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The Case for Concurrency Planning

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‘The babies who are born now and in the years to come will be the adults who nurse us into old age, who manage our industry, who entertain us, who live next door. What kind of adults will they be? Will they be emotionally balanced enough to contribute their talents, or will they be disabled by hidden sensitivities? Their early start, and the degree to which they felt loved and valued, will surely play an important part in determining that.’
Sue Gerhardt from *Why love matters: how affection shapes a baby’s brain*.

Concurrency planning is a simple concept that requires to be supported by processes that in their detail are complex. The simple concept is that babies aged under one year from families identified as very high risk will be placed with a carer who is dual registered as a foster carer and adoptive carer. If, after intensive assessment and intervention with the family, a return home is deemed unsuitable, the foster carers will apply to become the adoptive parents. This will only occur if a robust and strictly time-limited assessment of the birth family concludes that adoption is in the baby’s best interests. The notion of twin planning is key, and recognises that concurrent, rather than sequential, planning, reduces delay for children (Ofsted, 2012).

In concurrency there are twin plans for reunification and a permanent placement. Reunification is the primary aim. The secondary plan is for a permanent placement and adoption, with the carers

with whom the child has been placed. Instead of waiting until reunification efforts fail, agencies work toward adoption concurrently with reunification efforts (Katz, Robinson, & Spoonemore, 1994).

All children looked after by a local authority, including those looked after and accommodated, must have a child’s plan (reg 5 (2)LAC Regulations 2009), and for those children who have been placed subject to a concurrency plan, the details of short, medium and long term goals for assessment and child placement should be integral to their plan.

Concurrency planning aims to address three key processes that we know can be barriers to children securing timely, permanent placements:

1. Reduce the risk of damage and harm caused to children by multiple placements

The attachment theories developed in the 1950s and 60s are well-established, but attachment research continues to develop and grow. Psychiatry, psychology, sociology and neuroscience all contribute to what we know about the development of the human brain and the importance of human relationships that meet our emotional and physical needs, in utero and onwards. John Bowlby and Mary Ainsworth writing in the 1960s drew the connection between human emotional life and the effect on the physical brain. Since

then we have come to understand that 90% of brain development is completed in the first three years of life, and being unable to form attachment with a care giver during early childhood can lead to varying degrees of difficulty depending on severity and longevity of neglect and abuse. Problems stemming from adverse attachment experiences can be experienced as anything from mild discomfort in interpersonal relationships to profound social and emotional problems.

There is now an extensive body of research which shows conclusively that the early environment, and the first three years of life in particular, play a major role in shaping children's cognitive, socio-emotional and behavioural development (see Barlow & Underdown, 2008). Recent research has focused on the role that early environment, and specifically infants' and toddlers' relationships with caregivers, has on the way in which the brain and central nervous system develops, and the impact this has on the young child's ability to negotiate the key developmental tasks and impulse control, trust and attachment; it also shows how abuse and neglect during this period can be particularly damaging (Ward, Brown & Westlake p.18).

Whilst there is limited research to indicate that children can go on to form secure attachments, it is a long, difficult and frustrating process for families and children to repair the damage that has already been done (Perry, 2001). Concurrency planning seeks to minimise the impact of disordered attachment for children likely to result from being placed with multiple care givers.

2. Provide intensive, time-limited support to parents to assess the possibility of reunification

Early decisions about permanency improve a child's whole life chances (Wade, Biehal, Farrelly & Sinclair, 2011). Planning, goals and target setting in relation to necessary change, activity directed towards reunification and the provision of social work and specialist services are important features of positive outcomes in the reunification of children with their families (Biehal, 2006). For some children who have been looked after and accommodated for a long period of time but for whom no formal decision has been taken, there is an absence of any proper planning (Wade, Biehal, Farrelly & Sinclair, 2011). Rigorous planning and time scales in concurrency aim to increase focus on a child's plan, and delay drift when a child is looked after and accommodated.

3. Prevent delay in planning for permanence

Concurrency planning aims to reduce the time it takes to achieve permanence for children who are unable to go home. It recognises that whilst birth parents may be able to change behaviour that is considered incompatible with providing nurturing and safety to a child, this change may not be achieved in a time scale that is commensurate with the fulfilment of a child's developmental or attachment needs. It is also based on the principle that when children (especially young children) cannot return home, adoption is the best option for them and this needs to be done in a timely manner. Selwyn, Sturgess, Quinton & Baxter, 2006 found that children in adoptive placements experienced more stability

and had fewer disruptions than children in other kinds of placements.

