1 Introduction

The primary focus of concurrent planning is to place a child, typically under two years of age, with carers who will be the child's foster carers while the local authority pursues its rehabilitation plan with the parents during care proceedings. Should adoption become the local authority's plan and the court makes a placement order, the carers become the child's prospective adopters and the placement becomes an adoption placement. The carers are therefore dually approved by either the local authority or a voluntary adoption agency as *concurrent carers,* i.e. as both foster carers and prospective adopters. They are fully prepared to both foster and adopt a child who is matched with them. Concurrent carers are required to be child-focused, whatever the eventual plan, and to be able to cope with a high level of uncertainty about the outcome of the placement. They often play a very active role in engaging with the birth parents during contact arrangements as part of the fostering phase. Intensive preparation, assessment and support are necessary.

Parents and birth families must be fully informed of the local authority's plans for both rehabilitation and adoption. There will need to be a clear set of expectations that the parents will address their difficulties in providing a safe and nurturing family life for the child. Proactive engagement, honest feedback and timely intervention by skilled workers and managers are essential. The primary purpose of concurrent planning is to ensure that the uncertainty for all the adults involved – parents, professionals and carers – does not directly impact on the child and ensures that the child has a single and stable placement throughout the evolution of the plan and proceedings. That placement will only change if it is decided that the right long-term plan for the child is for them to return to their parents or other family members.

Concurrent planning may take place in a number of situations and early identification of children for whom it is suitable is crucial. For example, concurrent planning may be appropriate for:

- infants and children where there is a small chance of rehabilitation and a strong likelihood of adoption. Rehabilitation is being actively assessed during the fostering phase.
- infants and children who are placed with their birth parent in parent and child fostering or residential placements. However, the prognosis

is extremely poor and a concurrent placement for the child is a contingency plan.

- infants and children where there is virtually no chance of rehabilitation, given the parents' recently assessed difficulties. Rehabilitation is not being actively pursued by the local authority but the issues are still to be determined by the court.

  Concurrent planning may also be appropriate for some infants and children who are voluntarily relinquished by their birth parents. There may be circumstances where a direct placement from hospital with a concurrent carer would be a suitable option, given the fact that they have been fully prepared and assessed to cope with uncertainty and rehabilitation is a possibility.

FOSTERING FOR ADOPTION (FfA)

The Government in England is seeking to widen the scope of concurrent planning through the introduction of fostering for adoption (FfA) (Department for Education, 2012c). The Government hopes that this, along with other reforms, will result in an increase in the numbers of children in care who achieve permanence via adoption and that such placements will take place at an earlier stage. In FfA, local authorities in England are being strongly encouraged to place children with prospective adopters who are also approved as foster carers. Moreover, the Children and Families Bill 2013, which is expected to be enacted in 2014, contains a clause setting out that such placements must be considered for every child where the local authority is considering adoption.

Such prospective adopters may already be dually approved, like concurrent carers, or they may be prospective adopters who are granted temporary approval as foster carers for a named child. A new regulation under the Care Planning, Placement and Case Review Regulations is being introduced enabling such temporary approvals (see regulation 25 (A) of CPPCR and Fostering Services (Miscellaneous Amendments) Regulations 2013 which comes into force on 1 July 2013). This regulation is supported by updated statutory guidance and online practice guidance available at www.coram.org.uk/section/Fostering-for-adoption-guidance.

As with concurrent planning, FfA aims to create continuity for carefully identified children, usually babies, who can be placed with foster carers who will go on to adopt them, if the court makes a placement order and the adoption agency agrees the match. FfA is intended for those children where the issues of concern in relation to the birth family are

so significant that the local authority has determined that adoption is the likely plan and is not actively pursuing work towards rehabilitation. For example, FfA could be considered in cases where a child or other children born to the birth parents have recently been placed for adoption and there is no evidence of change or in cases where the birth parents and birth family have already been fully assessed as not being able to care for the child. As with concurrent planning, the dually approved carers will be expected to carry the burden of uncertainty during the fostering phase as there may be unexpected changes in the birth family situation and the child may be rehabilitated with a birth family member. The FfA carers will need to be assessed, properly prepared and supported in undertaking the fostering task. It is still for the court and only the court to authorise the plan for adoption when it makes a placement order. It is then for the adoption agency to approve the adoption placement of the children with the carers as prospective adopters.

FfA requires as much care, planning and resources as concurrent planning and many of the practice and legal issues set out in this guide will be relevant. It is important to note that FfA is an evolving and largely untested policy and practice development. Concurrent planning has been undertaken in parts of the UK since the late 1990s. There are many useful lessons and practice experience to draw upon for both FfA and future concurrent planning placements.

