

# Fostering for Adoption Placement Protocol for Family Placement and Children and Families' Social Workers.

Please note that text in Blue refers to a document available on the CEPP Website: <http://www.adoptionconcurrency.org/>

Please note that a number of documents that have been referenced in this protocol have 'concurrency' in their title but are still appropriate to use in conjunction with this fostering for adoption protocol.

## 1 Purpose

- 1.1 To ensure that social workers placing Looked After Children (LAC) with fostering for adoption carers do so in a manner consistent with good practice and legislation.
- 1.2 To identify persons responsible for required actions.

## 2 Scope

- 2.1 This protocol applies to all those involved in the placement of Looked After Children (LAC) in Fostering for Adoption placements (FfA) in the local authorities of Bristol, BANES, N Somerset and South Gloucestershire, CCS Adoption and Action for Children. These local authorities/agencies have agreed to work in partnership for the purposes of early permanence.

## 3. Definitions

- 3.1 All references to the agency in this protocol refer to the adoption services run by one of the four LAs in the partnership, CCS Adoption or Action for Children.
- 3.2 All documentation referred to in this protocol is available from the CEPP website at [www.adoptionconcurrency.org/](http://www.adoptionconcurrency.org/)

## 4 General Action

- 4.1 All Team Managers responsible for Family Placement social workers or Children and Families' social workers should have attended training on concurrency, fostering for adoption and early permanence.
- 4.2 Fostering for adoption cases should be closely overseen by experienced practitioners and line managers and Care Proceedings Case Managers.
- 4.3 All social workers and managers should be aware of the guidance and documents available on the [Concurrency and Early Permanence Website](#): User name: **permanence** and Password: **pennywell**

4.4 This protocol should be read in conjunction with the [Concurrent Planning Referral and Care Planning Flowchart](#) available on the website.

## 5 Procedure

### 5.1 Criteria for selection

5.2 The Children & Families Act 2014 introduced a significant amendment to the Children Act 1989 to require LAs to consider placing a child with prospective adopters in any situation in which the LA is either **“considering adoption for the child”<sup>1</sup>** or is **“satisfied that the child ought to be placed for adoption”** (these are new sub sections (9A, 9B and 9C added to section 22 of the Act). In such a situation the first duty on the LA remains for it to consider a placement with a relative, friend or connected person. However, if the LA decides that such a placement is not appropriate for the child the **“the LA must consider placing the child with a LA foster parent who has been approved as a prospective adopter.”**

5.3 Note: the effect of this provision is to fundamentally change the priorities for LAs who are considering adoption, with the aim of achieving stability for the child being overriding. The duty to place with a foster parent who has been approved as a prospective adopter outweighs any other considerations such as; proximity to the child’s home, disruption of the child’s educational training, placement with a sibling, or meeting disability needs.

5.3 The child’s social worker should, with their team manager, their own LA Adoption manager and the Care Proceedings Case Manager, make the decision that a fostering for adoption care plan is appropriate for the child, or that the child may be suitable for such a placement.

## 6 Social work tasks that need to be completed prior to the final decision to implement a fostering for adoption plan.

6.1 Any child that the LA is considering a fostering for adoption placement for should have:

- An up to date chronology.
- A genogram or family tree showing wider family (and all family members who could possibly care for the child should have been assessed).
- Had their parentage established beyond doubt (by a DNA test if appropriate).
- A single plan of adoption (but this does not mean that the ADM has taken place).

6.2 LA protocols in relation to pre-birth referrals should be followed. Pre-birth planning meetings should always consider concurrency or fostering for adoption and the LA’s Adoption team should be included in the discussions where this looks like it might be a viable option for the unborn child. The child’s social work manager should take a lead strategic role in relation to pre-birth assessments and ensure that active communication with adoption team(s) takes place.

- 6.3 For young children already born, a risk assessment should be completed to facilitate information gathering, analysis of the child's and birth family's circumstances and to inform decision-making about an appropriate match.
- 6.4 Local Authority Care Proceedings Case Managers can be consulted in regard to the planning for fostering for adoption cases.

## 7 **Fostering for Adoption Planning Referral Meeting/Discussion**

- 7.1 As soon as possible after the decision has been taken that fostering for adoption seems the correct plan for the child a referral meeting/discussion should take place between the child's social worker and their manager and the Adoption team manager of the child's LA if this has not already happened (see [Concurrent Planning Referral and Care Planning Flowchart](#)). The adoption team manager should be in liaison with the other partnership authorities' adoption managers and therefore in a position to identify whether there are any potential FfA carers in the partnership area. If there are identified FfA carers the relevant adoption social worker and the adoption manager of the agency responsible for supervising the FfA carers should also be involved in the discussion/meeting.
- 7.2 Any outstanding social work tasks should be identified at this stage and timescales set for their completion. Tasks that should have been completed:
- i Any possible family members who could care for the child should have been identified and assessed.
  - ii A Family Review Meeting or Family Group Conference should have been held to ensure that any potential resources within the family network have been fully explored. In determining which is the most appropriate placement for a child the LA must 'give preference' to a placement with a connected person.
  - iii A legal planning meeting should have been held and advice noted (including the view on the concurrency plan).
  - iv As much medical information as possible should have been gathered on the child and where possible (i.e. with consent) any relevant medical information about the birth parents (see [Protocol on Sharing Medical Information in Concurrent Planning](#)).
- 7.3 The Children and Families' Team Manager should take responsibility for the completion of tasks i- iv with the Adoption Team Manager in the child's LA also sharing responsibility for task iv.

## 8 **Care proceedings.**

- 8.1 It is likely that the LA will already have initiated care proceedings in a case where adoption has become the single plan for the child. However it is also possible that the LA may be considering adoption for a very young child at the start of care proceedings. Each case must be considered separately and if no suitable family members are available to care for the child, the LA has a duty to consider a FfA placement (see para. 5.2).

## 9 **Informing birth parents**

- 9.1 The child's birth parents should be informed of the plan to place with FfA carers, their views sought and the benefits for the child explained. This should take place as soon as possible after adoption has been identified as the plan for the child and a potential FfA placement has been identified. There is an information sheet that can be downloaded from the CEPP website which can be given to birth parents, [Fostering for Adoption Planning: Information for Birth Parents](#). This information should also be provided to the birth parents' lawyers.

