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Concurrent Planning Study

Interim report

July 2012

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Acknowledgments: particular thanks are due to Rebecca Brown (University of Loughborough Centre for Child and Family Research) for her contribution, especially with the literature review, Jeanne Kaniuk (Coram Head of Adoption), Shabnam Rathore (Concurrent Planning Project Manager), Rosemary Wolfson (Deputy Manager) and Benita Hussain (Concurrent Planning Project Administrator) for advice and assistance with data gathering. We are also grateful for the guidance and advice of the research advisory group: Margaret Adcock, District Judge Nicholas Crichton, Monica Duck, Prof Danya Glaser (Consultant Child and Adolescent Psychiatrist), Renuka Jeyarajah-Dent (Coram Director of Operations), Kairika Karsna (Senior Research and Evaluation Officer), Jenny Kenrick (Tavistock NHS Trust), Prof Geraldine MacDonald (Queens University Belfast), Ruth Puig-Peiro (Pro Bono Economics), Julie Selwyn (Bristol University), John Simmonds (BAAF), Harriett Ward (Loughborough University), Elizabeth Monck, Valerie Wigfall (Thomas Coram Research Unit, Institute of Education). However our advisors are not responsible for any errors made.

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Concurrent Planning Study: Interim report

Executive summary

Coram is the UK's first children's charity, established by Royal Charter as The Foundling Hospital in 1739. Today it is a leading organisation developing, delivering and promoting best practice in the care of vulnerable children and their families.

In concurrent planning foster carers are recruited who are also approved as adopters. They must, in the first instance, be willing to foster a baby and support his or her return to the birth parent, with the possibility that, if unsuccessful, the fostering arrangement will lead to adoption. This minimises the disruption to secure attachment that so often occurs where a baby with a high probability of needing to be adopted (on the basis of past history) is first placed with foster carers and then moved to an adoptive placement only once a final decision can be made.

Coram is the only specialist centre for Concurrent Planning practice in the UK. It has been active in the field for 13 years, and is undertaking a study to examine the social, emotional and educational outcomes for the children who have reached permanency through the scheme.

At this early stage, based on preliminary findings, we can be confident that Coram's Concurrent Planning project has succeeded in its aims to increase continuity of placement in infancy, and reduce time to permanency for young children. This interim report describes the evidence gathered to date and identifies key areas for further investigation.

59 children were placed through the scheme from 2000-2011. Of the 57 children for whom we have data, all have remained with the Coram Concurrent Planning (CCP) carers with whom they were placed. The children are now aged up to 12. None have experienced post placement disruptions, and none have been returned to care.

Nationally, between 2.5 and 20 % of all adoptions, and 1 to 5% of adoptions of children under 1 year of age, break down. Knowing that, as children get older, both the chances of finding an adoptive placement and of avoiding placement breakdown are part of the rationale for concurrent planning.

Amongst the 59 children placed through the concurrent planning scheme between 2000 and 2011, 36 children (61%) were referred to the project at or before birth. Fifty-six (95%) of these referrals were made prior to a child's first birthday. Nationally, 61% of those adopted in 2007-2011 were under one year old when starting their final period of care (continuous period of being looked after) (DfE, 2011).

The average age of children adopted by Coram concurrent planning carers was 17 months (2002-2012). Nationally, over the last five years, the average age at adoption is three years and 11 months.

This interim report provides information from administrative records on the timescales from placement to adoption or reunification, and these will be confirmed through detailed file study. Comparisons on timescales can be made for those who went on to be adopted. On average, children placed for concurrent planning took 14 months from entry to care to being adopted. Nationally, over the past five years, time from entry to care to adoption averaged two years and seven months.

Looking at the picture for children who entered care under one year old, the average time for concurrent planning children between entry to care and adoption was also 14 months. In 2011, the national average time between entry to care and adoption for those entering care under one was two years and three months.

Ninety-six percent of children adopted through concurrent planning met the national scorecard target and waited less than 21 months between entering care and moving in with their adoptive family. Nationally, 58% of children waited less than 21 months. This comparison refers to the date to placement order, which averages at about 9 months for concurrent planning, but the concurrent planning children were actually living with their carers well before that point.

This report describes the attributes of effective concurrent planning and when it is, and is not, suitable. Based on Coram's experience, it reports on the features of good practice. A diagram that represents the concurrent planning process is included, as is a short summary of the existing research evidence base for concurrent planning.

Coram is currently undertaking interviews and a file study, and will complete its research in autumn 2012. The final report will provide detailed information on the welfare of the children placed through concurrent planning, and will lay the basis for an investigation of the costs and longer-term benefits of the scheme.

It is clear that learning from this project has wider application. Alongside this research, Coram is developing practical approaches to the challenge of improving performance nationally in relation to early permanency. It is therefore acting as a national centre to assist local authorities and voluntary adoption agencies in improving outcomes for children by offering management services, analytical and practice development support.

Summary of preliminary findings

Permanency outcomes

- Three of the 57 children for whom decisions have been made (5%) were reunified with birth families, consistent with the aims of the CCP service.
- 54 children (95%) have been adopted by their concurrent planning carers. Two additional recent cases are currently in proceedings.
- On average, CCP children who went on to be adopted by CCP carers were 17 months old at the date of adoption. Nationally, over the last five years, the average age when children are adopted is three years and 11 months.

Placement stability

- All of the 57 children for whom we have data remained with their CCP carers until a final decision on permanency was made. With the children now aged up to 12, there have been no pre or post placement disruptions, nor children returned to care post-adoption or post-reunification to birth family. It is estimated that nationally between 2.5 and 20% of all adoptions, and 1 to 5% of adoptions of under 1s break down.

Referral patterns

- Over half of referrals (33) that progressed to a placement were made during pregnancy, and almost all before the child's first birthday. Twenty children (34%) were placed with CCP carers straight from hospital following their birth. Thirty nine (58%) of CCP children spent some time with foster carers or relatives before being placed with CCP carers.
- Nationally, 61% of those adopted between 2007 and 2011 were under one year old when starting their final period of care (continuous period of being looked after).

Average timescales for children who were adopted¹

- On average, for CCP children it took 14 months from entry to care to date adopted. Nationally, over the past five years, time from entry to care to adoption averaged two years and seven months.
- For CCP children who entered care under one year old, the average time between entry to care and adoption was also 14 months. In 2011, the national average time between entry to care and adoption for under-1s was two years and three months.
- Ninety-six percent of children adopted through concurrent planning met the national scorecard target and waited less than 21 months between entering care

¹ Timescale data will be verified for the final report. Four cases excluded from analysis due to data errors.

and moving in with their adoptive family. Nationally, 58% of children waited less than 21 months. This comparison refers to the date to placement order, which averages at about 9 months for concurrent planning, but the concurrent planning children were actually living with their carers well before that point.

1 Introduction

1.1 Concurrent planning

Concurrent planning is highlighted in the Government's *Action Plan for Adoption: Tackling Delay* (April 2012) as an approach whose principles should be used more widely. It was promoted in national guidance in February 2011, in the revised Statutory Guidance on Adoption linked to the Adoption and Children Act 2002.