Concurrent planning is a challenging and complex area of work. There has been considerable suspicion and hostility about its use in both the social work and legal professions. Some professionals regard it as a short-cut to adoption without sufficient attention being given to the birth parents' position and needs (Dale, 2011). It is essential therefore that children's social workers and adoption and fostering social workers within local authorities and/or across agencies understand their respective roles and responsibilities. Children's social workers will need to be able to identify children, for whom concurrent planning is appropriate, at a very early stage in their contact with them. They will need to be able to refer such children to adoption and fostering social workers in the local authority or to a voluntary agency that provides concurrent carers. In most cases, this work will take place as care proceedings are being considered by the court. Everyone concerned will need a full understanding of the advantages, stages and challenges of concurrent planning. Lead managers will have to be identified who can champion the model and provide full support to its implementation. It is extremely important to maintain the reputation of concurrent planning as a service that primarily works to assist children and their parents rather than carers and professionals.

THE ORIGINS OF CONCURRENT PLANNING

Concurrent planning was originally developed in the USA and was defined in 1994 by Linda Katz *et al*, the pioneers of this model, as:

> *To work towards family reunification whilst at the same time establishing an alternative permanent plan.*

It meant that two plans for the child were developed and worked towards *at the same time* (Plan A and Plan B). The original US model was used in cases that were deemed to have a very poor prognosis, based on the severity of the parents' and family's difficulties. Time limits for parental reunification were set that prioritised the child's timescales and the urgency of decision making. Full disclosure of the concurrent care plan to all parties and agreement by the court were essential. Concurrent carers who could foster and adopt were recruited and prepared.

Plan A involved a clearly defined period in which a full assessment towards reunification took place, options were explored and decisions were reached to make recommendations to the court. Intensive work was undertaken with the parent(s). This included both assessment and support to establish whether the parent(s) were able to demonstrate the required and agreed changes to their behaviours and/or lifestyle needed to enable the child to return home. Workers also explored the possibility of placing the child with other members of the birth family. Good quality, regular contact between the child and family members was arranged, not only to enable workers to assess the quality of interactions and parents' abilities to change their behaviour, but also for the child to establish relationships with them. Plan B focused on providing a secure placement of the child with concurrent carers who would become the child's adopters if rehabilitation under Plan A was not possible.

The original projects in England adopted this model. Practice has continued to develop to include a wider range of situations.

KEY ELEMENTS OF CONCURRENT PLANNING

- **Early identification and assessment of the central problems that led to the infant or child being removed.** This involves an analysis of the strengths of the family as well as what would need to change to enable rehabilitation.
- **Full disclosure to all parties in the care planning process** and an emphasis on openness and honesty with the parents at the outset and throughout the process. This means:

  - ensuring that the parents understand their legal rights and responsibilities;
  - being very explicit with the parents about the key issues that led to the child's placement in care; the timeline for the assessment work; the support that will be available to them; the expectations of them; and the changes that are needed before rehabilitation can become a safe and effective plan;
  - ensuring that the parents understand that their child is placed with foster carers who could become the child's adoptive parents if this becomes the plan. The parents will need to be reassured and reminded that it is not a competition between them and another set of parents;
  - ensuring that the concurrent carers are very clear about their role and that the focus of the care plan is to work to place the child back with their parents if at all possible;
  - ensuring that all other parties in the legal process are aware of the care plan and status of the placement.

- **Active consideration of the wider birth family,** including early determination of paternity where appropriate and identification of other people in the family network who might be able to provide a permanent family for the child if they are not able to return to their parents.
- **Clear agreements about contact for the child with their parents,** detailing the expectations of the parents in contact and how this will be kept under review. The role of contact within the assessment and the provision of parenting skills and advice work will need to be explicit within the contact agreement.
- **A focus on "behaviour not promises"** in relation to the expectations of the parents, with primacy given to the child's urgent need for security, stability and belonging.
- **Setting clear timelines for the decision making** and drawing up clear written agreements with the parents about what the expectations are of them, the focus of the assessment and support available.
- **Specific recruitment of concurrent carers.** The model brings with it the potential benefits of a relationship between the carers and birth family but there is a need for the provision of intensive support.
- **Provision of intensive support to birth family members,** if rehabilitation is the plan.
- **Provision of post-adoption support,** if adoption is the plan. As with many adoptions, some adoptive families and children will require periodic access to support services, depending on needs and circumstances.
- **A higher level of post-adoption contact is likely.**

DEMANDS OF CONCURRENT PLANNING

Concurrent planning places very significant demands on parents, concurrent carers and social workers. These cases involve children where there is a small chance of rehabilitation but the parents must be given a genuine chance of achieving this. Parents, carers and workers must therefore be very well supported to cope with the ambivalence and tensions concurrent planning entails. Parents and birth families will need to demonstrate their commitment and ability to change the circumstances in their lives that have led to them being unable to meet their child's needs. They will need to undertake significant work to achieve this. Concurrent carers will form secure attachments to young and highly vulnerable children whom they may or may not adopt. They will need to be matched carefully at a very early stage, when information about the child is often limited. They will usually be actively involved in contact arrangements between the child and the birth family, unless there are risks to their safety and/or that of the child. Where they can be involved, relationships between concurrent carers and the birth family will establish themselves through handover meetings at contact.