## 10 **Initial linking and matching and the Fostering for Adoption Placement Planning Meeting** (use the [Concurrent Planning Placement Meeting Protocol](#)):

- 10.1 If there are any available FfA carers in the partnership area an initial telephone/email discussion should consider geographical location and contact arrangements to ensure that these do not rule out the carers before arranging a Fostering for Adoption Planning Meeting.
- 10.2 If a possible FfA carer is identified the child's social worker should liaise directly with the supervising/assessing social worker for the FfA carers. As much information about the child and their circumstances should be shared with the adoption social worker and the adopters PAR and [Addendum to the PAR](#) should be given to child's social worker. If the initial match looks like it might be possible a Fostering for Adoption Placement Planning meeting should be held as soon as possible (follow the [Concurrent Placement Planning Meeting Protocol](#)). The initial match (i.e. both considering whether the carers are suitable to meet the interim needs of the child as well as potentially their long term ones) should be considered and a robust well-documented decision made. [The CEPP Concurrent Planning Initial Matching Form](#) should be used to work through the suitability of the match and should form the basis for the formal matching presented to panel later in the process should the plan become one for adoption. This meeting should also identify if there is any further training or preparation needed for the FfA carers in order to meet the needs of the child.
- 10.3 The child's social worker should inform the meeting regarding what contact arrangements are envisaged and the implications should be discussed. They should also inform the meeting clearly if there is any relevant information they are unable to share with the carers. If this is so, the child's social worker should prepare a clear statement to inform the FfA carers as to what information the LA can /cannot share. If the adoption social worker has any concerns about information sharing this should be discussed at the meeting and agreement reached. Each case will need to be discussed separately but it is important that FfA carers are aware that it may not be possible to share all of the information about the child with them at this stage.

## 11 **The mechanics of a Fostering for Adoption placement in the partnership area**

- 11.1 If an initial match is agreed and the FfA carers have already been dual approved by an Adoption and Permanence Panel, or have already been approved by both the LAs Adoption Panel and Fostering Panel, then it would be possible, if the court agrees the care plan, to place a child with them directly under fostering regulations.

- 11.2 However within the partnership area there are a number of different arrangements and it may be that the adopters have been approved for FfA by an adoption panel but not yet been approved by any fostering panel (such as CCS carers). If this is the case then the placing LA can either make arrangements for the FfA carers to be approved by their own fostering panel or the ADM can temporarily approve them as foster carers for a named child (under reg.25a). The ADM will need to receive the relevant paperwork (PAR, Addendum to the PAR) in order that they are equipped to make the decision and [The Agency Decision Form for Fostering for Adoption](#) available on the website can be used.
- 11.3 The child's LA should allocate a fostering social worker to oversee the placement. The fostering social worker should liaise closely with the adoption social worker throughout and both social workers should support the carers and continue to visit once the child is in placement. Some LAs may wish to combine these roles and allocate one social worker. This will often depend on how services are structured within the LA. What is important is that the fostering nature of the placement is adequately supervised and the statutory requirements adhered to, as well as attention paid to the long term plan for the placement to be an adoptive one. The Addendum to the PAR should outline the additional training and preparation the adopters have received to prepare them for the fostering task.

## 12 **The role of the Fostering for Adoption carer's supervising social worker**

- 12.1 The role of the FfA carer's supervising social worker at this stage is to ensure that the FfA carers are provided with all the appropriate information about the child to enable them to make an informed decision about whether they can provide care for the child in both the short and long term. If the FfA carers already have children (adopted or birth) the supervising social worker will need to help them plan to prepare the children already in the family. Consideration should be given to the ages of the children and how the potential placement may impact on them.
- 12.2 It is also the role of the FfA carer's supervising social worker to have assessed and prepared the carers for the task of FfA ([see Additional Components of Preparation Training for Concurrency Carers, Self-Assessment Tool for use with Potential Concurrent carers, CEPP Concurrency Addendum to the PAR](#)) It is essential that the carers:
- Understand the nature of FfA and that whilst the LA's plan for the child is adoption the court may not agree and the child may move back home or to another placement. This can be distressing for the child and the carers. The expectation of FfA carers is that if this should happen, they are able to place the child's needs first and continue to care for the child whilst constructively participating in the possible reunification/introduction plans.
  - Have been well assessed as both Adopters per se *and* Adopters able to offer FfA. They should have been given training on the fostering role and explored in depth with their assessing social worker their ability to cope with the uncertainty and potential losses involved in FfA.
  - Are not given false promises about the outcome of the placement plan at any stage, regardless of what the professionals think might happen. It is good practice to stick to facts. The social work task is to help the carers to manage their own emotions, remain child-focussed and support the carers in the task they have

taken on. Over-reassurance about an adoption outcome can be very tempting but is not helpful. Social workers undertaking this supervisory role need to be able to manage their own emotions in relation to the task and reflect openly on their practice.

- Understand that uncertainty is inherent in a FfA placement e.g. eventual outcome, medical health etc.
- Are provided with enhanced support during the FfA process.
- Are kept informed of relevant court dates, assessment completions, police incidents or new contact arrangements etc. as this can help them manage their own emotional journeys.
- Are prepared to adopt the child should the court agree with the LA plan and grant a Placement Order.

### 13 The role of the child's social worker

13.1 The role of the child's social worker is to:

- Liaise regularly with the FfA carers' supervising social worker updating them on: any on-going assessments, court dates, contact arrangements, police incidents and any developments in regard to the wider family. Such significant information as listed should be passed on to the supervising adoption social worker a.s.a.p. and in the social workers absence this (as well as the regular updates) is the responsibility of the social worker's line manager.
- Appreciate the emotional journey that the FfA carers have taken on and be mindful that whilst acting as foster carers for the child in the initial instance they have more at stake than traditional foster carers as they are actively committed to adopting the child should the courts agree with the LA's adoption plan. Therefore it is best if very sensitive information is passed in a timely manner through the supervising social worker so they can support the carers to manage the emotional impact any information may have on them.
- Inform the FfA carers about any changes to contact arrangements as soon as possible.
- Undertake all the statutory requirements that apply to a traditional foster care placement and a LAG.

### 14 The Agency Decision Maker

14.1 The agency decision maker (ADM) should be *informed* of the potential match and FfA placement. Note that the ADM does not formally agree the match at this stage as adoption has not yet been agreed by the court as the final plan for the child. The formal match cannot happen until post Placement Order or it could be seen as pre-empting the court decision. However, it is good practice to inform the ADM of the FfA placement.

