be circulated to all those who attended and to other interested parties, including the child's IRO. The record of the meeting (either typed or in the form of a photograph of the mapping) should be placed on the child's file under case records in LCS and a picture (if used) uploaded to SharePoint area in Liquid Logic.
- 3.5 A summary of the meeting, including the action plan should be recorded as a Case Note in Liquid Logic. A copy can also be given to the child, as appropriate, but especially when they have responsibility for some action, within the agreed plans.
- 3.6 The meeting should agree the most appropriate forum for the action plan to be reviewed (e.g. a SOPS Follow-up meeting, an early child in care review meeting or placement planning meeting) and the timescales for this.
- 3.7 The SOPS process and framework can be adapted for use in cases where there are difficulties regarding the stability of living arrangements for children supported by CYPS in other circumstances than 'in care'; for example those children living in Special Guardianship arrangements or those subject to Post adoption support plans.

Signs of Placement Stability Guidance

What Are We Worried About?	What's Working Well?	What Needs to Happen?
 Worries about the placement What are the child/ carer/ parent/ professionals most worried about how the placement is going? (the worries should be described as much as possible as specific rather than vague and generic behaviours, attitudes or feelings). What have been the most important/serious events that led to the worries about the placement arising? What else has happened that made the child/ carer/ parent/ professional worried about the placement? How long have the worry/worries been present for? (The child's perspective) What does/would the child say that the person most important to them is most worried about in relation to the placement? 	 Positives about the placement (The child's perspective) What the child likes/values most about the placement? What does the carer likes/values most about the placement? What are the professionals and other significant people (e.g. child's parents) think are the strengths of the placement? What have been the positive highlights of the placement since the child started to live with the carer? How had past difficulties in the placement been overcome? What helped in overcoming these? Given the current difficulties in the placement, what has helped the carer and/or child in coping with the situation? Had there been times where the worries in the placement e.g. behaviours, events could have happened but they did not? What was different at those times? (The child's perspective) What does/ would the child say that the most important person 	Goal of the meeting: What would participants want to achieve by the end of the meeting? (e.g. "Through open discussion between those present to get to better understand what are the worries and what is working well about the placement and also to agree a few specific and realistic actions that would help to make this placement a success"). The goal of the meeting should be evaluated at the end of the meeting, for example by asking each participant a relevant scaling question regarding the extent to which the goal has been achieved. Placement Stability Goal: What would we need to see happening to ensure the child's placement is successful and the most critical
Risk statement: What would be the impact and consequences for the child if the most critical identified worries about the placement were not addressed in a timely way i.e. things do not improve or they get worse?	to them is most impressed about the placement? - Who are the people who are most supportive to the child and carer? How have they helped? - What are the child's individual strengths	worries have been addressed? What would we need to see happening that would make us satisfied that the situation is at 10 on the placement stability scale? (The "miracle" question can be used

Complicating factors (Things that happen within the child or carer's family or around them that makes it harder for the placement to be successful):

E.g. negative influences from child's peers, child having suffered trauma and/or loss, school issues, contact issues, little support from foster carer's family & network, including professionals, carer's limited experience/ confidence in responding to child's particular needs/ risks, poorly defined permanence/ long term plan for the child.

- (e.g. skills, capabilities) that could help make the placement successful?
- What are the carer's individual strengths (e.g. skills, capabilities) that could help make the placement successful?
- Do the child and carer know what the permanence/ long term plan for the child is and if permanence plan has not been achieved yet, do the child and carer know about what else needs to happen for this to happen?

in order to formulate the goal. e.g. "If a miracle happened overnight and all the important worries about the placement have been sorted out, what would be different the day after the miracle happened?)

Are there services or people who are needed to stabilise the situation? Who will be responsible for making this happen

Next steps: What would need to happen so that the placement stability goal is achieved? (SMART actions to be identified; scaling questions in relation to the placement stability scale can be used to identify next steps e.g. "You rated the situation at 3; what would need to happen so that the situation can be rated a 4?")

Placement Stability Scale

On a scale of 0 to 10 where <u>zero</u> means that the difficulties in the placement are very serious and nothing else can be done to stop the placement from ending and <u>ten</u> means that the placement is as stable as it can be and can last as long as required in line with the child's plan, where do you rate this situation?