In 2012 the Department for Education (DfE) provided two years' funding for Coram and Barnardo's to work in partnership with 24 Local Authorities to promote adoption and permanent family placements quicker and earlier in a child's life. As the exemplar provider in this country, Coram has also been working with several local authorities to investigate ways to develop concurrent planning in their area and are collecting relevant data with them.

This report aims to set out Coram's application of concurrent planning and its view of best practice in concurrent planning. It provides the early results of our analyses of the experiences of this unique project. This will later be complemented by learning from Coram's DfE-funded practice improvement programme (with Barnardo's) working with local authorities in relation to early permanency decision-making, and Coram-LA adoption partnerships. Links will also be made with the findings of Brunel University's evaluation of the Family Drug and Alcohol Court, in which Coram is a partner agency (Harwin et al 2011), as well as the established research evidence base. The Family Drug and Alcohol Court is piloting a new way of dealing with care proceedings when parental substance misuse is causing harm to children. It is hoped that our findings can be considered also in the context of the results of Loughborough University's research on a wider sample of children experiencing abuse and neglect in infancy (Ward, Brown and Westlake 2012).

2 What is Concurrent Planning?

2.1 The concurrent planning approach

Concurrent planning is a scheme to promote timely decisions about the appropriate placement of young children who are subject to care proceedings.

In concurrent planning, individuals and couples are recruited to act as foster carers to children whose circumstances are such that they have a high risk of being unable, safely, to be left in the care of their birth parents. These foster carers also approved as adopters. They must be willing, in the first instance, to foster a baby, and to support the child's return to the birth parent, with the possibility that – if this is not viable – the fostering arrangement will lead to adoption. This avoids the disruption to secure attachment that is built in to the mainstream system where a baby who may

need to be adopted is placed initially with foster carers then moved to an adoptive placement only once a final decision can be made.

Concurrent planning is different from the much more common practice of parallel or twin-track planning in that the child is placed in the concurrent planning carers' home whilst decision-making proceeds, rather than in a temporary foster placement.

At Coram, concurrent planning is designed for children aged 0–24 months for whom, on the basis of past history, there is a high probability (greater than 80%) that i) return to birth family or extended family will not be possible, but ii) a further period of assessment is thought necessary before the courts can come to a final decision on permanency. These are children who have been identified at an early stage to be at high risk of significant harm, and for whom the assessment of multiple risk factors (such as parental mental health concerns, substance misuse and/or domestic violence) is required.

Concurrent planning supports *either* the child's return to his/her birth family *or* his/her placement with an adoptive family, within a timeframe which is monitored by the court to promote early secure attachment and timely decision-making. As the name implies, these aims are worked on concurrently, instead of sequentially (as is more usual), so maximise the chances of an early permanency decision – and hence to promote infants' attachment, and optimise their outcomes. Where the local authority proposes to place the child in a concurrent planning foster family, this will be presented to the court as the care plan at the court hearing when an Interim Care Order is made.

Concurrent planning works actively to enable birth families to avail of this last chance to demonstrate that they can care safely for their baby. It aims to avoid the considerable delays and frequent change of foster placements commonly experienced by these vulnerable, very young children before permanent placement can be made, whether this is the child's return to the birth family or adoption. Research shows that the longer the delay and the greater the number of foster placements, the greater the potential for damage to children's mental health and development, and the less likely it is that they can be placed successfully with an adoptive family. Concurrent planning is intended to lay the foundations for greatly improved health and emotional wellbeing throughout the child's life by giving more stability during the vital early years of development.

Concurrent planning carers are carefully selected and trained, and they receive intensive support during and after the fostering period, regardless of outcome. The project aims, wherever possible, to place the child with foster carers who share his or her cultural background and ethnicity.

2.2 When is concurrent planning appropriate?

- For young children where it is apparent at an early stage that there is a high probability (80% or greater) that they will need to be adopted.
- When, despite identified risks, the birth parent/s want to care for the child and wish to show that they can make the necessary changes.

When is concurrent planning not appropriate?

- When there is a strong chance that the birth parents or a 'connected person' can safely care for the child.

2.4 Key features of Coram's model of concurrent planning

Coram's concurrent planning service has a number of key features. It is crucial that local authority social workers and local courts understand this approach to concurrent planning and work proactively to make timely referrals and legal orders that facilitate this approach.

Coram has built and maintained strong partnership arrangements with local authorities and the courts over many years. Coram also has a well-established approach to working with carers, as well as a process for supporting contact. These methods are outlined below:

- Approach to working with carers.
- Approach to working with birth families
- Process for supporting contact.
- Requirements for effective running of concurrent planning schemes.

2.4.1 Working with carers

Key aspect	Further details
<p>Concurrent planning carers must:</p> <p>Be child-centred and understand the value of reunification with birth family where possible</p>	<p>Carers need to be people who can manage their own feelings and give priority to the child’s best interests</p> <p>Carers need to be able to build a positive and respectful relationship with the child’s birth family</p> <p>Carers must be prepared actively to support the transfer of the child’s care back to his/her parent(s) or relatives should the court decide it is safe to do so</p>
<p>Be carefully prepared to become carers</p>	<p>Concurrent planning carers undergo two days’ training which addresses issues relevant to foster care and concurrent planning in addition to the preparation programme that all prospective adoptive parents attend</p> <p>One to one discussion assists potential carers in deciding what they can offer</p> <p>Training is also offered to relatives and friends of the concurrent carers</p> <p>Regular support groups are held for concurrent planning carers</p>
<p>Be able to give priority to the child</p>	<p>Carers offer a dedicated placement and do not foster other children whilst caring for a concurrent planning child</p> <p>One carer must be at home full-time with the child throughout the placement</p> <p>Carers must themselves escort the child to and from contact</p>

2.4.2 Working with birth families

Key aspect	Further details
A positive programme of work	<p>An explicit programme of work with birth parents and wider family (which may be led by the local authority or by Coram) assists them to meet the local authority's requirements for safe return of the child</p> <p>Separate social worker assigned to birth family assessment and support from the social worker who supports the concurrent carers</p>
Contact sessions help birth parent/s improve their parenting	<p>Contact supervisors need to coach and model good parenting for the birth parent/s, and provide opportunities for behaviour rehearsal and reinforcement.</p> <p>Contact reports are accurate and sufficiently detailed</p>
Ensure all possible extended family carers are identified early on	<p>The local authority takes early action to identify possible placements within the extended family and undertake appropriate assessment</p> <p>Good quality Family Group Conference held at an early stage, focused on permanency solutions.</p>

2.4.3 Supporting contact

Key aspect	Further details
Logistics	Contact arrangements must be feasible for both the child/concurrent carers and birth family to manage frequent contact – no more than 20 miles (or one hour’s travel time),
Contact takes place in a dedicated contact centre, which provides a stable, safe, child-friendly setting	There must be maximum continuity of skilled contact supervisors
Contact supervisors must have excellent skills	Staff are active in supporting both birth parent/s and concurrent carers
Regularity of contact	Ideally no more than three times a week, to lessen disruption to the baby’s routine
Settling in time	The baby or toddler needs to be allowed time to settle into the placement before contact begins
Security and confidentiality	It is essential that the concurrent planning carers’ address and other identifying details are kept confidential from the birth family