14.2 The Agency's medical advisor or other suitably qualified professional should be available to answer any questions in regard to known health information and the inherent uncertainty in relation to the child's longer term health. This can assist the FfA carers to make an informed decision as to whether or not they can undertake to meet this child's life long needs if necessary. Each agency's medical advisor should be prepared to meet with FfA carers at short notice to discuss the medical uncertainties/needs of a potential match (see Protocol on Sharing Medical Information in Concurrent Planning).

## 16 Placement

- 16.1 Introductions and transition meetings between the child's current foster placement and the FfA carers will need to be set up and managed (if a risk assessment indicates that this is possible). Good practice around introductions should generally be followed but must be weighed up alongside the child's need for speedy permanence and the new duty on LAs to place in FfA placements (see para 5.2).
- 16.2 Legally the child is placed with the FfA carers under fostering regulations and they act as foster carers for the child.
- I. If the FfA carers are dual approved (as both adopters and foster carers the child can be placed under fostering regulations as any other temporary foster care placement.
  - II. If the FfA carers are approved adopters but not dual approved as foster carers as well, the LA ADM can, under reg. 25A of the Care Planning, Placement and Case Review (England) Regulations 2010 (the 2010 Regulations), approve the Approved Adopters (FfA carers) as temporary foster carers for a named child.

## 17 After Placement

- 17.1 After placement the FfA carers' supervising social worker must ensure that the carers receive regular updating information about the child and the progress in the care planning. In order for this to happen there must be regular and clear communication set up between the child's social worker and the FfA carers' supervising social worker. See above para 12 on The Role of the FfA Carer's Supervising Social Worker.
- 17.2 FfA carers may have been dual approved at a LA permanence panel or separately by their adoption and fostering panels. It is also possible that they may have been approved for FfA by an agency adoption panel only. If the latter is the case the LA ADM can grant temporary fostering approval for a named child (see para 16.4).
- 17.4 On-going communication and information sharing between the social work teams (family placement and children and families), the guardian and the IRO.

- 17.5 All professionals should also consider their use of language (such as at LAC Reviews) where it can be difficult for the FfA carers to hear themselves referred to as 'foster carers' when they are in reality approved adopters undertaking a fostering task at this stage of the process. It can help if the IRO acknowledges the nature of the placement at the beginning of review meetings and if all professionals understand the multi-layered nature of the role and how emotionally charged these meetings can be for the FfA carers.
- 17.6 The placing LA must appoint a supervising foster care social worker at placement to work with the adoption supervising social worker to oversee that the fostering regulations are adhered to during the fostering phase of the placement. Some LAs may appoint a social worker who can combine both roles (this will usually depend on how services in their LA are structured). What is important is that the statutory requirements of the fostering role are supervised and supported as well as the longer term plan for the placement to become a permanent one.
- 17.7 In general the expectation is that the adoption supervising social worker (if two social workers are allocated) will undertake most of the support work, but that joint visits will also take place and the fostering social worker must be confident that the fostering task (reporting etc.) is being completed to a high standard. The fostering supervisor must give the FfA carers a copy of the LA's Fostering Handbook and ensure regular payments are made in line with the [Interagency Fee Protocol for Concurrency/FfA Placements within the Partnership Area](#). This is available on the [website](#).

20	<b>If the court agree with the plan for adoption</b>
20.1	If the court agrees with the LA's plan for adoption and grants a Placement Order at the final hearing, the LA would proceed to Matching Panel and if the Agency Decision Maker approves the match the placement automatically becomes an
20.2	The fostering allowance will cease on the day of the agency decision on the match.
20.3	Adoption leave and pay entitlements commence from the date of the agency decision on the match.
20.4	Note that not all FfA carers will be entitled to adoption leave/pay. All carers should clarify their own circumstances. There are also changes to adoption leave entitlements due in April 2015. The assessing/supervising social worker should keep up to date on the current entitlement situation and assist the carers in understanding their own position in relation to this.
20.5	An application for an Adoption Order can be lodged at any time after a child has been in the placement for over 10 weeks. But note that this does not have to be 10 weeks from the date of the Placement Order being granted, but could be 10 weeks from the date of initial placement with the carers.
20.6	The FfA carers' supervising adoption social worker should support the carers in the transition to this new status of placement. Some adopters may find that it is hard for

	them to make the shift from temporarily' caring for the child to 'claiming' the child after the FfA journey and sensitive thoughtful social work support should be offered
21	<b>If the court does not agree with the plan for adoption or other family members come forward:</b>
21.2	If the plan changes either because of the court decision or because other family members come forward before the final hearing, the FfA carers will be expected to put the interests of the child first and work in partnership with the LA on an alternative plan. Both the adoption and fostering social workers must support and prepare the carers to help the child return to birth family or transition to another placement if that is what is decided is best for the child. The adoption supervising social worker should help the FfA carers to draw on the strengths and resources identified in the addendum to the PAR that will help them manage this loss and to cope with their emotions.
21.3	The fostering social worker will have experience in preparing and assisting foster carers to help children move on to other placements/permanent homes and their experience here can be drawn on
21.4	The child's social worker should work sensitively with the FfA carers with the plan for reunification/transition, appreciating that the task is more nuanced than if the placement had been set up as a temporary foster care arrangement.

## 22 Financial arrangements:

### 22.1 Fostering Allowance

22.2 In the CEPP Partnership the local authority who has initially registered the FfA carers as approved foster carers will pay the foster care rate for age to the carers during the fostering phase of the care plan.

### 22.3 Settling in Fee

21.4 The placing local authority will pay an allowance of up to £750 for the set-up of the placement, this needs to be agreed by all authorities. Receipts would be required to trigger payments and discussion of what equipment is needed should happen in advance between the child's and the FfA carers' social workers. Should the child move from the placement the equipment should move with the child.

22.5 **Inter-agency fee:** If the FfA placement involves the child's local authority placing in another local authority in the partnership or with an independent adoption agency the placing authority would pay the inter-agency fee at the point of the agency decision on the match.

22.6 If the child is placed with a voluntary agency please consult the Interagency Fee Protocol for Concurrency on the website for detailed guidance about payments

## 23 Essential Points

The Children & Families Act 2014 introduced a significant amendment to the Children Act 1989 to require LAs to consider placing a child with prospective adopters in certain circumstances. The new amendment introduced some additional provisions which apply in any situation in which the LA is either “considering adoption for the child” or is “satisfied that the child ought to be placed for adoption” (these are new sub sections (9A, 9B and 9C added to section 22 of the Act).

