

## Permanency Planning and the role of the Adoption Panel



This guide is intended to support Social Workers and their Managers to achieve timely care planning for children in need of alternative permanent care outside their birth family. This includes children who are subject to care proceedings where the plan is likely to be adoption and/or the local authority are twin-track planning for adoption as well as for relinquished children.

Every agency (the named local authority for the child) must have an Adoption Panel (this can be shared by another agency). Adopt Thames Valley provides this service to those agencies within its Region. Panels are not permitted to make decisions; they must make recommendations which are to be taken into account by the Agency decision Maker (ADM).

### The functions of the Adoption Panel are:

1. Providing a recommendation on applications for approval of prospective adopters
2. Providing a recommendation on Should be Placed for Adoption (SHOBPA) plans for children where there are no care proceedings i.e. relinquished babies
3. Providing a recommendation on the linking/matching of specific children with specific adopters, where a Placement Order has been granted for the child/ren
4. For Oxfordshire only, the panel can provide a recommendation on proposed linking of a specific child (Accommodated s20 CA89 or the subject of a care order), with specific long-term foster carers.

In addition, less often, the Adoption Panel can perform the following functions:

5. discussion of disruption meeting minutes where an adoptive placement has disrupted *before* the Adoption Order has been granted – this is in order to consider any learning for both Panel and the Regional Adoption Service
6. For Oxfordshire only, a discussion of the disruption meeting minutes for a long-term fostering placement.

From 1 September 2012, the agency has been prohibited from referring to the adoption panel those cases where, if the decision-maker were to agree a plan for adoption, the agency would be required to apply for a placement order. The agency will refer those particular cases directly to the local authority ADM who has access to advice from the Adoption Agency Advisor, the Medical Advisor and local authority legal team. In these circumstances, social workers are not required to meet with the ADM. The ADM will continue to consider recommendations from the Adoption Panel in all other cases.

### Approving a Should be Placed for Adoption (SHOBPA) plan:

The permanency planning process, informed by multi-agency contributions, will identify which permanence option is most likely to meet the needs of the individual child, taking account of their wishes and feelings. Social workers are encouraged to work towards a model of twin-track planning or parallel planning, working towards a child's return home whilst at the same time developing an alternative permanence plan, within strictly limited timescales.

A permanence plan should be decided for a Looked After child no later than the second statutory review, which should be conducted within three months or 91 days of an Initial Looked After Review. An agency can only place a child for adoption ‘*if it is satisfied that the child ought to be placed for adoption*’ (s18(2) ACA), an assessment that involves considering and rejecting a range of possible options. Even when the agency has decided that adoption is in the best interests of a child, it cannot place the child for adoption without statutory authority to do so. The agency is authorised to place a child for adoption if either:

- The placement is a voluntary one with full parenting consent, typically a relinquished child/consensual adoption (s19 ACA)
- A court makes a placement order which is made with or without parental consent (s21 ACA)

If the Review endorses adoption, an adoption case record must be set up for the child. Information and counselling must be provided to the child, parents and other family members (such as siblings or grandparents) and their wishes and feelings must be sought. The agency must obtain detailed information about all aspects of the child’s history, characteristics, background and personality, the report of a medical examination and full information about the birth parents including details of the health history, background, religion and culture. It is important the local authority has evidence that these factors have been carefully considered as part of care planning for the child and as such should be incorporated into the Child Permanence Report (CPR) for the child (see below for information on completing the CPR) which is required for all children where there is a plan for adoption. This report should be started at the earliest opportunity and can be added to as care proceedings progress.

### **Placement and contact with siblings**

Wherever it is in the best interests of each individual child, siblings should be placed together. Positive sibling relationships provide support both in childhood and adulthood. The starting point for siblings requiring adoption therefore is together.

In some cases it is not possible to place siblings together because of conflicting needs. Factors which can militate against achieving the positive placement of brothers and sisters together include for example, they have entered care at different times and/or they may have very different needs related to past experiences, current emotional and behavioural development and age, especially where there are significant age differences. There may be practical difficulties in accommodating large sibling groups together. In some circumstances a child may have been abused by a brother or sister. An understanding of family functioning and family history, providing appropriate support to all parties is key to informing these judgements. In circumstances where it is not possible to place siblings together, children should be supported to understand why they cannot live with their sibling/s and sibling contact should be promoted and maintained.

### **Together and Apart Assessment**

In order to reach an informed and balanced understanding of the needs of siblings requiring permanency, social workers must undertake a Together and Apart Assessment [RIP Brothers and sisters in public law proceedings - Research In Practice](#). Factors to consider include: the nature of the sibling group (do the siblings know each other/how are they related); whether the children have formed an attachment; the health needs of each child; and each child’s view (noting that a

child's views and perceptions will change over time). The decision should be based on a balanced assessment of the individual needs of each child in the group, and the likely or possible consequences of each option for the child. Vitality, the Together and Apart enables the local authority and adoption service to understand the support needs of each sibling, regardless of whether they are placed together.

Where the plan is for adoption, in order to reduce delay, a Together and Apart assessment should be completed to determine whether it is in the best interests of each child to be placed together or separately, and the impact on each child of that decision. This assessment can be reviewed during and after care proceedings as the child's needs change.