2.4.4 Good practice in running concurrent planning schemes

Key aspect	Further details
Strong partnership arrangements with local authorities and the courts	An advisory group facilitates ongoing communication and problem solving
Local authority social workers and local courts understand concurrent planning	Training provided by Coram to local authority social workers, Cafcass staff, independent reviewing officers and legal professionals to enable them to make referrals and sanction placements that facilitate this approach
Local authorities identify cases early	Permanency Tracking Panel meets monthly
	Consistent senior management tracking of children who might be suitable, with specific focus on babies
Recruitment of prospective concurrent carers	Ongoing intensive publicity to recruit concurrent carers
	Positive action taken to recruit carers from diverse black and minority ethnic communities
Adequate financial support during fostering phase	Ensure fostering payments are at an adequate level to enable lone parents and those on low incomes to undertake this role

Timescales used	<i>Entry to care to adoptive placement</i>	<i>Length of care proceedings</i>	<i>Adoptive placement to Adoption Order</i>
Concurrent planning (population n = 59)	9 months (from first hearing to final order)	39 weeks; first hearing to final order	6 months (from final order to date of adoption)
	n=49	n=49	n=53
Care proceedings & adoption ('mainstream adoption')	21 months	52 weeks; application date to completed application	10 months
	LAC data (England summary), 2011 (DfE, 2011)	Adoption scorecard underlying data (DfE, 2012)	LAC data (England summary), 2011 (DfE, 2011)

Caveats

- Unlike data for children placed concurrently, where there are age related data, mainstream adoption data are for all ages.
- Averages from mainstream adoption data will include those placed concurrently; however, numbers of children placed concurrently are assumed to be too small to make a difference.
- Concurrent planning data anomalies (e.g. four cases were recorded as having their first hearing date after the start date of the concurrency placement – these cases have been excluded from timescales using an ‘entry to care’ date).
- Concurrent planning ‘adoptive placement’ date is taken as the final order date.

3 The existing evidence base for concurrent planning

3.1 The development of concurrent planning in the UK

Concurrent planning was developed in the US in the 1980s and brought to the UK in 1998, when the first concurrent planning scheme – the Goodman Project – was launched by the Manchester Adoption Agency. Coram set up its concurrent planning project one year later, and is now the only dedicated team nationally using this approach. Since 1999 Coram’s team have worked with 59 children, of whom three returned to their birth families and 54 were adopted. Two are still in proceedings. The eldest children are now 12.

A study of three concurrent planning schemes existing in England at that time (The Goodman Project in Manchester, a scheme within Brighton and Hove local authority, and Coram based in London) examined the outcomes of concurrent planning compared to traditional adoptions. It found that there were substantial advantages for the infants in speeding up the achievement of permanence in the concurrently planned group (Monck and colleagues (2004).

Coram has promoted the concept of concurrent planning nationally and has been successful in that the government recently revised Guidance to include the concurrent planning approach. It is therefore important for Coram to examine the outcomes for the children who have been placed through this scheme. This report documents the start of this process.

3.2 Why does stability in infancy matter?

Where parental difficulties are deep-seated and intractable, separation may be necessary². In such circumstances, decisions need to be made swiftly. Recent national statistics reveal how the chances of adoption diminish as children grow older: 90% of children who were placed for adoption in 2009-10 entered care before the age of four; 61% before their first birthday (DfE, 2011). Another body of evidence suggests that, as children grow older, they may benefit less both from specialist interventions to address the consequences of abuse and from separation to prevent its recurrence (Montgomery et al. 2009; Ward, Holmes and Soper, 2008). Decisions about whether or not to separate children from their birth families are also influenced by evidence concerning the outcomes of adoption (See Selwyn et al. 2006).

Studies of the long-term outcomes of infant adoptions are necessarily based on children who were placed several decades ago at a time when there were still powerful economic and social pressures on unmarried women to relinquish their children. Adoptions of these children, who are now in late middle age, show favourable psychosocial outcomes and low disruption rates (see Selwyn et al. 2006 for further details). It is unlikely that these children experienced abuse before placement. However the majority of children placed for adoption currently in the UK have experienced

² This section is largely drawn from Ward, Brown and Westlake (2012).

maltreatment prior to entry to care or accommodation, and many will have experienced lengthy delays, insecurity and instability before permanence decisions are made and adoptive placements found. On average, children are looked after for 2 years and 7 months before the adoption is finalised (DFE, 2011), though they reach their permanent placement in a shorter period (Ward et al. 2006).

Given their previous experiences it is not surprising that some children who are adopted also experience emotional difficulties, depression and confusion over identity (Neil, 2000; Smith and Brodzinsky, 2002). Biehal and colleagues (2010) found that adopted children in England were more likely to experience mental health problems than the wider population. Furthermore, there is an evidence base that highlights that not all adoption placements last (Thoburn, 2005; Selwyn et al. 2006; Farmer et al. 2010). Moreover, research using the self-reported feelings of adopted children suggests that statistics on placement breakdown hide an underlying unhappiness for some children in placements that persist (Thoburn, 2002). Disruptions are closely associated with emotional and behavioural difficulties, and especially 'aggressive, acting out behaviours including cruelty to others, getting into fights, threatening others, over activity, restlessness, hanging out with bad friends and overt sexualised behaviour' (see Selwyn et al. 2006). There are also greater risks of adoption disruption for sibling groups and children with additional needs (Rushton, 2003).

Nevertheless, adoption has generally been associated with lower rates of disruption than long term foster care (see Biehal et al. 2010), and the majority of adoptions last until adulthood. Howe's (1998) review of outcome studies found that, on a measure that combined disruption rates, developmental rates and adopter satisfaction rates, 50-60% of late adoptions were successful.

There are strong indications that the younger the child is when placed for adoption, the better the chances of both a stable placement and successful psycho-social outcomes. The older children are at placement the more likely they are to display behavioural problems, including problems with peer relationships, attachment, conduct disorder and poor concentration (Haugaard, Wojslawowicz and Palmer, 1999; Biehal et al. 2010), and therefore the greater the risk of disruption. It appears that adoption can provide a nurturing environment from which most children will benefit, but the security of an adoptive home cannot always overcome the consequences of extensive maltreatment and neglect.

There is an extensive body of research which indicates that the early environment, and the first three years of life in particular, plays a major role in shaping children's cognitive, social-economic and behavioural development (see Barlow and Underdown, 2008). Abuse and neglect during this time can be particularly damaging (see Schore, 2003; Gerhardt, 2004). There is also mounting evidence that secure responsive care in the first few months of life leads to better regulated stress reactions (Gunnar and Cheatham, 2003), providing further support for the early removal of infants from parents likely to neglect or abuse them (Monck et al. 2004).

Findings from a prospective longitudinal study on infants suffering, or likely to suffer, significant harm completed by Ward and colleagues suggests that delays in decision-making culminated in very young children spending lengthy periods experiencing abuse and neglect before entering care. This was followed by long episodes in temporary care where children would form close bonds with interim carers, only to experience a sense of loss once 'permanency' was achieved. These factors contributed to the fragility of many of the permanent out-of-home placements for the sample children which were further compounded by: severe behavioural difficulties, including aggression and self harm. Carers could misunderstand the likely effects of the child's past experiences, i.e. they believed that because they were young (under three years) they would be able to 'forget' their past and form a positive attachment to their new carers (Ward, Brown and Westlake, 2012).