In such a situation the first duty on the LA remains for it to consider a placement with a relative, friend or connected person. **However, if the LA decides that such a placement is not appropriate for the child the “the LA must consider placing the child with a LA foster parent who has been approved as a prospective adopter.”**

The effect of this provision is therefore to fundamentally change the priorities for the LAs who are considering adoption, with the aim of achieving stability for the child being overriding. The duty to place with a foster parent who has been approved as a prospective adopter outweighs any other considerations such as; proximity to the child’s home, disruption of the child’s educational training, placement with a sibling, or meeting disability needs.

- 23.1 Every case that is being considered for FfA must be reviewed on a case-by-case basis but the essential key points are relevant to all cases where a FfA placement is used:
- All professionals, birth parents and wider family should know that a FfA placement is being considered and know if the child is placed in one.
  - There must be regular, detailed communication between all professionals and the FfA carers (following the protocols outlined above).
  - Regular meetings (every 6 weeks at least) should be held and chaired by a manager (or someone delegated by them) in the child’s LA. Minutes should be taken and distributed (follow the procedures outlined in the Concurrent Planning Placement Meeting Protocol).
  - All professionals, FfA carers and birth family members can access the projects website for information, documentation or guidance ([www.adoptionconcurrency.org](http://www.adoptionconcurrency.org)).
  - The additional work that this type of placement may impose on the child’s social worker and the FfA carers supervising social workers should be acknowledged and there should be clear guidance from managers as to how this will be managed (e.g. co-working other cases, co-working with family support workers/social work assistants, adjustments in case-loads).

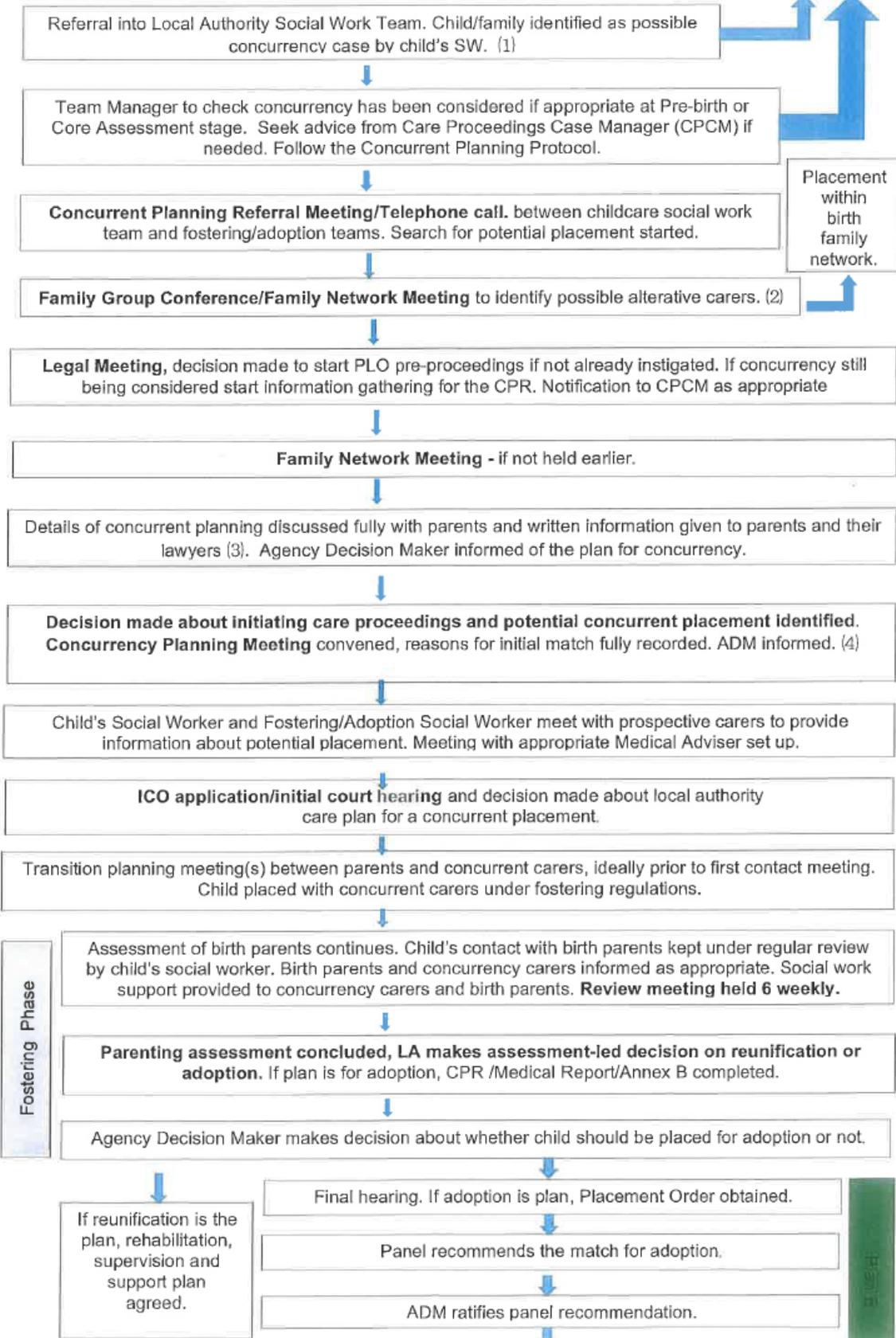
Updated by Lindy Wootton 12/2/15

Concurrency and Early Permanence Worker

**DRAFT – Concurrent Planning Referral and Care Planning Flowchart**

Not suitable for concurrency.

Concurrent Plan, Reunification (Plan A) and Adoption (Plan B) worked on simultaneously.



Plan A

Fostering Phase

Plan B

## **Notes to accompany draft concurrent planning referral and care planning flowchart.**

- (1) Use the concurrent planning tool (page 9 of the CEPP Guide to Concurrency for Professionals and the concurrent planning screening matrix (page 12) to help identify appropriate cases.
- (2) Family network meeting held ASAP in the planning process.
- (3) Written information for birth parents on the CEPP website at: [www.adoptionconcurrency.org](http://www.adoptionconcurrency.org) and in the Guide to Concurrency for Professionals (page 20).
- (4) This is not a formal 'match' as the term is usually used in adoption, as that cannot happen until after a Placement Order is granted and must be presented to panel and ratified by the Agency Decision Maker. However, this 'initial match' needs to be robust and consider not just factors in the short term or fostering phase, but also consider the long term potential for the placement to become the child's permanent home. The Concurrent Planning Initial Matching Form (page 14 of the EPP Guide to Concurrency for Professionals) should be used. There is also guidance around convening the Concurrent Placement Planning Meeting (Concurrent Planning Placement Meeting Protocol) in the professionals section of the CEPP website.

