|  |  |
| --- | --- |
| Title/Status- | Leicestershire’s Relinquished Babies Practice Guidance |
| New document or revised | Revised |
| Date approved SMT | March 2020 |
| Responsible Head of Service | Children in Care |
| Date review due | January 2024 |

**Leicestershire’s Relinquished Babies Practice Guidance**

**Scope of this Guidance**

This guidance deals with the early permanence planning process for relinquished babies (i.e. identifying that a child should be placed for adoption). It also summarises the counselling and support that will be made available to the birth family in these circumstances.

**Relevant Legislation and Guidance**

* Children Act 1989;
* Adoption and Children Act 2002;
* Adoption Agencies Regulations 2005;
* Adoption and Children Act 2002 Guidance (2011);
* Adoption: National Minimum Standards 2014.
1. **Introduction:**
	1. The term "relinquished baby" is used to describe a child whose parent(s) ask and provide consent to the Local Authority to place their child for adoption. This can happen at any age, although the majority of these children are very young babies. Occasionally, a parent will approach the Local Authority before the birth of their child, and this time should be used to explore options of support for the Mother and child enabling the mother to maintain the care of her baby following the birth if she so wishes/decides.
	2. Any consent given by the Mother to the making of an Adoption Order is ineffective if it is given less than six weeks after the child’s birth.
	3. Statutory adoption guidance sets out a process to be followed in the case of relinquished children under the age of six weeks (details of legislation at [www.legislation.gov.uk](http://www.legislation.gov.uk/)**;** see also[Adoption National Minimum Standards](http://www.minimumstandards.org/contents_adop.html)). This is based on the supposition that Children’s Social Care is approached in the early stages of the expectant mother’s pregnancy and that her intention to relinquish does not waver. Experience has shown, however, that this does not always match the reality, which includes concealed pregnancies and/or late decisions to relinquish a child for adoption. It should also be acknowledged that many birth mothers may change their mind about adoption once the child has been born.
	4. It should be remembered that work with relinquishing birth mothers is based on the principle that adoption is a service for children and not a service for adults. Whilst the circumstances of mothers who have expressed a wish for their baby to be adopted must be carefully and sensitively considered, every effort should be made to explore the possibility of the mother or father caring for the child, or of the child being cared for within the extended birth family.
2. **Leicestershire’s Aims:**
	1. Leicestershire County Council is committed to providing the necessary support and resources to secure the upbringing of children and young people within their families and/or wider kinship network.
	2. Where it is not possible, it will be necessary to plan for emotional and legal security (permanence) through a high-quality alternative care arrangement. It is our primary concern that children and young people grow up in safe and stable homes and communities; protected from harm, nurtured to reach their potential and supported to make positive contributions. We strive to ensure that this is achieved at the earliest opportunity in the care planning process.
	3. All Local Authorities have a statutory duty to respond to a request from a parent or Guardian for their child to be placed for adoption. In Leicestershire the case will immediately transfer to the Early Permanence Team at the point of a referral being received regarding a Mother’s wish to relinquish her child; the Early Permanence Team will then undertake a brief assessment of the unborn child’s circumstances.
	4. Working with a request for a child to be relinquished will be challenging for many practitioners on the basis that most children's best interest is served by remaining with their parent(s). It will be important to ascertain the reasons why the mother sees the best interest for her child in this way and to offer appropriate challenges to this through social work practice.
	5. Planning for permanence is at the centre of all social work activities undertaken with children and their families and should be underpinned in our interventions within our core services from family support to adoption.