4 Preliminary findings

4.1 Introduction

In this section, we investigate the work of the Coram concurrent planning (CCP) service 13 years after its introduction. We describe some of the key features of the service to provide a summary of its work to date. In preparing to undertake detailed research into the outcomes for children of Coram's concurrent planning project, the service has sought to contact all the families served by the scheme, and Coram's policy and research team have analysed the Coram CP team's administrative records to understand the pathways taken by these children in broad outline. It is this evidence that is presented in this interim report. We will look at referrals that progressed to a placement; child demographics; court hearings; and adoptive placements. These are compared to regional and national statistics on looked after children and adoption.

At this stage of our research, we are able to report on:

- children's pathways to concurrent planning;
- permanency outcomes for children;
- referral patterns to concurrent planning; and
- various timescales related to decision-making.

This interim report gives information on the process followed by the 59 children who were placed with CCP carers through the CCP service between 2000 and 2011. Behind every permanent placement, of course, there lies a complex journey. We will be looking more closely at these journeys in the next stages of our research.

4.2 The Coram Concurrent Planning service

The CCP service began in 1999. Its fundamental operating principles are founded on the critical significance of attachment for babies and toddlers. The service aims to ensure that the burden of the risks to, and uncertainties about, children's welfare are borne primarily by adults. The CCP service began as a pilot project and initially worked only with the London boroughs of Camden and Islington. Since 2003, five other local authorities have joined the project. Of the 59 children whose referrals were progressed, Islington and Camden accounted for over three-quarters. For more details on where referrals came from, see Appendix.

4.3 Permanency outcomes

The CCP service works actively to enable birth families to take up one last chance of demonstrating that they can care for their child safely. Consistent with this aim, three (5%) of the 57 children (from 51 families in total) for whom a decision has been made have been reunified with birth families. One child returned to his mother and two were returned to kin carers. Nationally, it has been estimated that 8% of children

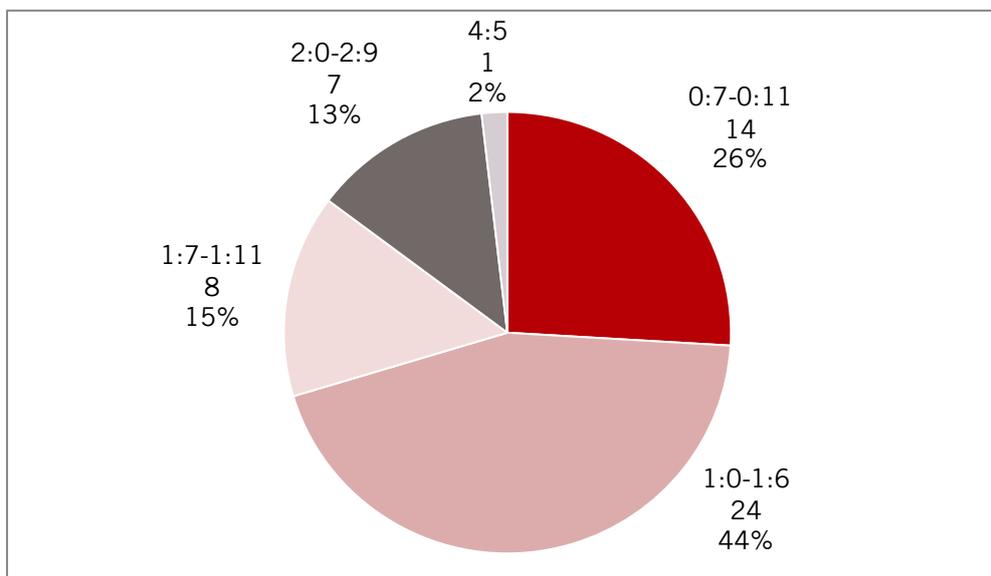
placed with concurrent planning carers by the four projects operating up to 2010 had returned home to their birth families³.

For those children not reunited, they continued their relationships with CCP carers. 54 (95%) of these children have been adopted by their carer/s to date.

4.4 Age of child at adoption

On average, children adopted through the concurrent planning project were 17 months old when adopted (range 7 months to 4 years and 5 months). It is worth noting that the oldest child was placed with CCP carers aged 3 years and 3 months along with a younger sibling. Thirty-three per cent of children (n=18) placed through the CCP service were adopted before their first birthday. Nationally, in 2011, only 2% of children (n=60) were adopted before they were a year old (DfE, 2011).

Figure 1 Age of children at adoption order



Source: Coram data (2000-2011). N=54

4.5 Placement stability

Placement instability can lead to many problems for children, including harm to their ability to form secure attachments and relate to others (e.g. Munro and Hardy 2006). The CCP service works to protect children from unnecessary separations and moves. It is designed so that children receive consistent, good quality care while their birth parents try to make the necessary changes to their lives. We have data on the

³ Personal communication with Margaret Adcock (22/06/2012) on the basis of her contact with the four concurrent planning projects operating up to 2010 in England.

placement stability of 57 of the children placed through the CCP service⁴. Since being placed, these 57 children have all stayed with the same CCP carers.

The first study to look at the rate of, and reasons for, breakdown is currently being carried out at the University of Bristol by Julie Selwyn and colleagues. The DfE Action Plan for adoption and tackling delay (2011) refers to a lack of data and evidence about adoption breakdown. The Action Plan notes estimates of around one in five (20%) adoptions breaking down. Similarly, the Prime Minister's review of adoption (2000) referred to an estimated adoption breakdown rate of 20 percent.

More optimistically, the DfE's Action Plan also notes Ministerial Advisor on adoption (Martin Narey) estimates that the actual figure is much lower – around three percent for those adopted under the age of one, and ten percent for children adopted under the age of five. Data collected by the Consortium of Voluntary Adoption Agencies in 2010-11 suggests that the national disruption rates for voluntary adoption agencies stands at 5.3%. It is generally held that infant adoptions are less likely to break down than those of later placed children, but there are few firm data on this. Julie Selwyn (personal communication) estimates the disruption rate for adoptions of the youngest children at one to 5%⁵. Selwyn's team is currently undertaking an important study of adoption breakdown. The understandings that both the chances of finding an adoptive placement and of avoiding placement breakdown reduce as children get older are of course part of the rationale for concurrent planning.