If considering concurrency for an unborn please note that this flow chart focusses on concurrency planning and does not cover all actions and contingencies and should be used in conjunction with your own local authority's Expected Baby or Pre-Birth Protocols.

Where a decision has been made to initiate care proceedings and there are no appropriate carers within the wider family, and alternative placement with concurrent carers should actively be considered.

Assessment work undertaken pre-birth may indicate that a parent and child fostering placement or residential resource may be appropriate. In such circumstances, consideration can be given to concurrency as a contingency plan. It may not, however be appropriate for concurrent carers to remain linked with a child over a number of months while these other placement options are pursued.

Assessment work undertaken pre-birth may indicate that birth parents are not in a position to make use of either of the above placement resources, in which case assessment work with them could continue in the community with the baby placed with concurrent carers. However, the grounds for initiating care proceedings and separation from birth parents must be met and in addition there must be no suitable wider family members.

No concurrency plan can proceed though, unless a suitable placement with a concurrent carer has been identified. Therefore the unborn child's social worker must ensure that there is a full and timely communication with their LA Adoption/Fostering Teams as well as potentially those of the other partnership LAs.

**Please note that this protocol flow chart is subject to review to ensure effective practice.  
(Updated 5/2/15)**

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Please note that text in Blue refers to a document available on the [CEPP Website](#)

## Purpose

- 1.1 To ensure that social workers placing Looked After Children (LAC) with concurrent carers do so in a manner consistent with good practice and legislation.
- 1.2 To identify persons responsible for required actions.

## 2 Scope

- 2.1 This protocol applies to all those involved in the placement of looked after children (LAC) in concurrent placements in the local authorities of Bristol, BANES, N Somerset and South Gloucestershire, CCS Adoption and Action for Children. These local authorities/agencies have agreed to work in partnership for the purposes of early permanence.

## 3. Definitions

- 3.1 All references to the agency in this protocol refer to the adoption services run by one of the four LAs in the partnership, CCS Adoption or Action for Children.
- 3.2 All documentation referred to in this protocol is available from the [CEPP website](#)

## 4 General Action

- 4.1 All Team Managers responsible for Family Placement social workers or Children and Families' social workers should have attended training on concurrency, fostering for adoption and early permanence.
- 4.2 Concurrency cases should be closely overseen by experienced practitioners, line managers and Care Proceedings Case Managers.
- 4.3 All social workers and managers should be aware of the guidance and documents available on the [Concurrency and Early Permanence Website](#)  
User name: permanence and password: pennywell
- 4.4 This protocol should be read in conjunction with the [Concurrent Planning Referral and Care Planning Flow Chart](#) available on the website.

## 5 Procedure

### 5.1 Criteria for selection

5.2 Concurrency should be considered for all children under two years of age that meet the following criteria:

- The child is assessed as being highly likely to need an adoptive placement based on an analysis of the case history, birth parents history and or current difficulties (use the [Concurrent Planning Tool](#) and the [Concurrent Planning Screening Matrix](#) on the website) to help with this analysis.
- Whilst it is highly unlikely that the birth parents can change enough to meet the parenting needs of the child within the child's timescales, they want to try and there is at least a slight possibility they could.

5.3 . The child's social worker should, with their team manager, their own I\_A Adoption manager and the Care Proceedings Case Manager make the decision that a concurrent care plan is appropriate for the child, or that the child may be suitable for such a placement.

## 6 Social work tasks that need to be completed prior to the final decision to implement a concurrency plan.

6.1 Any child that the LA is considering concurrent planning for should have:

- An up to date chronology.
- A genogram or family tree showing wider family (and all family members who could possibly care for the child should have been assessed).
- Their parentage clarified by a DNA test if there is any doubt as to who the parents are.

6.2 LA protocols in relation to pre-birth referrals should be followed. Pre-birth planning meetings should always consider concurrency and the LA's Adoption team should be included in the discussions where this looks like it might be a viable option for the unborn child. The child's social work manager should take a lead strategic role in relation to pre-birth assessments and ensure that active communication with adoption team(s) takes place.

6.3 For young children already born a risk assessment should be completed to facilitate information gathering, analysis of the child's and birth family's circumstances and to inform decision-making about an appropriate match.

6.4 Local Authority Care Proceedings Case Managers should actively oversee and track all potential concurrency cases.

## 7 Concurrent Planning Referral Meeting/Discussion

7.1 As soon as possible after the decision has been taken that Concurrent Planning seems the correct plan for the child a Referral Meeting/Discussion (see [Concurrent Planning Referral and Care Planning Flowchart](#)) should take place between the child's social worker and their manager, the adoption team manager of the child's

LA, if this has not already happened. The adoption Team manager should be in liaison with the other partnership authorities' adoption managers and therefore in a position to identify whether there are any potential concurrent carers for the child within the partnership area. If there are identified concurrent carers the relevant adoption social worker and the adoption manager of the agency responsible for supervising the concurrent carers should also be involved in the discussion/meeting.

7.2 Any outstanding social work tasks should be identified at this stage and timescales set for their completion. Tasks that should have been completed:

- i Any possible family members who could care for the child should have been identified and assessed.
- ii A Family Review Meeting or Family Group Conference should have been held to ensure that any potential resources within the family network have been fully explored. In determining which is the most appropriate placement for a child the LA must 'give preference' to a placement with a connected person. It is vital therefore that at the very least initial viability work has been undertaken. If there is a family member who can provide an appropriate, safe and nurturing home for the child then concurrent planning would not be appropriate.
- iii A legal planning meeting should have been held and advice noted (including the view on the concurrency plan).
- iv As much medical information as possible should have been gathered on the child and where possible (i.e. with consent) any relevant medical information about the birth parents ([see Protocol on Sharing Medical Information in Concurrent Planning](#)).

7.3 The Children and Families' Team Manager of the child's LA should take responsibility for the completion of tasks i- iv. With the Adoption Team Manager in the child's LA also sharing responsibility for task iv.

## 8 **The final decision should be made about initiating care proceedings.**

8.1 Where a decision has been made to initiate care proceedings, there are no appropriate carers within the family network and the other selection criteria have been met ([see Concurrent Planning Tool and Concurrent Planning Screening Matrix](#)), a concurrent placement should be actively pursued as part of the care planning process.