	6. Permanence planning should consider the emotional, physical and legal conditions that will give a child a sense of security, continuity, commitment, identity and belonging. When planning for permanence, the objective is to ensure that children have a secure, stable and safe family who will nurture them through childhood and beyond.
	7. Throughout this process the following considerations must be prioritised:
3. The child's welfare and best interests will remain paramount;
4. We must ensure there is minimal delay in securing the child's permanence;
5. Referrals to Cafcass, and if required an application to Court under Part 19 of the Family Procedure Rules (only in exceptional circumstances), together with completion of all necessary documentation are made in a timely way;
6. The case will be referred to the Early Permanence Team who will be best able to work with the parent/guardian and progress the child’s plan as soon as possible; the case will be transferred to the Early Permanence Team from First Response within two working days of the referral being received.
7. Effective ‘counselling’ is offered to the parent(s) with regard to their decision (this should consist of an open discussion with the parent(s) regarding their options, the reasons for their decision, and the realistic impact of adoption on everyone involved to ensure they are fully informed);
8. Clear consideration is given to the parent(s) capacity to make the decision and the parent(s) must be made fully aware of their rights and options throughout the process with regard to the child;
9. The practitioner will remain in contact with the parent(s) for as long as is possible to 'get to know' them so as to be able to provide information for the child for life story purposes.
	1. Fostering for Adoption is not considered explicitly within this guidance but would fall under early permanence planning, there is separate practice guidance that is operating within the Adoption East Midlands (AEM) Region that should be referred to in these cases.
10. **Responding to an Enquiry, Including Roles and Responsibilities:**
	1. A request to relinquish a baby for adoption will normally be made to the First Response Team; from this point the case should be transferred to the Early Permanence Team and a Social Worker allocated to complete an assessment under the single assessment framework. Referrals may be received from hospital, midwives, other professionals or directly from the relinquishing mother herself.
	2. Upon receiving this referral, a separate referral on the electronic case record should be opened for the birth mother and her child, even if this child is unborn at time of referral. If the birth mother is already known to Leicestershire County Council Children & Family Services and there is an existing referral, all subsequent information should be added to this, and a new referral should be opened for the baby.
	3. On receipt of a referral the First Response Team Manager will allocate the case to a Child’s Social Worker for the baby / unborn and make a referral to the Permanence Team. The permanence Team Manager will allocate the child to a Permanence Social Worker. The Permanence Social Worker will then become the lead worker and first response will end their involvement. Concurrently to the work of the permanence social worker, the life story support worker will also be allocated – please see practice guidance for their role.
	4. A Single Assessment will be undertaken and completed on the child’s electronic record by the allocated child’s social worker in a timely manner to avoid any delay in planning for the child. As the information is highly sensitive, the child's social worker must contact the Mosaic Helpdesk to request that the record is 'restricted'. At the social worker’s request, an adoption case file will also be set up and the documents listed in the Adoption Agencies Regulations (AAR) 12 will form part of this record.
	5. Consideration should be given as to whether care proceedings are necessary and if so, the case should be brought before a Children’s Decision Meeting (CDM). If care proceedings are required the Local Authority should intend to issue at the earliest opportunity so as to avoid delay where possible for the child.
	6. The permanence social worker will establish the circumstances of the case and help the expectant mother to consider all possible options for the child’s future care as follows:

• Staying with the parent(s) with close support where possible;

• Short term foster care, with the aim of rehabilitation of the child with support;

• A permanent placement within the child’s wider family;

• Placement for adoption.

* 1. The permanence social worker, when discussing the meaning of adoption will also ensure each of the consenting parents has been made aware of:

• The lifelong implications for the child, themselves and wider family;

• The legal consequences of consenting to place a child for adoption and the advanced consent to the making of an adoption order (Sections 19 and 20 of the Adoption and Children Act 2002), as well as the legal effects of adoption;

• That a decision will be made by the Permanence Service Manager to establish whether or not the baby should be accommodated when born. The distinction between this decision and a decision that the child should be placed for adoption must be stressed to the consenting birth parent(s);

• Contact issues, for example the parent’s wishes relating to possible future involvement in the child’s life;

• The need for information for the child’s later life, child’s permanence report and life story work, to include the provision of photographs and family history;

• The availability of adoption support services and intermediary services for help in searching for the child when they become 18 years of age;

• Support available to the birth parents/family beyond the child’s adoption;

•The rights of the child to obtain information about his or her consenting birth parent(s) once they reach the age of 18;

• The role of Cafcass in ensuring consent is given unconditionally and with full understanding i.e. without any conditions attached, including contact;

* 1. The permanence social worker should assess as far as possible the likelihood of a birth mother changing her mind about adoption. If the circumstances and expressed wishes of the birth mother indicate this is unlikely, permanence social worker should explore the pool of approved ‘foster to adopt’ carers in-house and within AEM to establish whether a placement of this nature might be possible.
	2. The permanence social worker should explain to the consenting birth parent(s) that it is sometimes possible to place a baby directly with prospective adopters (under a foster to adopt arrangement) if she/they provide written agreement under Section 20 of the Children Act 1989, and she/they would be given the opportunity to meet with the prospective adopters identified. It should be made clear that this agreement is not the same as giving consent to the child being adopted which can only be given once the child is six weeks of age and must be witnessed by a Cafcass Officer.
	3. The consenting birth parent(s) should also be informed however that where it is not possible to place directly with prospective adopters under a foster for adoption arrangement, the child would be placed with foster carers until a suitable adoptive match is identified.
	4. It is recommended that a pre-birth planning meeting is held prior to the birth of the baby. This will include the permanence Team manager, Permanence social worker, safeguarding midwife and consenting birth parent(s). This meeting will consider any health issues of the mother and baby, placement details, any contact arrangements following the birth, and plans for the care of the baby if birth mother is not wishing to provide care to the baby or is wishing to leave hospital following the birth.
1. **Concealed Pregnancies / Involving the Birth Father and Extended Family Members:**
	1. If the birth mother does not want the father to be notified, the Social Worker will need to consult with their legal department as soon as is possible. Recent case law (for example: Re A (2018) EWHC 1981 and Re C (2018) EWHC 3332) outline “cardinal principles” which Leicestershire County Council will need to take into account in this instance, as follows:
	2. Each case is fact-sensitive;
	3. The outcome contended for in these circumstances have been “exceptional”;
	4. The paramount consideration is the welfare of the child;
	5. The court must have regard to the welfare checklist;
	6. It is a further requirement of statute that the Court has regard to the wishes and feelings of the child’s relatives;
	7. Respect can and indeed must be afforded to the mother’s wish for a confidential and discreet arrangement for the adoption of her child, although the mother’s wishes must be critically examined and not just accepted at face value; overall the mother’s wishes carry “significant weight” albeit that they are not decisive;
	8. Article 8 rights are engaged in this decision; however, in a case where a natural parent wishes to relinquish a baby, the degree of interference with the Article 8 rights is likely to be less than where the parent/child relationship is to be severed against the will of the parent
	9. Adoption of any kind still represents a significant interference with family life, and can only be ordered by the court if it is necessary and proportionate;
	10. A high level of jurisdiction is still required before the court can sanction adoption as the outcome, and a thorough ‘analysis’ of the options is necessary – a sufficient analysis may be preformed even though the natural family may be unaware of the process.
	11. If a father’s identity cannot be established, the local authority should seek legal advice.
	12. If the Father’s identity is known and the birth mother does not want him notified, and he is not named on the birth certificate; directions may need to be sought from Court around how to proceed. The nature of the relationship and whether there may be any safety / safeguarding issues will be considered as part of this Court Direction.
	13. If upon being contacted the birth father does wish to care for the child himself or with support of his family this can be arranged with the support of the birth mother. However; if the birth mother is against this the birth father will need to apply to the Court for further assistance.
	14. Where the birth mother wishes to conceal her pregnancy from members of her family and ultimately the fact of the child's existence or the fact that they are seeking their adoption, the local authority will be faced with a conflict between the parents' right to confidentiality and the child's right to be raised within their birth family, and perhaps the chance of being brought up by their extended family. As part of the single assessment, consideration must be given to the reasons for the Mother’s wish to conceal her pregnancy, and the impact of these factors on all involved must be balanced. Social Workers must be conscious of faith-based decisions and concerns of honour-based violence.
	15. Where the local authority considers it is likely to be in the child's best interests to be given the opportunity of being raised within his/her birth family, it should encourage the parents to consider the matter from the point of view of the child and encourage them to consider what other care arrangements may be possible within the wider family network. If, following a timely assessment, the local authority are of the view that on a balance the child’s right to possible family life outweighs any risks to the mother or child of disclosure to wider family, legal advice should be sought and consideration given to an application under Part 19 of the Family Procedure Rules.
	16. Generally, the Courts have been reluctant to override a parent's determination for the extended family not to be informed but, as with fathers without parental responsibility, social workers should avoid giving parents any undertaking that the birth or the proposed adoption will be kept secret, unless such action would pose a risk to the mother or the child, for example in cases involving a risk of honour-based violence. Each case will have to be considered on its own facts, with consideration of the ”cardinal principles” as listed above.
2. **Before the child is born:**