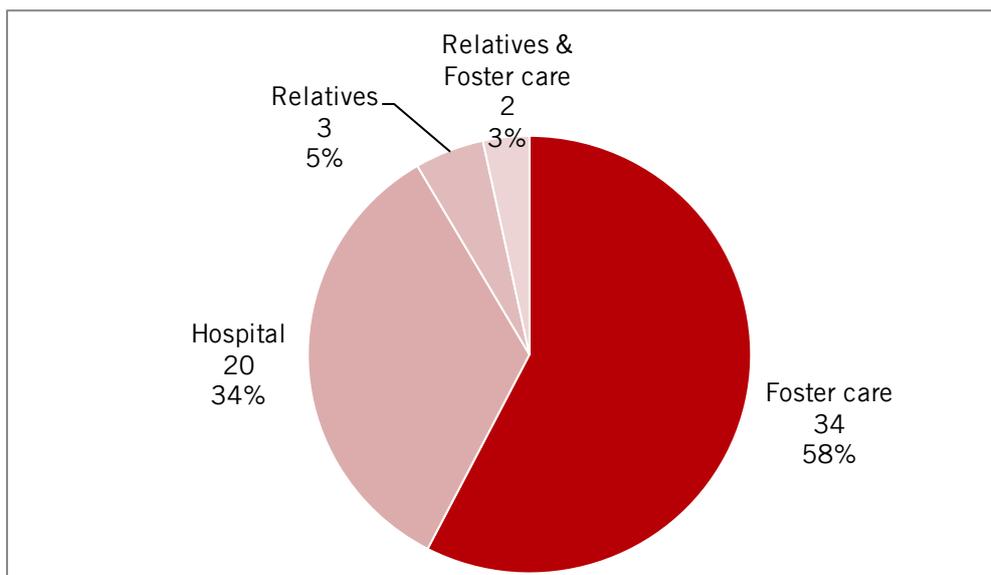
4.6 Child's situation prior to referral

As part of our research, we aim to explore the reasons why children were referred to the CCP service. At present, we have information on the locations of children prior to being referred to the CCP service. Most (58%) spent some time with foster carers before being placed with their concurrent carer/s (16 of these 34 children were referred pre-birth, see Figure 2). Twenty (34%) were placed with their concurrent carer/s straight from hospital, with some infants being discharged more quickly than others.

⁴ We have been unable to contact one family. One child sadly died in circumstances unrelated to the concurrent planning placement.

⁵ Evidence on children placed as babies other than through concurrent planning will include relinquished babies, who may have a different profile to those placed through concurrent planning.

Figure 2 Location of children prior to referral

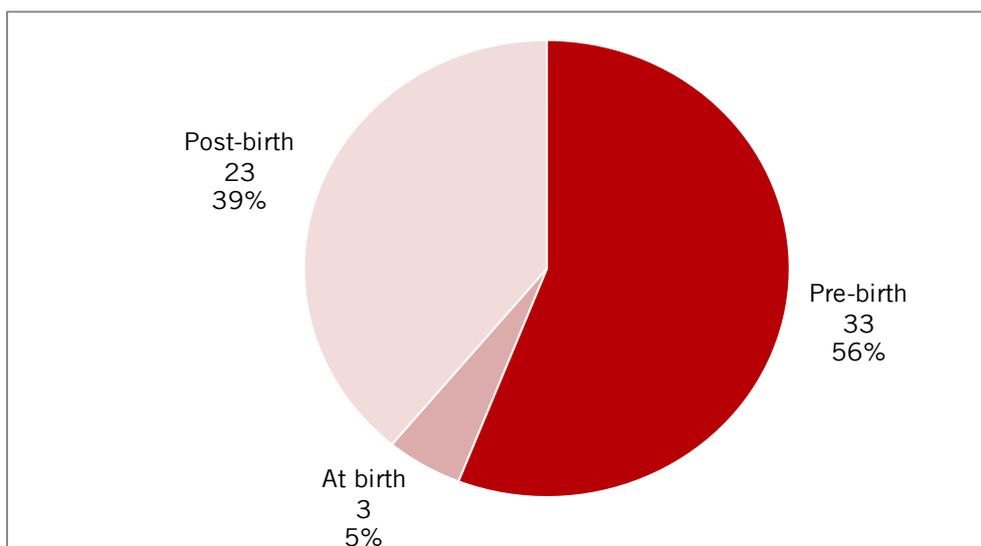


Source: Coram data (2000-2011)

4.7 Age of children at referral

A key aim of the CCP service is to achieve early permanency for children identified as at high risk early in their lives – this means that children can be referred prior to birth, and this is encouraged by the service. Indeed, as shown in Figure 3, of the referrals that progressed, pre-birth referrals accounted for 56% of cases and at-birth referrals for 5%.

Figure 3 Percentage of pre-, post- and at-birth referrals



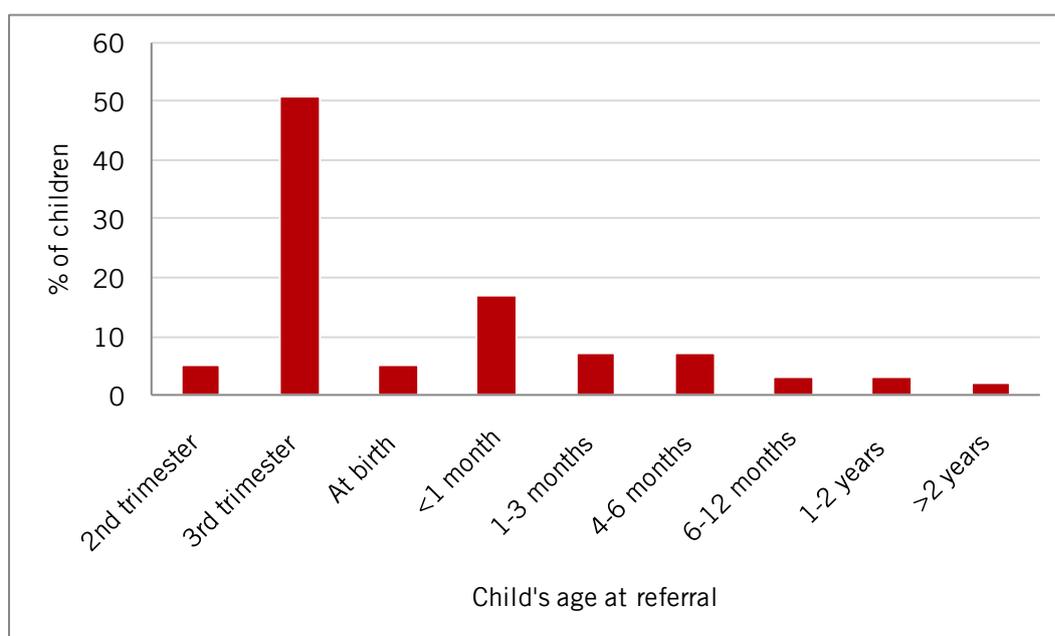
Source: Coram data (2000-2011)

To give a more detailed picture of referrals that progressed, we have calculated children's specific ages at their referral dates. More than three-quarters (78%) of the

children were referred before they were a month old (see Figure 4). In only three cases, children placed through the service were referred after their first birthday (in one case, a child was referred alongside a younger sibling). Of the three children returned to birth family members, two were referred pre-birth and one before reaching one month.

Pre-birth referrals tended to happen during the third trimester of the mother's pregnancy (see Figure 4). Three children were referred even earlier, during their mothers' second trimester of pregnancy. All mothers would have been identified by the local authority as needing early assessment in relation to multiple risk factors such as parental mental health concerns, substance misuse, or domestic violence. It is likely that they and/or their partners will have had one or more risk factors present; in some cases previous children had been removed. We will explore referrals and risk profiles further in our file study.

