**Practice Guidance Final Care Plans for Adoption**

This practice guidance is intended to support social workers in undertaking well considered and balanced Child Permanence Reports to support Agency Decision Makers with a decision around a child’s permanence and in providing appropriately balanced and analytical decision making when providing final statements and care plans to the court. It is recognised that the CPR is a key source of information for the child as they grow older (and their carers), helping them to understand their history. It also holds key information for prospective adopters to inform whether they can meet the needs of the child.

Recent case law informing this guidance:

A (A Child: Flawed Placement Application) [2020] EWFC B2 (10 January 2020)

[https://www.bailii.org/ew/cases/EWFC/OJ/2020/B2.html](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bailii.org%2Few%2Fcases%2FEWFC%2FOJ%2F2020%2FB2.html&data=02%7C01%7CShelley.Vickerman%40wiltshire.gov.uk%7C2024bf92dfc94eb7e54308d7e2027e75%7C5546e75e3be14813b0ff26651ea2fe19%7C0%7C0%7C637226372650939309&sdata=aVFR80nmqD%2FfW2FkjTVDzR%2BFp%2B4YO28VeHDb%2Fmk1aBs%3D&reserved=0)

This case was heard by Her Honour Judge Lazarus and centred around a four-year-old girl, for whom the local authority’s plan was adoption. This child ended up placed in long term foster care, despite the Judge not being critical of the plan for adoption, due to failings in the evidence provided for the plan and an absence of social work analysis around the key decisions being made for this child. The main failings on the part of the local authority highlighted in this judgement are around;

* a lack of analysis regarding the impact of severing family relationships for the child
* lack of analysis around a significant cultural implication of adoption
* within the evidence permanence was held as the overriding consideration above all else with little rationale or research to underpin these claims and evidence of confirmation bias with skewed evidence to support a care plan for adoption
* overemphasising poor observations of the family
* failure to explore the disadvantages of the chose care plan, measured up against alternative care plans

A concern was raised that adoption is being used as a default for children of a young age rather than a carefully considered permanence plan addressing the individual needs of the child. The ADMs comment was quoted as *“given A’s age, the only permanence option available to A is adoption”.*

Due to this judgement, it is now likely that social workers will face more challenge with respect to the evidence and analysis they are providing to support permanency plans for adoption.

Producing final evidence and care plans for adoption

This guidance applies to the writing of final social work evidence, the Child Permanence Report and the care plan analysis in cases where the local authority’s plan for a child is adoption.

Justifying a care plan for adoption –

* **Efforts to keep the child with parents** - evidence how and when appropriate interventions have been provided to the family and the impact this had. This should inform the capacity to change element of the overall analysis. This should include the likelihood of change being sustained over time so as to accommodate the changing needs of a child as they grow older.
* **Consideration regarding sibling separation** - There must be proper analysis regarding the importance and impact of separation on sibling relationships. A robust ‘together or apart assessment’ should be undertaken to inform decision making, carefully weighing up the benefits and detriments of being placed together or apart. This should form the basis for care planning.
* **Family Network** - diligence is required in exploring the child’s family network in the widest sense to ensure a full exploration of potential carers are considered. This accounts for a large section of the CPR and it is important to ensure that sufficient time is afforded to this area of practice. A detailed genogram should be undertaken in the earliest stages of working with the family to unsure full exploration of the family network, as well as any carers or adopters that older siblings may be placed with. Whilst exploring the family network, the opportunity should be utilised to gather information for the purposes of the child’s life story and to incorporate in the child’s family history within the child’s permanence report. An outline of family assessments or conversations undertaken with individual members of the family network should be provided along with a clear conclusion and justification reached regarding their ability to provide long term care for the child as well as whether their relationship with the child should be maintained. Family members should be contacted regarding the care of the child even when the parent(s) have indicated that they do not want this to happen or that they think the family member will not want to be contacted or consider caring for the child. There should be clear information included about direct contact and the outcome.
* **Social work analysis** - Detailed reasoning and research must be used to justify a plan for adoption for a specific child, over and above their chronological age. The care plan analysis must carefully balance the benefits and detriments of **all care plan options** for the child including the consideration of adoption Vs long term fostering. This will demonstrate careful consideration in reaching the final care plan and demonstrate that *‘nothing else will do’, recognising that adoption is a “last resort”*. Research, specific to the child in question, should be used to justify the care plan for the child. However, when using research, use established and well known research with Government commissioned research being recommended. Be mindful of making assumptions based on research!
**NB. All Wiltshire Council social workers have a ‘Research in Practice’ account that they are able to use, to identify current research for use in assessments and care planning.**
* **Contact** – what is the rationale for contact? This must be considered in relation to parents, siblings (including those who have been adopted) and wider family members. Research should be used to support decision making around the importance and frequency of contact. Social workers must balance any need for contact and relationship with birth family with or against the option of adoption. It is not enough to say that contact is not being considered due to the potential to limit the adoptive placements available. When considering contact, it is important to consider the impact of frequency of contact to the child and adoptive family and the ability of parents/family members to sustain contact throughout childhood.