## 9 **Informing birth parents**

9.1 The child's birth parents should be informed of the plan for concurrency, their views sought and the benefits for the child explained. This should take place as soon as possible after concurrency has been identified as a possible plan for the child. There is an information sheet that can be downloaded from the CEPP website which can be given to birth parents, [Concurrent Planning: Information for Birth Parents](#). This information should also be provided to the birth parents' lawyers.

## **Initial Linking and Matching and the Concurrent Placement Planning Meeting:**

- 10.1 If there any available concurrency carers in the partnership area an initial telephone/email discussion should consider geographical location and contact arrangements to ensure these do not rule out the carers before arranging a Concurrent Planning Placement Meeting.
- 10.2 If a possible concurrent carer is identified the child's social worker should liaise directly with the supervising/assessing social worker for the concurrent carers. As much information about the child and their circumstances should be shared with the adoption social worker. The adopters' PAR and [Addendum to the PAR](#) should be given to the child's social worker. If the initial match looks like it might be possible a Concurrent Placement Planning meeting should be held as soon as possible (follow the [Concurrent Placement Planning Meeting Protocol](#)). The initial match (i.e. both considering whether the carers are suitable to meet the interim needs of the child as well as potentially their long term ones) should be considered and a robust well-documented decision made and documented. [The CEPP Concurrent Planning Initial Matching Form](#) should be used to work through the suitability of the match and should form the basis for the formal matching presented to panel later in the process should the plan become one for adoption. This meeting should also identify if there is any further training or preparation needed for the concurrency carers in order to meet the needs of the child.
- 10.3 The child's social worker should inform the meeting what contact arrangements are envisaged and the implications should be discussed. They should also inform the meeting if there is any relevant information they are unable to share with the carers. If this is so, the child's social worker should prepare a clear statement to inform the concurrent carers as to what type of information the LA can/cannot share. If the adoption social worker has any concerns about information sharing they should be discussed at the meeting and agreement reached. Each case will need to be considered separately but it is important that concurrent carers are aware that it may not be possible to share all of the information about the child with them at this stage.

## **11 The mechanics of a concurrency placement in the partnership area**

- 11.1 If an initial match is agreed and the concurrent carers have already been dual approval by an Adoption and Permanence Panel, or have already been approved by both the LAs Adoption Panel and Fostering Panel then it would be possible, if the court agrees the care plan, to place a child with them directly under fostering regulations. However within the partnership area there are a number different arrangements and it may be that the concurrent carers have been approved for concurrency by an adoption panel (such as CCS carers) but not yet been approved by any fostering panel. If this is the case then the placing LA will need to make arrangements for the concurrent carers to be approved by their own fostering panel. In order to do this they should book a date for them to attend the fostering panel and ensure that the panel administrator receives the relevant paperwork (PAR, Addendum to the PAR) in order that they are equipped to make the decision. The child's LA should also allocate a fostering social worker to take them to fostering panel and oversee the placement (see para on after placement). The fostering social worker should liaise closely with the adoption social worker throughout and the expectation is that the adoption social worker will also attend the fostering panel to support the concurrent carers. Some LAs may wish to combine these tasks and

allocate one social worker. What is important is that the fostering nature of the placement is adequately supervised and statutory requirements adhered to. The Addendum to the PAR should outline the additional training and preparation the Adopters have received to prepare them for the fostering task.

## 12 The role of the concurrent carer's supervising social worker

12.1 The role of the concurrent carer's supervising social worker is to ensure that the concurrent carers are provided with all the appropriate information about the child to enable them to make an informed decision about whether they can provide care for the child in both the short and long term. If the concurrent carers already have children (adopted or birth) the supervising social worker will need to help them plan to prepare the children already in the family. Consideration should be given to the ages of the children and how the potential placement may impact on them.

12.2 It is also the role of the concurrent carer's supervising social worker to have assessed and prepared the concurrent carers for the task of concurrency ([see Additional Components of Preparation Training for Concurrency Carers, Self-Assessment Tool for use with Potential Concurrent carers, CEPP Concurrency Addendum to the PAR](#)) It is essential that the carers:

- Understand the nature of concurrency and that the child may move back home or to another placement. This can be distressing for the child and the carers. The expectation of concurrency carers is that they are able to place the child's needs first and continue to care for the child whilst constructively participating in the possible reunification/introduction plans.
- Have been well assessed as both Adopters *and* Adopters able to offer concurrency. They should have been given training on the fostering role and explored in depth with their assessing social worker their ability to cope with the uncertainty and potential losses involved in concurrency.
- Are not given false promises about the outcome of the concurrent plan at any stage, regardless of what the professionals think might happen. It is good practice to stick to facts. The social work task is to help the carers to manage their own emotions, remain child focussed and support the carers in the task they have taken on. Over-reassurance about an adoption outcome can be very tempting but is not helpful. Social workers undertaking this supervisory role need to be able to manage their own emotions in relation to the task and reflect openly on their practice.
- Understand that uncertainty is inherent at all levels within concurrency, e.g. building the plan for any individual child, eventual outcome, medical health etc.
- Are provided with enhanced support during the concurrency process.
- Are kept informed of relevant court dates, assessment completions, police incidents or new contact arrangements etc. as this can help them manage their own emotional journeys.
- Are prepared to adopt the child should the LA conclude that reunification is not possible and the courts grant a Placement Order.

## 13 The role of the child's social worker

### 13.1 The role of the child's social worker is to:

- Actively work on a plan of reunification whilst simultaneously lining up a back-up plan of adoption.
- To liaise regularly with the concurrent carer's supervising social worker updating them on: on-going assessments, court dates, contact arrangements, police incidents and developments in regard to the wider family, and the LA's thinking in regard to the permanence plan for the child. Such significant information as listed should be passed on to the supervising adoption social worker a.s.a.p. and in the social worker's absence this (as well as the regular updates) are the responsibility of the social worker's line manager.
- Appreciate the emotional journey that the concurrency carers have taken on and be mindful that whilst acting as foster carers for the child in the initial instance they have more at stake than traditional foster carers as they are actively committed to adopting the child should that become the LA's plan and the courts agree. Therefore it is best if very sensitive information is passed in a timely manner through the supervising social worker so they can support the carers to manage the emotional impact any information may have on them.
- Inform the carers about any changes to contact arrangements as soon as possible.
- Undertake all the statutory requirements that apply to a traditional foster care placement and a LAC.