What makes Concurrency work?

- Recruitment of highly resilient prospective adopters

Prospective adopters need to be committed to the ethos of concurrency, and support time-limited assessment of birth parents for reunification whilst caring for the child as an approved foster carer. Evaluations in the United States and the United Kingdom show that concurrency planning is effective in finding prospective adopters, reducing the length of time it takes to make permanent care decisions because of rigorous time-limited planning, and delivering permanent placements for children. Preliminary findings in England indicate that carers can be recruited to this process, and do so in the full knowledge of the possible outcome of reunification, but understand and are committed to the need to have the child at the heart of the process (Laws, Wilson & Rabindrakumar, 2012).

- Rigorous early assessment of birth families,

Early assessment and planning lead to better outcomes for children. Practitioners need to be able to apply professional judgement to likely situations. Recommendations and assessments in care planning should be based on research and knowledge of practice that works with high-risk parents to improve outcomes for children. Whilst acknowledging that there must be a significant impairment to parenting through life style or behaviour, they

should have the capacity to benefit from the right support. Any evidence base requires the application of sound professional judgement to mitigate against the risk of ignoring the varied and subtle nuances of human behaviour (Turney, Platt, Selwyn & Farmer, 2012). There is clear evidence from research about which families are most capable of change and which families are least likely to benefit from support and who present the greatest risks to their children (Turney, Platt, Selwyn & Farmer, 2012). These risk and protective factors should be assessed in a robust and realistic manner and care planning decisions - including use of concurrency planning - should be explicitly linked to these factors.

- Transparency and clarity of the process with birth families.

Birth families should receive clear information from practitioners about the concerns which have led to the removal of children, what they are expected to achieve within the timescale of intervention, and the plan for their child to be placed for adoption with their current carers should their progress be unsatisfactory. Concern has been expressed that knowledge of a concurrent plan for adoption makes it hard for parents to engage meaningfully in assessment; however, the robust, consistent, time-limited approach to interventions that is a feature of this process, where staff proactively support and promote parenting, has been shown to enable some parents to make sufficient changes to have their child returned to their care (Monck, Reynolds & Wigfall, 2003). Five percent of babies placed by Coram children's charity in England, between 2000 and 2011 returned home to

their birth families and none have returned to care (Laws, Wilson & Rabindrakumar, 2012).

For those parents who have had their children removed permanently via concurrency planning, long-term studies show that for many the process provided them with a catalyst to address and accept behaviours that had been identified as a risk to their children and sustain positive changes which enabled them to keep subsequent children. In addition, the experience of facing up to their problematic behaviours with support and the recognition that they could not care for their children safely enabled some parents to agree to the adoption of their child. (Katz, Robinson & Spoonmoore, 1994,) Chance4change project, Scottish Adoption).

Part of any assessment for reunification will deal with parent/child contact. There is concern not only about the quality of the contact for looked after children but the mechanics of getting children to and from it. Children can experience stress during transport to and from contact, often with different carers. Some research indicates that this can lead to possible future indiscriminate attachments. (Humphreys & Kiraly, 2009). Support for the child, both practically and emotionally, during the assessment process by the prospective adopter aims to reduce stress and limit the number of adults that children are exposed to, and is key to the process. A prospective adopter is expected to be fully involved in transporting the child to and from contact and building an appropriate relationship with birth families. The carers fulfil a developmental imperative for the infant, being consistent and responsive and

providing optimal developmental opportunities.

- **Staff are able to commit proactively to the process of assessment**

Staff need to have ring-fenced time to support prospective adoptive families and commit to the assessment process supporting reunification. Research shows that separating the process of general child care services from the rehabilitation and adoption tasks works best (Wigfall, V., Monck, E. and Reynolds, J. 2006). What is key here is that workers have the time to commit to the process and that there is continuity of staff to enable the building of trusting relationships to support birth families, prospective adopters and children, helping them to deal with stress and loss.

- **Strong leadership and multi-agency working**

Clear expectations of staff are required in organisations who wish to embed this system within existing services. Local authorities, the Children's Hearing System and the courts must understand the ethos and process of concurrency and regular communication must be organised and supported strategically.