Procedural Expectations

Please consult Wiltshire Children’s Services Procedures Manual in respect to permanence planning for children.
<https://wiltshirechildcare.proceduresonline.com/g_perm_plan.html>

**Child’s Permanence Report** – please refer to the relevant guidance for completing this report as well as the Adoption West top tips attached to this guidance.
<https://www.proceduresonline.com/adoptionwest/p_place_adop.html>

Key information to consider from the beginning of pre-proceedings or care proceedings:

1. Qualification to prepare the report.
The Restriction on the Preparation of Adoption Reports Regulations 2005 apply here. This means that the social worker must have at least three years’ post-qualifying experience in child care social work, including direct experience of adoption work, **or** be supervised by a social worker who is employed by the local authority or adoption agency and has at least three years’ post-qualifying experience in child care social work, including direct experience of adoption work.

2. Timeliness
A CPR report for a single baby will take a minimum of two days to complete, however an older child with previous siblings is likely to take a minimum of four days to complete. It is important not to underestimate the time that must be given to offer this document the respect it deserves, this is potentially the most important document you will write for a child.

## Three weeks before the ADM decision is required, the **Child’s Social Worker must fully complete the contents sheet and submit this, along with the CPR and all required documents, to the Team Manager for quality assurance and signing. **The Team Manager *must* QA all material including the CPR.****

## **Two weeks before ADM decision is required, the child’s social worker must email all papers to placement services panel.**

## **One week before ADM decision is required, panel admin will forward a copy of all papers to the ADM who will have five working days to make a decision.**

## ****Please refer to *‘Fact sheet: presenting papers to Agency Decision Maker for children who should be placed for adoption*****

3. Requirements for ADM decision
The following will be required to allow the ADM to make a decision regarding the plan for adoption and should be provided to PSP by the child’s social worker

* A fully completed CPR including genogram, analysis, detailed exploration of the family network, justification of why adoption is in the child’s best interest and a recommendation
* The Adoption Medical Advisor’s Report
* Specialist and Expert reports and assessments referred to in the CPR
* Agency Legal Advice
* Foster Carers’ report where applicable

**Final Evidence and Care Plan Analysis**

Final evidence is submitted following all assessments being completed, prior to Issues Resolution Hearing (IRH). Do not underestimate the length of time required to complete this work. If you are filing final evidence in relation to adoption you will require a minimum of three days in which to produce this to the required standard. This must identify and make recommendations regarding; the parent’s capacity to change, potential of the family network to provide care and an analysis of all care plan options for the child. You will need to factor in to your planning that your line manager will require three working days to quality assure your documents and sign off your care plan, the date for which should be pre-arranged with your line manager, and legal will also require three working days to read the documents prior to filing.