## 14 The Agency Decision Maker

14.1 The agency decision maker (ADM) should be *informed* of the potential match and concurrency placement. Note that the ADM does not formally agree the match at this stage as a) adoption has not been agreed as the plan for the child, the LA is still working on two plans, b) the formal match cannot happen until post Placement Order or it could be seen as pre-empting the court decision. However, it is good practice to inform the ADM of the concurrency placement.

14.2 The Agency's medical advisor or other suitably qualified professional should be available to answer any questions in regard to known health information and the inherent uncertainty in relation to the child's longer term health. This can assist the concurrent carers to make an informed decision as to whether or not they can undertake to meet this child's life long needs if necessary. Each Agency's Medical Advisor should be prepared to meet with concurrency carers at short notice to discuss the medical uncertainties/needs of a potential match (see Protocol on Sharing Medical Information in Concurrent Planning).

## 15 Initial Court Hearing for an ICO

15.1 At the application for an ICO the court will make a decision on whether the threshold for removal has been reached and only if it feels it has should it consider the concurrent care plan. However, it is possible to consider a concurrent plan for a child already subject to an ICO whether still living at home or in a temporary foster care placement. Each possible case should be considered on a case by case basis and care taken to try to achieve timely permanence for the child whilst not increasing the possibility of moves and disruptions.

## 16 Placement

- 16.1 If the ICO and care plan are agreed, transition meetings between the birth parents and concurrent carers can be set up if risk assessed as safe. In reality such meetings may often be seen as too risky but the possibility should always be considered. Ideally if such a meeting were to take place they would be prior to the first contact meeting but social workers may have to be creative and flexible depending on whether risk assessments allow for any face to face contact between birth parents and concurrent carers and the speed at which the placement has been set up.
- 16.2 Legally the child is placed with the concurrent carers under fostering regulations and they act as foster carers for the child.

## 17 After Placement

- 17.1 After placement the concurrent carer's supervising social worker must ensure that the carers receive regular updating information about the child and the progress in the care planning. In order for this to happen there must be regular and clear communication set up between the child's social worker and the concurrent carers' supervising social worker. See above para. 12 on The Role of the Concurrent Carer's Supervising Social Worker.
- 17.2 Concurrent carers may have been dual approved at a LA permanence panel or separately by their adoption and fostering panels. It is also possible that they may have been approved for concurrency by an Agency Adoption panel only and still need to go to the placing LA's fostering panel for fostering approval. If the latter is the case the manager from the Adoption Agency and the placing authority's Adoption manager will need to ensure that this has taken place before a child can be placed concurrently with the adopters. See above paragraph on The mechanics of a concurrency placement in the partnership area and the guidance on assessment and preparation on the website.
- 17.3 The child's social worker continues/commences the assessment and support work for the birth parents. Every effort must be put into assisting the birth parents to manage to care for the child appropriately if at all possible (see Common Pitfalls to Avoid in the Concurrent Planning Model for the CEPP in the professionals section of the project website). The stakes for birth parents could not be higher, so it is essential that they are given clear information about the plan for their child, expectations of them and intensive support to try to help them make the changes that are required of them.
- 17.4 On-going communication and information sharing between the social work teams (family placement and children and families), the CAFCASS Guardian and the IRO is essential at this stage.
- 17.5 All professionals should also consider their use of language (such as at LAC Reviews) where it can be difficult for the concurrent carers to hear themselves referred to as 'foster carers' when they are in reality approved adopters undertaking a fostering task. It can help if the IRO acknowledges the nature of the placement at the beginning of review meetings and if all professionals understand the multi-layered nature of the role and how emotionally charged these meetings can be for the concurrent carers.

- 17.6 The placing LA must appoint a supervising foster care social worker at placement to work with the adoption supervising social worker to oversee that the fostering regulations are adhered to during the fostering phase of the placement (see paragraph on The mechanics of a concurrency placement in the partnership area).
- 17.7 In general the expectation is that the adoption supervising social worker will undertake most of the support work, but that joint visits will also take place and the fostering social worker must be confident that the fostering task (reporting etc.) is being completed to a high standard. The fostering supervisor must give the concurrent carers a copy of the LA's Fostering Handbook and ensure regular payments are made in line with the [Interagency Fee Protocol for Concurrency Placements within the Partnership Area](#).

## 18 **The Assessment Decision**

- 18.1 There should be no surprises in regard to the LA's decision-making and with good communication the view of the LA in regard to what is the right plan for the child should become clear during the assessment process. The adoption social worker should have been working with the concurrent carers throughout the placement to help them manage the feelings and tasks associated with the emerging outcome.

## 19 **If the plan is for reunification**

- 19.1 If the plan is for reunification the concurrent carers' supervising social workers (both adoption and fostering) must support and prepare the carers to help the child to return to the birth family. The adoption supervising social worker should remind the carers of their desire to do what is best for the child and help them to remain child-centred throughout. The adoption supervising social worker can also help them to draw on the strengths and resources identified in the addendum to the PAR that will help them to manage this loss and to cope with their emotions.
- 19.2 The fostering social worker will have experience in preparing and assisting foster carers to help children move on to other placements/permanent homes and their experience here can be drawn on.
- 19.3 The child's social worker should work sensitively with the concurrent carers with the plan for reunification appreciating that the task is more nuanced than if the placement had been set up as a temporary foster care arrangement.

## 20 **If the plan is for adoption**

- 20.1 If the court agrees with the LA's plan for adoption and grants a Placement Order at the final hearing, the LA would proceed to Matching Panel and once the Agency Decision Maker approves the match the placement automatically becomes an adoptive one.
- 20.2 The fostering allowance will cease on the day of the agency decision on the match.
- 20.3 Adoption leave and pay entitlements commence from the date of the agency decision on the match.

- 20.4 Note that not all concurrent carers will be entitled to adoption leave/pay. All carers should clarify their own circumstances. There are also changes to adoption leave entitlements due in April 2015. The assessing/supervising social worker should keep up to date on the current entitlement and assist the carers in understanding their own position in relation to this.
- 20.5 An application for an Adoption Order can be lodged at any time after a child has been in the placement for over 10 weeks. But note that this does not have to be 10 weeks from the date of the Placement Order being granted, but could be 10 weeks from the date of initial placement with the carers.
- 20.6 The concurrent carers' supervising adoption social worker should support the carers in the transition to this new status of placement. Some adopters may find that it is hard for them to make the shift from 'temporarily' caring for the child to 'claiming' the child after the concurrency journey and sensitive, thoughtful social work support should be offered.