Although not a legal requirement, it is good practice that concurrent care plans are agreed by the court as part of care proceedings. The parents should be fully aware that their child is placed with carers who are able to adopt their child if rehabilitation cannot take place. Equally, the concurrent carers should be fully aware that work is being undertaken to pursue rehabilitation actively with the parents or wider birth family. Social workers, psychologists, psychiatrists, courts, lawyers, Children's Guardians, and all those playing a role in undertaking this work should be fully aware of the implications of a particular concurrent care plan.

GOVERNMENT'S ACTION PLAN AND PROPOSALS FOR ADOPTION REFORM IN ENGLAND

The Government's Action Plan for adoption re-emphasises the role that concurrent planning can play in achieving early permanence for very young children (DfE, 2012a). It outlines worrying statistics regarding delays in the system and their impact on children who are eventually placed for adoption. It notes that 3,450 children were adopted from care in England in 2011/12. Out of this number, only 60 were children under 12 months. The average time between entering care and moving in with their adoptive family for a very young child was one year and nine months. For children who entered care at two years and six months, the average time to placement for adoption was another two years and six months. Most children were subject to lengthy court proceedings lasting an average of 55 weeks (Family Justice Review Panel, 2011). The

Government has therefore set out a raft of measures to tackle delays in the system and reduce the impact of delay on children's development and life chances. These include introducing legislation that requires care proceedings to be completed within 26 weeks, unless there are exceptional circumstances. It also requires early permanent placements for all children wherever possible (see Children and Families Bill 2013).

The Government also recognises the particular role that concurrent planning can play:

> *Concurrent planning is a well-established process which can help provide early stability for children who may be adopted…Almost all concurrent planning placements have resulted in the baby being adopted by the carers with whom they have lived, in most cases, from just a few weeks of age. Concurrent planning means that children get a stable loving home as early as possible and that the risks of disruption are taken by adults rather than children.*
>
> (DfE, 2012a, para 60)

The Government also recognises the complexity of concurrent planning:

> *Concurrent planning depends on front-line social workers being equipped to identify and refer on cases where concurrent planning may be appropriate. It places significant demands on the social workers and carers involved. They must work intensively with the birth family to give them the best chance of resolving the issues that led to the child coming into care. They must manage regular and appropriate contact between the child and the birth family to minimise disruption if the child does return home. Above all, the carers must be well trained and be able to cope emotionally and practically with the possibility that they may not go on to adopt the child in their care.*
>
> (DfE, 2012c)

The Government goes on to state that concurrent planning is challenging but should be one of the options considered by all local authorities for their youngest looked after children.

The Government is also concerned about the numbers of children currently waiting to be matched and, at the time of writing, is consulting on whether to introduce legislation requiring some or all local authorities in England to outsource the recruitment and assessment of prospective adopters (DfE, 2013, and Children and Families Bill 2013). Local authorities and voluntary adoption agencies (VAAs) intending to develop concurrent planning will need to consider these proposals and explore the potential for partnership working in the recruitment and assessment of concurrent carers (see Chapters 6 and 8). The Association of Directors of Children's Services (ADCS) has responded to the Government consultation (see ADCS, 2013).

ADOPTION GUIDANCE

Concurrent planning is identified in the 2011 revision of the Adoption Statutory Guidance for England. Chapter 2 of the Guidance explains concurrent planning and comments on its use. It sets out that:

> *...concurrent planning is usually most appropriate when the child is under-two...It is not the right option for all children...But it should always be considered, in the context of care planning as a whole, as one of the possible options for achieving permanence for a child.*

The Guidance goes on to state that:

1 *Local authorities should actively consider the advantages of concurrent planning and integrate the approach into their permanency planning arrangements delivered in-house or commissioned from another adoption agency. This may mean:*

   - *training and supporting permanency planning teams and fostering and adoption panels to use the model;*
   - *integrating concurrent planning into care planning protocols;*
   - *dually preparing, supporting and approving foster carers/prospective adopters;*
   - *agreeing local court protocols to support concurrent planning; and*
   - *making support and rehabilitation services available in a timely way for parents.*