**Roles and responsibilities –**

* 1. Please refer to the ‘Relinquished Babies Workflow’.
	2. A referral will be received into the First Response Team regarding a Mother wishing to relinquish her unborn child for adoption. Referrals could be received from hospital, midwives, other professionals or directly from the relinquishing mother herself.
	3. The First Response Team Manager will transfer the case within two working days of receipt of the referral to the Permanence Team Manager, who will then allocate the case to a Permanence Social Worker and Life Story Support Worker.
	4. The allocated permanence social worker will make contact with the Mother and undertake a single assessment framework. If the Mother’s plan changes and she no longer wishes to relinquish her child for adoption, the case will transfer to the relevant Locality Team.
	5. If the Mother maintains that she wishes to relinquish her child for adoption the Service Manager who oversees the Permanence Team shall consider the decision to accommodate, and the case shall be heard at the next available Children’s Decision-Making Meeting (CDM) with a plan of seeking a mainstream foster placement or foster to adopt placement. The permanence Social Worker will request a Pack A.
	6. Fostering for Adoption is not considered explicitly within this guidance but would fall under early permanence planning, there is separate practice guidance that is operating within the AEM Region that should be referred to in these cases.
	7. A pre-birth planning meeting will need to be scheduled prior to the baby’s expected due date in order to agree a detailed plan to a) safeguard the baby around the time of birth and, b) ensure plans are in place for the baby’s care should Mother wish to leave the ward. This plan should consider:
* How long the baby will stay in hospital (for babies where there is a likelihood of exposure to substances in-utero consideration must be given to having a period of time in hospital to monitor for withdrawal symptoms);
* How long the mother will remain on the ward;
* The plan for any contact the Mother wishes to have with the baby, including whether she wishes to see, hold, feed and/or name the baby;
* Any plans for any identified foster carers coming to visit the baby in hospital;
* The plan for the baby upon discharge, to include what visits will be made upon discharge and by whom;
* Contingency plans should be in place in the event of a sudden change in circumstances. These should include a change in Mother’s wish to relinquish, instructions for hospital staff if the birth happens over a weekend or a bank holiday, and who to contact if the birth takes place after hours. The Emergency Duty Team should also be notified of the pre-birth plans for the baby.
	1. Those in attendance to pre-birth planning meetings should include: the permanence social worker, permanence team manager, Mother, and lead midwife. All agencies attending the pre-birth planning meeting should receive a copy of the plan as well as any other relevant agencies, for example the Mother’s GP. The Lead Midwife should inform midwifery staff of the details of the plan.
	2. Please refer to Section 7 for specific information relating to the role of the life story support worker in the instance of a relinquished baby.
1. **Once the child is born:**

**Roles and responsibilities –**

* 1. When the child is born the mother should be encouraged to register the birth of the baby and name the child.
	2. The baby will be placed either with the prospective adopters identified under a foster for adoption arrangement with signed agreement of the consenting birth parent(s), or with mainstream foster carers. The latter as described in *3.7-3.9.*
	3. Referral to CAFCASS to be completed by the Permanence Social Worker.
	4. Statutory visiting and care planning processes should be followed as per any other looked after child i.e. looked after child reviews to be convened.
	5. The permanence social worker shall continue to counsel the consenting birth parent(s) regarding her/their decision as described in *3.5-3.6*.
	6. The permanence social worker should maintain close contact with the consenting birth parent(s) throughout this time. Every encouragement should be given to the consenting birth parents(s) with regards to them visiting the child and attending reviews. Such arrangements should be as flexible as possible so that no barriers are put in the way of the birth parent developing a relationship with and sense of responsibility for the child.
	7. The permanence social worker should refer for and complete the Pack A documentation for the child – a referral for the Pack A should be completed within a week of the single assessment framework being completed with a recommendation to progress with early permanence planning.
	8. All relinquished children need to have their plan of adoption considered at adoption panel and ratified by the agency decision maker – the child permanence report (CPR) and supporting documents need to be presented to panel at the earliest date possible following parents signing the CAFCASS consent forms. The CPR is to be signed off by the permanence team manager who has overall responsibility for the care planning progress for these children.
	9. Once the ADM decision is received and the care plan of adoption ratified the permanence social worker will progress matching processes for the child(ren). This will be either pursuing permanence in the child’s foster to adopt placement, or identifying a placement for the child within a mainstream adoption placement. Please refer to the ‘matching and support planning’ practice guidance for children with a plan of adoption.
	10. The permanence social worker will present the match to the earliest available adoption panel and to ADM for ratification, this will either be a mainstream match or a conversion for foster to adopt carers to prospective adopters.
	11. The permanence social worker will continue to oversee and offer placement support to the child, alongside the adopters’ social worker up until the point of any Adoption Order being granted.
1. **Role of the life story Support worker:**
	1. Please refer to the ‘Relinquished Babies Workflow”.
	2. A life story support worker will be allocated by the permanence team manager, to complete work concurrently to the relinquished process at the point of case transfer from First Response to the Permanence Team.
	3. The life story support worker will offer and where possible engage the birth parent(s)/family in life story work and information sharing events to support the child’s knowledge of their life story post adoption.
	4. The life story support worker will offer ‘telling and explaining visits’ to the identified adopters for the child. These visits will focus on how to talk about a child being relinquished and any particular details which led to this decision being taken for them. These sessions will support the adopters to start from a words and pictures explanation and build on this for the child in the future to enable their understanding about these difficult circumstances.