## 21 **Financial arrangements:**

### 21.1 **Fostering Allowance**

- 21.2 In the CEPP Partnership the local authority who has initially registered the concurrent carers as approved foster carers will pay the foster care rate for age to the concurrent carers during the fostering phase of the care plan.

### 21.3 **Settling in Fee**

- 21.4 The placing local authority will pay an allowance of up to £750 for the set-up of the placement, this needs to be agreed by all authorities. Receipts would be required to trigger payments and discussion of what equipment is needed should happen in advance between the child's and the concurrent carer's social workers. Should the child move from the placement the equipment should move with the child.
- 21.5 **Inter-agency fee:** If the concurrency placement involves the child's local authority placing in another local authority in the partnership or with an independent adoption agency the placing authority would pay the inter-agency fee at the point of the agency decision on the match.
- 21.6 If the child is placed with a voluntary agency please consult the Interagency Fee Protocol for Concurrency on the website for detailed guidance about payments

## 27 **Essential Points**

- 27.1 Every case that is being considered for concurrency must be reviewed on a case- by-case basis but the essential key points are relevant to all cases where a concurrency placement is used:
- All professionals, birth parents and wider family should know that a concurrent placement is being considered and know if the child is placed in one.
  - There must be regular, detailed communication between all professionals and the concurrent carers (following the protocols outlined above).
  - Regular meetings (every 6 weeks at least) should be held and chaired by a

manager (or someone delegated by them) in the child's LA. Minutes should be taken and distributed (follow the procedures outlined in the Concurrent Planning Placement Meeting Protocol).

- All professionals, concurrency carers and birth family members can access the project's website for information, documentation or guidance ([www.adoptionconcurrency.org](http://www.adoptionconcurrency.org)).
- The additional work that this type of placement imposes on the child's social worker and the concurrent carers' supervising social workers should be acknowledged and there should be clear guidance from managers as to how this will be managed (e.g. co-working other cases, co-working with family support workers/social work assistants, adjustments in case-loads).

Updated by Lindy Wootton 12/2/15

Concurrency and Early Permanence Worker

## **Concurrent Placement Planning Meeting Protocol**

The adoption team manager of the child's local authority must ensure that the concurrent planning review meeting is convened prior to the child being placed.

The meeting should be convened after the legal planning meeting (where a decision would have been taken that the threshold for removal had been reached) and after preliminary discussions have already identified a possible initial match with a concurrent placement in the partnership area. The meeting should aim to agree whether the initial match is suitable for the child, and share information about, discuss and document the areas usually covered by the Placement Planning Meeting and Adoption Placement Report. The meeting should include the following people:

**Child's social worker and their Team Manager.**

**The FP/Adoption Team supervising social worker and their Team Manager.**

**The Care Proceedings Case Manager from the LA who is responsible for the child.**

**If the child is already subject to an ICO the Guardian and IRO should be invited.**

**It may be helpful in some cases to have a legal services representative present but this should be decided on a case by case basis.**

**The meeting should cover issues around the match, introductions, contact and communication. Minutes/notes should be taken and circulated within 2 weeks.**

**If a meeting between the agency's medical advisor, or other suitably qualified professional and the concurrent carers has not yet taken place this should be offered (or a telephone consultation) urgently to ensure that the concurrent carers have all the medical information that can be shared with them at this stage (see Protocol on Sharing Medical Information in Concurrent Planning) so they can make an informed decision and for the placement planning to proceed.**

### **Checklist for the meeting:**

- 1. How the concurrent carers will meet the child's needs in both the interim (fostering phase) and longer term (adoption) if the child is not reunified with family.<sup>1</sup>**
- 2. The agencies planned contact arrangements for the child and how any changes to these will be communicated to the concurrent carers.**

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<sup>1</sup> It is suggested that the Concurrent Planning Initial Matching Form is used. This can be found on pages 14 - 18 of the Guide for Professionals in the Professionals section of the CEPP website [www.adoption.orR.uk](http://www.adoption.orR.uk) or as a stand- alone interactive version can be found in either the Children and Families or Family Placement Social Worker sections of the website.

3. The agencies proposals for the provision of support during the fostering phase and adoption phase should the child remain with the concurrent carers.
4. What has been done and what still needs to be done to prepare the child for this placement and who is responsible for carrying this out?
5. What has been done and what still needs to be done to prepare the concurrent carers for the arrival of the child?
6. What has been done and what still needs to be done to prepare any children already living in the concurrent carer's home?
7. What are the concurrent carer's views on providing a placement/home for this child?
8. Do the concurrent carers have any concerns about providing a home for the child?
9. Name of the IRO Name of Guardian
10. Any other information the agency considers relevant to the recommendation and decision to agree this proposed placement.

**The minutes of the meeting (including actions) should be circulated within 2 week of the meeting to all present and the IRO and the child's Guardian.**

# CEPP Concurrent Planning Initial Matching Form

Date of meeting:.....

Present at the meeting:

.....  
.....  
.....

<b>Name of child:</b>	
<b>DOB (or estimated DOB):</b>	
<b>Location of immediate birth family:</b>	
<b>Location of extended birth family:</b>	
<b>Name of prospective carers:</b>	
<b>Reason for accommodation:</b>	
<b>Why is a concurrent care plan appropriate?</b>	
<b>Legal Position (including proposed plans).</b>	

Child's needs:		Carer's ability to meet needs
Known/expected disabilities/additional health needs of the child.		
Medical/genetic issues of birth parents.		
Ethnicity, culture, language, religion.		
Brief physical description of parents (and child where applicable)		
Pre birth/pre placement experiences (including description of birth family lifestyle).		
Safeguarding needs/identified risk factors.		
Proposed contact plan.		
Sibling relationships.		

<b>Finances.</b>		
<b>Birth family wishes re family type if known.</b>		
<b>Birth family wishes to meet the carers prior to placement.</b>		
<b>Views of significant others/Are there any identified connected persons who could potentially care for the child?</b>		
<b>Special skills of carers.</b>		
<b>Support Networks.</b>		

<b>Ability to work with local authority.</b>		
<b>Attitudes to particular circumstances or ability of the child.</b>		
<b>Views on telling the child background information.</b>		
<b>Post adoption support issues.</b>		
<b>Other relevant information.</b>		

Summary of information  
**Is this a suitable match?**

**Signed..... Child's social worker**

**Signed..... Concurrent carer's social worker**

**Signed..... Child care practice manager**

**Signed..... Fostering/Adoption team manager**

**Match agreed and verified on (date)**

**Signed..... Area team manager**

**Signed..... Fostering/Adoption service manager**