Financial Argument

The current process of caring for children away from home is expensive. Not just at the point of frontline service provision when a child is received into care, but also in terms of the lifelong negative consequences that poor attachment and instability have on children (Social Work Inspection Agency, 2006). Internal and external resources needed to recruit, retain and support foster carers, foster

carer payments, agency fees, and placing children with ‘short-term carers’ that turn in to long-term placements, all require long-term financial commitment from local authorities. Research by the Loughborough Centre for Child and Family Research into the experiences of babies accommodated at birth found that if parents did not make sufficient changes to warrant rehabilitation of their child within six months, then they were highly unlikely to do so (Ward, Brown, Westlake & Munro, 2010). Yet as a consequence of missed opportunities and poor planning for the adoption of infants, there is a build-up of children in placements that were intended to be temporary. An informal decision has been taken that they are not going home, but no robust plan has been made to achieve permanency.

The impact of placement instability and compromised attachment casts a long shadow over the lives of looked after children. Given that they are more likely to under-achieve in education, suffer mental ill-health, be unemployed, be affected by substance misuse and be involved in the criminal justice system, we know that an on-going commitment is required in terms of state benefits, criminal justice provision and health care services. This cost could be reduced if early decisions are made for children that address their intrinsic need for stability. Effective early decision-making is financially beneficial. Concurrency requires financial commitment to carers in terms of fostering allowances only up to the point that permanence is achieved, so the financial argument is strong. The long-term care needs of children doing poorly because of insecure relationships should also be included in the financial arguments.

Moving forward

For young children in care proceedings, a concurrent placement creates a situation where either they will enjoy a stable foster placement with regular good quality contact with their parent or parents until returned home, or if they are adopted, they will have been in their adoptive family from the earliest opportunity without the need for disruptions and broken attachments (Laws, Wilson & Rabindrakumar, 2012).

Services in local authorities need to be cost-efficient and flexible, exploring and responding to local need. The purist concurrency model sets out clear parameters and expectations that can be embedded in good practice locally. Given the number of children that are suitable for placement under the model, joint commissioning of services between groups of Local Authorities is a desirable option and in line with key government policy drivers.

In Conclusion

The practice of concurrency planning places the needs, rights and interests of the child at the centre. The approach is designed and delivered in order to protect and promote the developmental needs of infants. It accepts that the needs of infants and the rights, demands and wishes of some parents are in conflict. Hence, the practice goal of concurrency planning is *early permanence* rather than reunification which is an important shift in emphasis from mainstream child care social work practice. Concurrency planning naturally raises questions in some practitioners’ minds about how one can honestly work towards family reunification when an alternative

(adoptive) placement is already in place. There are also concerns about whether concurrency pre-supposes parental failure, or even encourages it. Such concerns are valid, but careful planning, implementation and management of concurrent planning can guard against such possibilities.

There has been criticism that placing a child with prospective adopters undermines the rights of parents and pre-empts decisions of rehabilitation (Wigfall, Monck & Reynolds, 2006). This criticism is based on the notion that there is a hidden agenda against rehabilitation and that concurrency is a way to surreptitiously have children adopted. This belief misunderstands the ethos of concurrency and ignores that fundamental to it is the tenet that the primary focus is on time-limited parental assessment with the view to reunification. Studies would suggest that prospective adopters recruited under the system participate because they are committed to the ethos that, where possible, it is in the best interests of children to be brought up by their birth families.

Concurrency does not remove the local authority's responsibility to work with parents to support reunification, nor does it circumvent the legal process. What it

does do is provide children with a stable home with consistent care givers, removes drift caused by extended assessment periods, uncertainty by birth families about what is being asked of them, and confusion and false hope as to likely outcomes. It focuses practitioners on timescales that meet the needs of children and gives them confidence, supported strategically within organisations, to make recommendations based on robust assessment and recording. There is also evidence to suggest that the more a prospective adopter is involved with a birth family, the more the relationship is valued. This has better outcomes for the child if permanence is achieved with the prospective adopter. They are better able to support the child's understanding of their experience as an adopted person. "This is one of the real benefits emerging from concurrent planning: it enables CP carers to give their children a truthful, balanced account of their birth parents as they grow older, incorporating both positives and negatives in age appropriate ways" (Kenrick, 2010). There is also evidence to suggest that as a result of the positive relationships built with prospective adopters, birth families feel more able to relinquish children, knowing, and having confidence in, the people who will bring them up.

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About CELCIS

CELCIS is the Centre for Excellence for Looked After Children in Scotland. Together with partners, we are working to improve the lives of all looked after children in Scotland. We do so by providing a focal point for the sharing of knowledge and the development of best practice, by providing a wide range of services to improve the skills of those working with looked after children, and by placing the interests of children at the heart of our work.

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