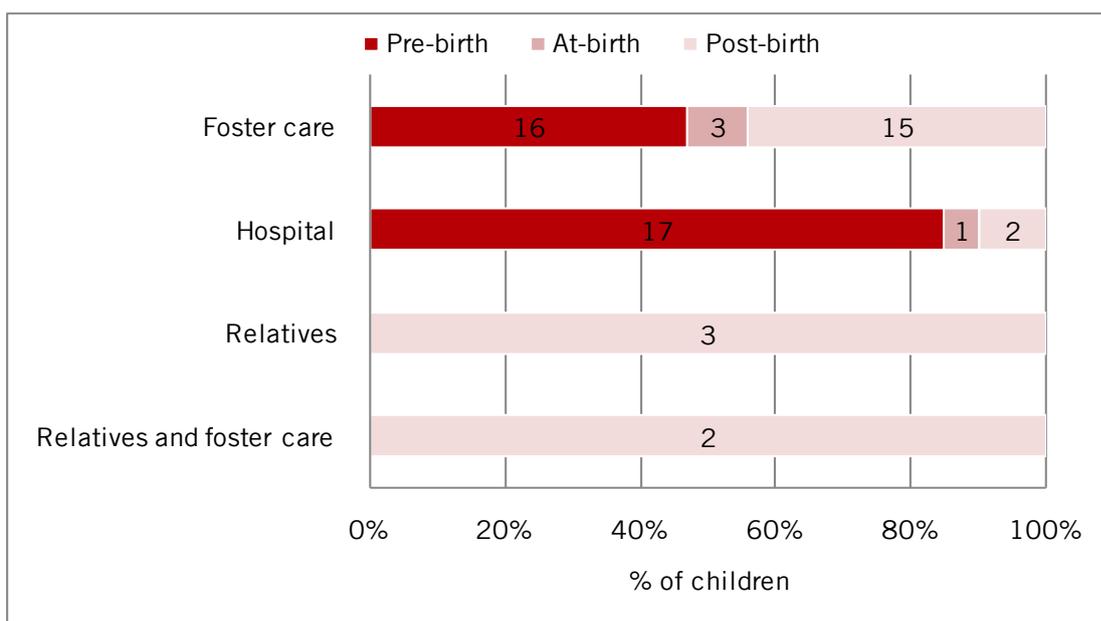
Figure 4 Age of children at referral to the CCP service



Source: Coram data (2000-2011)

To further investigate children's pathways to concurrent planning, we have explored from where children were placed and their age at the time they were referred to the CCP service (Figure 5). Sixteen children who were first placed with foster carers were referred to the CCP service pre-birth, 15 post-birth and three at birth. All children who spent time with relatives and/or foster carers were referred post-birth.

Figure 5 Where child was placed from, by age at referral



Source: Coram data (2000-2011)

4.8 About the children

As reported, Coram’s concurrent planning service is designed for very vulnerable children aged 0–24 months. Other schemes in the UK (such as the Goodman project in Manchester) and in the US have placed older children, but Coram’s policy has been to focus on the youngest children. Ninety-five per cent of referrals that progressed to a placement were made prior to a child’s first birthday. Nationally, only 6% of the looked after population are under one year. However it is also true that nationally, 61% of those adopted in 2007-2011 were under one year old when starting their final period of care (continuous period of being looked after) (DfE, 2011).

Of the 59 children placed with CCP carers, 31 were girls and 28 were boys. There were five sibling groups: two sets of twins; one sibling pair placed at the same time and two cases where subsequent children joined a child or children already placed through concurrent planning (a pair and a set of three siblings). The ethnicity of CCP children is shown in Table 1, alongside the figures for looked after children who were adopted in England in 2011.

Table 1 Ethnicity of CCP children and adopted children (England)

Cohort	White		Mixed		Asian or Asian British		Black or Black British		Other ethnic groups	
	N	%	N	%	N	%	N	%	N	%
CPP	52	88	5	12	0	0	2	3	0	0
All LAC who were adopted in England	2,570	84	320	10	60	2	80	2	20	1

Source: Coram data (2000-2011) and SFR21/2011 Local Authority summary tables (2011)

Set in the context of national data (see Table 1) the concurrent planning scheme has placed a comparable proportion of Black and Minority Ethnic (BME) children as is placed for adoption nationally. It also reflects the national pattern in that BME children are under-represented in the scheme as compared to looked after children.

Although Coram has prioritised the recruitment of black and minority ethnic carers, it has struggled to recruit from these groups, despite efforts to understand the issues and respond to any barriers identified, and despite seeking feedback from BME enquirers who did not progress with concurrent planning, Coram sought to overcome financial barriers by seeking higher fostering fees from local authorities. A particular challenge exists, however, in that BME adopters may not choose the concurrency route because they have a better chance to adopt a young child without taking on the additional risks of concurrent planning.

4.9 Timescales

There has recently been renewed focus nationally on the harm that can occur to children as an unintended consequence of the time taken to arrive at decisions in care proceedings.

In this section we report first on the average times taken at the different stages of the journey of a child in concurrent planning. Comparisons are then made, for the CCP children who went on to be adopted, to national scorecard data and other nationally reported statistics relating to mainstream adoption. These consider time taken from entering care to adoption, time from entry to care to placement order and finally time from placement to adoption order. Timescales for the youngest children are examined in particular.

This section looks at the timescales achieved for the children in the concurrent planning project, but it is important to note that we are in many respects not

comparing like to like here. Concurrent planning is precisely designed to address the difficulty of providing stability in infancy in situations where there is obvious high risk of harm to the child, but the final placement outcome cannot be determined immediately. A Placement Order is made at the point when a decision that the child must be adopted is finalised. In mainstream adoption, this is the formal beginning of a search for a suitable adoptive family – but in concurrent planning the child does not have to move, unless it is to return to birth family members with whom there has been regular contact (see diagram in 2.9).

We know for most CCP cases when the first hearing was, i.e. when the Interim Care Order was made, and this data is included in Tables 2 and 3.

Table 2 Children’s journey to permanency through the CCP project

Timescales	Average time	Number
When does referral happen?	(a) Average for post-birth referrals = 92 days	25
	(b) Average for pre-birth referrals = -42 days	33
	(c) Anomaly: one older child referred with younger sibling = 1228 days	1
CCP referral to date of Interim Care Order (ICO)	28 days (incl. pre-birth referrals)	55 (missing=4)
Date of ICO to CCP placement	69 days (incl. 2 cases which took 368 days for a sibling pair)	52 (missing=7)
CCP placement to final order (usually Placement Order and Care Order)	215 days	56 (missing=3)
Final order (usually Placement Order and Care Order) to date of adoption	182 days	53 (excludes 6 cases)

Source: Coram data (2000-2011)

4.10 Time taken to be adopted

A goal of all adoption agencies is, of course, to complete the process of adoption in a timely way. Drawing on adoption scorecard data, it is possible to make some comparisons to national averages and to those local authorities most regularly referring children to the CPP service.

The first scorecard indicator measures the average time it takes for a child who goes on to be adopted from entering care to moving in with his or her adoptive family. The threshold is set at 21 months (639 days). Ninety-six percent of children adopted

through concurrent planning met the national scorecard target and waited less than 21 months between entering care and moving in with their adoptive family. This comparison refers to the date to placement order, which averages at about 9 months for CCP, but concurrent planning children were actually living with their carer, in a fostering placement, well before that point. Nationally, 58% of children waited less than 21 months.