### **Booking for Should be Placed for Adoption plans**

At the beginning of care proceedings, as soon as the court timetable has been fixed i.e. following the Case Management Hearing social workers for the child must:

- Book a date for the Should be Placed for Adoption decision meeting or Adoption and Permanence Panel in the case of relinquished babies, even if in the end it is not needed. **This should be booked to take place before your final evidence is due in but after any experts have reported, which is a typically a very tight timescale.**
- Book a permanency medical to be undertaken by an Agency Medical Advisor (AAR) who is a paediatrician. For Oxfordshire, this is done via a Med 9 referral form which should be sent to the Medical Secretary at the John Radcliffe Hospital who can be contacted on 01865 231995. For all local authorities, it is very important that this is done as early as possible, particularly as the medical advisers' time is in great demand and the agency decision maker cannot make a decision without access to a formal permanency medical report. IT is the local authority's duty to ensure children are seen for permanency medical where there is plan for adoption and to include a summary of that report within the CPR or insert the Agency Medical Advisor's reasons as to why a permanency medical was not necessary. Allow up to eight weeks for the report to be written.

The same process applies where a child is voluntarily Accommodated (s20 CA89), in which case the above should have begun following the second Looked After Review at which the permanency plan must have been discussed.

Please contact the Panel Administrator to provisionally book a date for Panel or Should be Placed for Adoption ADM meetings. For Oxfordshire, as soon as a date has been agreed, open and assign the relevant LCS form to book the ADM/Panel meeting so that the Administrator has this in their tray and ensure a Family Finding Referral is submitted to Adopt Thames Valley [atvduty@oxfordshire.gov.uk](mailto:atvduty@oxfordshire.gov.uk)

As care proceedings progress, it may become apparent that the local authority plan for the child is rehabilitation to parents or a move to a connected person, if this is a *very sure* plan the permanency medical and Panel/Should be Placed for Adoption ADM booking will not be needed. However, if the outcome is still in the balance, you must keep the bookings.

### **Adoption as the final care plan**

The final local authority plan for the child should be the decision of a Looked After Child Review when reunification has been ruled out and wider family members have been explored and again ruled out. If there is no time for a Review to be convened due to the court timeframe, there **must** be a discussion organised by the child's social worker with the Independent Reviewing

Officer to keep them updated, and for them to confirm their agreement to the final care plan. The IRO should enter a case note on the child’s record to demonstrate their views and whether they endorse the local authority’s care plan for adoption.

At this point you will likely have an Adopt Thames Valley family finder assigned. If you have not submitted a family finding referral it is vital this is completed as soon as possible to avoid delay in identifying adopters for the child post-Placement Order.

*Please note that neither the ADM nor Panel can consider a plan for a child unless it is the local authority’s final care plan and all other options have been ruled out – no ‘just in case’ care plans can be agreed!*

A complete set of the paperwork for the ADM or Panel for each child must be sent electronically to the Panel Administrator on Thursday two weeks before the date either Panel or the ADM decision is scheduled to take place. This allows time for screening of the papers, including ensuring the CPR is of a standard that meets the requirements for submission to ADM/Panel, and for their circulation prior to the meeting. If you are likely to have difficulties meeting the deadline you must contact the Panel Advisor to agree a new timescale which is likely to require the booking of a new ADM date.

The key report for Should be Placed for Adoption plans is the Child’s Permanence Report (CPR). The reports submitted to Panel/ADM must be signed and dated by the author, the appropriate manager/supervisor and, wherever possible, the birth parents. The CPR must be completed by a worker who meets the qualifying requirements (3 years post-qualifying social work experience with children, including direct experience of adoption) or supervised by someone who does. **The CPR requires the following supporting documents:**

- Foster Carers Report
- Adoption Permanence Medical
- School or nursery report for the child/ren
- Any expert reports filed as part of Care Proceedings
- Together and Apart Assessment
- Copy of the Looked After child review minutes at which the plan for adoption was agreed
- Legal Advice from the local authority [joint] legal team

If you have any questions about the process of booking ADM or completing paperwork for submission, please contact the Adoption Agency Advisor for either Oxford and Swindon or Berks.

### Key Events



### Notes on the decision-making process

You need to attend ATV Adoption and Permanence Panel when it considers a plan for long-term fostering (Oxfordshire only) and when it considers a plan for adoption for a child where there are no care proceedings i.e. a relinquished baby. In these circumstances, Panel will make a recommendation or give advice that will be endorsed (or not) by the Agency Decision Maker for adoption on receipt of the Panel minutes. The ADM has 7 working days to consider the minutes after receiving them, so it may be two weeks after Panel that the plan is agreed/the outcome known. This is one of the reasons good forward planning is helpful.

You do not need to attend the ADM meeting where an adoption plan will be considered for a child in proceedings. Assuming all the appropriate information is available to the ADM, the decision as to the appropriateness of an adoption plan will be made during that meeting and will normally be relayed to you, at least verbally, the same day.

### Communicating the Permanence Plan

If the child's parents' whereabouts are known, you **must** inform them of the outcome of the decision that adoption is in the child's best interests. This also applies to fathers without Parental Responsibility where appropriate (please seek legal advice if you are unsure). **This should be relayed verbally within two working days and in writing within five working days.**

- Communicating a Permanence Plan effectively involves setting it out clearly and concisely as part of the care plan, in a way that acts as a useful reference to all involved as part of the Looked After Review process
- Good quality care plans set out clear, concise statements about intended outcomes for the child;
- They demonstrate clear timescales and expectations of those involved

Nicola Chambers  
Adoption Panel and Agency Advisor  
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