CONCERNS ABOUT CONCURRENT PLANNING

Concerns have been expressed that concurrent planning inevitably leads to the adoption of young children, and it has been seen as a "back door" route to adoption. It is argued that parents' rights and opportunities are given scant regard and scarce resources diverted away from appropriate treatment programmes (Dale, 2011). However, this should not be the case. Concurrent planning must take place in the context of proactive care planning and court proceedings where parents are fully represented. It will be used in those cases where there is already a poor prognosis and a strong likelihood of adoption as the most likely plan in the child's long-term interests. The areas of concern in relation to the parents and birth family will already be clearly identified, fully documented and of a significantly high level. Moreover, it is only when, and if, assessments demonstrate that the parents and birth family cannot care for their child that placement orders will be made by the court and the local authority authorised to make an adoption placement.

WHY THIS GUIDE?

This good practice guide aims to assist social work practitioners, managers, medical advisers, contact supervisors, Children's Guardians, lawyers, the courts and all those who are or who plan to become involved in concurrent planning. It focuses on a range of different situations where concurrent planning can be considered. The guide draws on messages from practice undertaken by a number of projects in England and the US, both in the past and currently. Particular reference is made to work undertaken by Brighton and Hove City Council and by Coram in partnership with a number of local authorities. Past lessons from other projects, including the Goodman project in Manchester and Kent County Council, are also discussed. The guide focuses mainly on practice in England undertaken within the English legal framework. However, it includes discussion about many areas of good social work practice. It is hoped therefore that the guide should be relevant and useful to practitioners across the UK.

The guide is structured in the following way.

- **Chapter 2** sets out the research that focuses on the need for early stability and secure attachment for children's development. It also outlines some key messages regarding appropriate and successful interventions with parents. It looks at the success rate of reunifications and the practice of making decisions to separate children from their parents. The experiences for infants during contact are considered and adoption outcomes explored.
- **Chapter 3** covers the history of concurrent planning in both the US and UK. It explores the development of concurrent planning and its widened definition. It outlines learning points from practice experience and sets out key messages to consider for implementation.
- **Chapter 4** explains the legal framework for concurrent planning in England. It covers the legal requirements for practice from care application to final care plan. The principles of concurrent planning are reinforced from both a legal and social work perspective. Challenges raised about the use of the model in court proceedings are fully explored and relevant case law is detailed.
- **Chapter 5** focuses on the child's concurrent care plan pathway. This includes pre-birth assessment work and early identification of appropriate children and parents for whom concurrent planning could be considered. It outlines the need to assess other birth family members and emphasises the importance of family group conferences early in the process. It covers matching considerations and includes a section on the role of the agency medical adviser. This chapter describes the transition of the care plan from concurrency to rehabilitation or adoption and includes the role of the local authority adoption panel.

- **Chapter 6** focuses on the recruitment, assessment, supervision and support of concurrent carers. It covers the additional essential elements that need to be addressed in preparation and assessment. The key role played by concurrent carers' supervising social workers is highlighted.
- **Chapter 7** outlines the role contact plays during the assessment of rehabilitation, the involvement of concurrent carers and parents and their support needs. It explores the impact of contact on infants and outlines lessons from relevant research in more detail. It sets out a number of good practice points to be considered when developing contact plans and undertaking contact arrangements in practice.
- **Chapter 8** sets out key pointers for local authorities and VAAs in assessing the viability of introducing and implementing concurrent planning, given the needs of children and families in their areas. It outlines a number of models for delivery and discusses implementation issues. Examples of local authority and VAA sole services and partnerships are provided.
- **Chapter 9** concludes the guide and re-emphasises the Government focus on reducing delays and achieving permanence for very young children. There is greater awareness of the harmful effects on babies who experience trauma, separation and multiple caregivers. Many local authorities and VAAs are now actively exploring the potential for developing the work. It is recognised that, essentially, concurrent planning is about good child-centred social work practice.
- **Appendices** provide relevant tools and information. These have been provided by Brighton and Hove City Council, Coram and Cambridgeshire County Council. They include: data about the outcomes of concurrent planning by Coram in London and by Brighton and Hove City Council; information leaflets for prospective concurrent carers and for parents; a proforma for a contact agreement; and a practice flow chart.

  Included throughout the text are quotes from birth parents and concurrent carers; many of the latter have now adopted. Those who have adopted are described as concurrency adopters. Relevant permissions have been sought and names have been changed.

  The implementation of concurrent planning has been patchy in the past. Now, there is considerable emphasis on it and an expectation that local authorities will undertake such planning and facilitate suitable placements, often with the involvement of VAAs. Such work has already started. This guide therefore aims to assist practitioners and managers to put concurrent planning into practice.