Moreover we can compare the length of care proceedings for the CCP group and the national data. This figure is 39 weeks for children adopted through the CPP service (based on time taken from ICO to final order), whereas it is 52 weeks nationally, for children of all ages.

Table 3 Adoption scorecard comparisons

Cohort	Av time between a child entering care* and moving in with its adoptive family, for children who have been adopted (days)	Children who wait less than 21 months between entering care and moving in with their adoptive family (number)	Children who wait less than 21 months between entering care and moving in with their adoptive family (%)	Av length of care proceedings locally** (weeks)
CCP (aged up to 3:3)	268 (n = 49)	47 (n = 49)	96 (n=49)	39 (n = 53)
England (all ages)	625	9440	58	52
Islington (all ages)	574	25	57	56
Camden (all ages)	559	35	56	54
Harrow (all ages)	605	30	78	49

Source: Coram data (2000-2011) and Adoption Scorecards (2011)

Note that the concurrent planning children will also be counted in the partner local authorities' scorecard data.

* For concurrent planning cases, ICO date is taken to indicate entry to care; Placement order date to indicate moving in with adoptive family

** ICO to final order

4.11 Length of time from entry to care to Adoption Order

A child who is looked after might experience more than one period of care i.e. a continuous period of being looked after (which may include more than one placement or legal status) interrupted by periods when the child returns home. We have calculated the length of time taken from interim care order to date of adoption. The average time for children placed through the CCP service was one year and two months. National data show, on average, the duration of an adopted child's final period of care is two years and seven months – this figure is for all children not only the youngest age groups (see Table 4)

Table 4 Duration of final period of care

Duration of final period of care	Cohort	N	%
Under 1 year	CCP children	48	96
	All LAC adopted in England	560	3
1 year to under 2 years	CCP children	1	2
	All LAC adopted in England	5,920	37
2 years to under 3 years	CCP children	1	2
	All LAC adopted in England	5,500	
3 years and over	CCP children	N/A	N/A
	All LAC adopted in England	4,090	25
Average duration (yrs:mths)	CCP children	1:2	1:2
	All LAC adopted in England	2:7	2:7

Source: Coram data (2000-2011) and SFR21/2011 England summary tables (average data for 2007-2011). Coram data based on date of first hearing (ICO) to date of adoption. (N=50).

4.12 Adoption timescales for young children

Throughout this report, we have emphasised the importance of early permanence for children who enter the care system. Table 5 separates out, by a child's age at the start of care, the average time between date placed for adoption (date of placement order) and the date of adoption. The average time for a CCP child placed under 1 is five months; it is nine months nationally, for 2011.

The table also provides data on the average time between entry into care and adoption (based on ICO to date of adoption). There is considerable time difference between the CCP children and the national data. Looking at the picture for children who entered care under one year old, the average time for CCP children between entry to care and adoption was also 14 months. In 2011, the national average time between entry to care and adoption for those entering care under one was two years and three months.

Table 5 Average adoption times by child's age at start of care period

Age of child at start of care period	Cohort	Av time between date placed for adoption and the date child adopted*	Av time between entry into care and adoption**
Under 1	CPP children	0:5	1:2 (n=50)
	All LAC adopted in England	0:9	2:2
1	CPP children	0:6	1:6 (n=1)
	All LAC adopted in England	0:10	2:11
2	CPP children	0:6	2:1 (n=1)
	All LAC adopted in England	1:1	3:2

Source: Coram data (2000-2011) and SFR21/2011 England summary tables (2011)

*CPP figures based on date of final order (Placement Order) to date adopted

** ICO to date adopted

Data on timescales will be checked and interrogated further when our more detailed research is completed later this year.

5 Research plans: next phase

5.1 About the research

Coram's Policy and Research Team is undertaking research to investigate in greater depth the work of the Coram Concurrent Planning service 13 years after its introduction and to consider outcomes for children who have been placed through the service. We have enlisted the support of Rebecca Brown of the University of Loughborough Centre for Child and Family Research in planning and developing this research.

Specifically, the research will:

- explore the stability of the placements made through the service;
- examine the outcomes for the children including their health, wellbeing and educational engagement and attainment;
- explore factors which might be linked to more successful versus less successful outcomes of concurrent planning placements, such as evidence of maltreatment (including in utero) prior to placement, contact with birth family pre and post order, and the expectations of the adoptive parents; and
- at a later stage, compare the outcomes for the children placed for adoption through the concurrent planning service to the outcomes of children placed via traditional adoption routes.

Pro Bono Economics are providing advice and support to this research project to ensure that it lays the groundwork for an economic analysis of the costs and benefits of concurrent planning in relation to the outcomes for children.

The study will focus on those children who have been in a CCP adoptive placement for at least two years.

Interviews over the telephone will be undertaken with all CCP carers who consent to the research. Interviews will be recorded accurately by interviewers. They will be recorded (where consent is given) and may be fully transcribed at a later date. The interview is focused on the child's wellbeing, and incorporates the Kansas Parental Satisfaction Scale.

Adoptive parents will also be asked to complete the Strengths and Difficulties questionnaire (where children and young people are aged 3+). The Strengths and Difficulties Questionnaire (SDQ) (Goodman et al. 1997) asks parents and carers to respond to a total of 25 statements in relation to their child.

Parents will also be asked to give consent for their child's school teacher to complete an SDQ, and report on the child's attainment and school experience.

With parental consent, case files will be studied against a detailed framework, developed in consultation with the University of Loughborough.

5.2 Progress to date

- Approval of research protocols by the President of the Family Division for access to adoption files and by Coram's Research Governance and Ethics Committee.
- Design of research instruments such as interview schedules and file study framework.
- All potential respondents contacted.
- Preliminary case file analysis.
- Advisory group meeting.

6 Conclusion

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 (relative) 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.

Concurrent planning is an approach that can make a huge difference to the lives of a relatively small number of very vulnerable children. With greater sensitisation to the importance of children's experiences in infancy to their future wellbeing, processes should be put in place to make this type of placement available more widely to those for whom it is needed.

7 References

An Action Plan for Adoption: Tackling Delay (2011)

<https://www.education.gov.uk/publications/eOrderingDownload/action%20plan%20for%20adoption.pdf>

Adoption: Prime Minister's Review. A Performance and Innovation Unit Report (2000)

<http://dera.ioe.ac.uk/8892/1/adoption.pdf>

Barlow, J. and Underdown, A. (2008) 'Attachment and infant development.' In C. Jackson, K. Hill and P. Lavis (eds) *Child and Adolescent Mental Health Today: A Handbook*. Brighton: Pavilion Publishing/Mental Health Foundation

Biehal, N., Ellison, S., Baker, C. and Sinclair, I. (2010) *Belonging and Permanence: Outcomes in Long-Term Foster Care and Adoption*. London: British Association for Adoption and Fostering.

C4EO On adoption breakdown -

<http://www.c4eo.org.uk/themes/general/vlpdetails.aspx?lpeid=398>

Child Welfare Information Gateway, (2005) *Concurrent Planning: What the Evidence Shows Issue Brief* Washington DC

http://www.childwelfare.gov/pubs/issue_briefs/concurrent_evidence/index.cfm

Department for Education (2011) *Children Looked After in England (including adoption and care leavers) year ending 31 March 2010*

<http://data.gov.uk/dataset/children-looked-after-by-local-authorities-in-england-2010>

Department for Education *Adoption Scorecards –2011*

Farmer, E., Dance, C. with Beecham, J., Bonin, E. and Danielle Ouwejan (2010) *An Investigation of Linking and Matching in Adoption – Briefing paper*. London: Department for Education.

Gerhardt, S. (2004) *Why Love Matters: How Affection Shapes the Baby's Brain*. London: Routledge.

Goodman, R. (1997) *The Strengths and Difficulties Questionnaire: A Research Note*. *Journal of Child Psychology and Psychiatry* 38, 581-586.

Gunnar, M.R. and Cheatham, C.L. (2003) 'Brain and behaviour interface: stress and the developing brain.' *Infant Mental Health Journal*, 24, 195-211.

Harwin J, Ryan M and Tunnard J, with Pokhrel S, Alrouh B, Matias C and Momenian-Schneider S (May 2011) *The Family Drug and Alcohol Court (FDAC) Evaluation Project Final Report*. Brunel University.

Haugaard, J.J., Wojslawowicz, J.C. and Palmer, M. (1999) 'Outcomes in adolescent and older child adoptions.' *Adoption Quarterly* 3, 61–69.

- Hodges, Jill, Miriam Steele, Saul Hillman, Kay Henderson and Jeanne Kaniuk, 'Changes in Attachment Representations Over the First Year of Adoptive Placement: Narratives of Maltreated Children', *Clinical Child Psychology and Psychiatry*, 8 (July): pp. 351-367, 2003.
- Howe, D. (1998) *Patterns of Adoption: Nature, Nurture and Psychosocial Development*. Oxford: Blackwell Science.
- Kaniuk, Jeanne, Miriam Steele and Jill Hodges, 'Report on a longitudinal research project, exploring the development of attachments between older, hard-to-place children and their adopters over the first two years of placement' *Adoption & Fostering Journal*, 28 (2), Summer, pp. 61-67, 2004.
- Monck, E., Reynolds, J. and Wigfall, V. (2004) 'Using concurrent planning to establish permanency for looked after children.' *Child and Family Social Work*, 9, 321-331.
- Montgomery, P., Gardner, F. and Bjornstad, G. (2009) *Systematic Reviews of Interventions following Physical Abuse: Helping Practitioners and Expert Witnesses Improve the Outcomes of Child Abuse*. London: Department for Children, Schools and Families.
- Munro, E.R. and Hardy, A. (2006) *Placement Stability – a review of the literature. Report to the DfES*. Loughborough: CCFR.
- Neil, E. (2000) 'The reasons why young children are placed for adoption: findings from a recently placed sample and a discussion of implications for subsequent identity development.' *Child and Family Social Work* 5, 4, 303-316.
- Rushton, A. (2003) 'A scoping and scanning review of research on the adoption of children placed from public care.' *Clinical Child Psychology and Psychiatry* 9, 1, 89-106.
- Schore, A. (2003) *Affect Dysregulation and Disorder of the Self*. New York: Norton
- Selwyn, J.T., Sturgess, W., Quinton, D.L. and Baxter, C. (2006) *Costs and Outcomes of Non-Infant Adoptions*. London: British Association for Adoption and Fostering (BAAF).
- Sinclair, I., Baker, C., Lee, J. and Gibbs, I. (2007) *The Pursuit of Permanence: A Study of the English Child Care System*. London: Jessica Kingsley Publishers.
- Smith, D. and Brodzinsky, D.M. (2002) 'Coping with birthparent loss in adopted children.' *Journal of Child Psychology and Psychiatry* 43, 213-223.
- Thoburn, J. (2002) *Adoption and Permanence for Children Who Cannot Live Safely with Birth Parents or Relatives*. Quality Protects Research Briefing 5. London: Department of Health/Making Research Count/Research in Practice.

Thoburn, J. (2005) 'Stability through adoption for children in care'. In N. Axford, V. Berry, M. Little and L. Morpeth (eds) *Forty Years of Research, Policy and Practice: A Festschrift for Roger Bullock*. Chichester: Wiley.

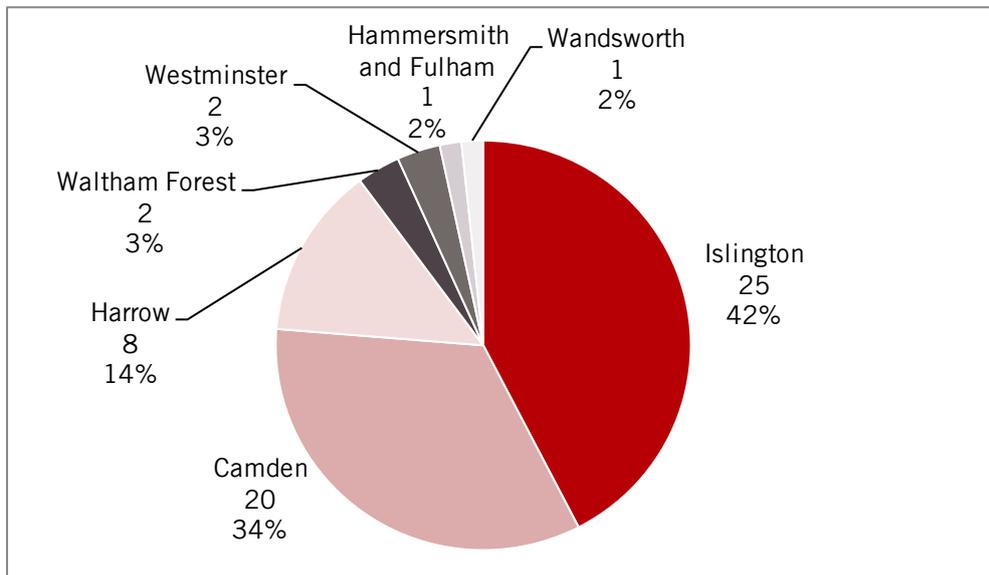
Ward, H., Brown, R. and Westlake, D. (2012) *Safeguarding Babies and Very Young Children from Abuse and Neglect*. London: Jessica Kingsley Publishers.

Ward, H., Holmes, L. and Soper, J. (2008) *Costs and Consequences of Placing Children in Care*. London: Jessica Kingsley Publishers.

Ward, H., Munro, E.R. and Dearden, C. (2006) *Babies and Young children in Care: Life Pathways, Decision-Making and Practice*. London: Jessica Kingsley Publishers

Appendix: Local authorities of origin

A1 Percentage of referrals made by each local authority



Source: Coram data (2000-2011)

A2 Annual referrals to the CCP service

Year	Referring LA	No of children	Year	Referring LA	No of children
2000	Camden	1	2006	Hammersmith and Fulham	1
	Islington	2		Harrow	1
2001	Camden	2	2007	Islington	3
	Islington	3		Camden	1
				Harrow	1
2002	Camden	2	2008	Islington	1
	Islington	3		Camden	3
2003	Camden	5	2009	Harrow	4
	Islington	1			2
	Westminster	2			
2004	Camden	4	2010	Islington	4
	Islington	3		Waltham Forest	2
2005	Camden	2	2011	Islington	1
	Islington	4		Wandsworth	1

Source: Coram data (2000-2011)