

Children's Services

Practice guidance for Dorset social workers and team managers where the plan for the children may become or is adoption

1. Introduction

This practice guidance summarises the process by which a 'should be placed for adoption decision' is made for a child in Dorset Council when they are the subject of existing court proceedings. Note that there are different processes for relinquished children - contact the agency adviser for advice. It includes timescales to assist with planning, the role and expectations of the agency adviser, legal adviser and agency decision maker (ADM) and the requirements of the social worker.

2. The Agency Adviser

The agency adviser is based within Aspire Adoption and the role includes:

- Tracking children's progress through the system
- Ensure that the recruitment, assessment and family finding service are aware of children who may be requiring adoption
- Offering advice to social workers and managers in respect of adoption
- Supporting social workers and team managers in preparing adoption plans for children
- Supporting social workers in preparing Child Permanence Reports (CPRs) and other paperwork required for the agency decision maker
- Quality assuring all paperwork which is sent to the agency decision maker and ensuring that they have full information on which to base their decision
- Notifying relevant parties once a decision is made and ensuring that the relevant person in business support sends out the notification documents to birth parents and other people with parental responsibility

3. Keeping track of children where adoption may become the plan will help to:

- ensure that the recruitment and assessment team in Aspire Adoption are aware of children who may need placements and can add this to their recruitment strategy as well as possibly identifying prospective adopters for children early in the process
- Plan the relevant meeting with the agency decision maker and ensuring that they have time to read the paperwork prior to this
- Provide information to the Aspire Adoption service manager regarding the number of children who may be requiring decisions in the foreseeable future and therefore may be requiring adoption placements.

This information may be used in planning both recruitment strategies for adopters and also staffing

- 3.1 Many children where adoption is part of a twin or triple track process for permanence planning do not require adoption, some will return to birth parents and others to birth family members either as a fostering arrangement or a special guardianship order. Although, just as often when adoption is identified as a likely plan halfway through the proceedings something changes this at the last minute whether this is a family member coming forward or an expert recommending reunification, the opposite is also not unusual, where reunification or special guardianship is thought likely and this changes close to a final hearing and adoption is the most appropriate option remaining.
- 3.2 The agency adviser therefore will usually track the children from the start of legal proceedings, if not before, to the final order being made. They may do this by direct contact with social workers and team managers as well as by looking on Mosaic to find updates and timescales. It is helpful, when a team manager has a number of children in proceedings where adoption may be the plan for them, to contact the agency adviser and arrange to meet, in person or via Teams.

4. Keeping the recruitment, assessment and family finding teams in Aspire Adoption informed

- 4.1 The agency advisers meet with the team managers of the above teams once a month and update on children for whom adoption may be the plan, those for whom it is now the plan and the timescales/court dates etc. They also provide matching details such as numbers and ages of children as well as health needs and emotional needs.
- 4.2 The recruitment and assessment team and family finding teams also meet once a month (called children waiting meetings) to look both at children where decisions have been made and also at children where adoption is looking likely in order to consider both approved adopters who may be appropriate match and to consider those adopters in assessment.

5. Advice to social workers and managers

- 5.1 This may be in respect of process but also on the likelihood of children being placed for adoption, contact after adoption, and any other issues or questions relating to adoption. It may be of interest to note that in terms of children being placed for adoption there are less adopters for children over five, large sibling groups, children with complex health needs and children with complex emotional or behavioural needs. However, we have successfully placed children up to the age of nine with and without younger siblings and have

placed children with complex needs and larger sibling groups. There are adopters out there who will consider children in these groups.

It is helpful for agency advisers to be invited to permanence planning meetings where adoption is being considered both to advise on the above and timescales.

6. The Child Permanence Report

- 6.1 The template for this is the CoramBaaf template. The 2018 one is the correct one to use. A decision was taken not to use the format in Mosaic for various reasons so the Word Document should be completed and attached to Mosaic once it's been signed by all parties and the agency adviser and legal advisers are happy that it is of sufficient quality to be submitted to court.
- 6.2 All reports in adoption, including the Child Permanence Report (CPR), are subject to the regulations regarding who is qualified to write such reports. This states that only qualified social workers who have experience of adoption work and who have been qualified for three years can write them. Where a worker does not fulfil this requirement then they should be supervised in the writing of the report by someone who does (note this is different to normal case supervision). Where necessary the agency adviser may fill this requirement.
- 6.3 There are guidance notes on writing CPRs, and training will be available. It is strongly recommended that all workers planning to write a CPR read the guidance notes and seek advice from whoever has agreed to supervise them in writing it, or the agency adviser, some time before starting the report. Experienced workers have estimated that it takes up to three working days to complete a CPR and in planning work this time should be allowed for.
- 6.4 The agency adviser will read the report and suggest amendments which may be needed, or information which is missing. Due to the triple purpose of this report, it is essential that it meets a certain basic standard before being sent to the ADM.

7. Adoption medical process

- 7.1 As soon as it seems possible that a child may not remain with or return to birth parents the permanence planning process will be considering the alternative permanence options for them. These will include placement with connected persons under the fostering regulations or under an SGO, long term fostering, remaining with current foster carers under an SGO or adoption. Unless one of these options is seen as outstandingly likely then adoption is likely to be considered as a possible option for a child or children under the age of 8.

- 7.2 An adoption medical by a paediatrician is required for all children to be placed for adoption. Due to the tight timescales, it is not appropriate to leave this until adoption is the plan. An adoption medical can't be booked until the following forms are completed:
- Form M (obstetric report on the mother)
 - Form B (neonatal report on the baby)
 - Form PH (parental health)
 - Consent form (signed by the parents)
- 7.3 It is good practice to complete the form PH with the parents and obtain their consent as early as possible in the proceedings. The forms M&B and the consent form are sent to the lead midwife at the hospital where the baby was born, who will complete and return them. Once received, the completed forms and the form PH should be sent to the paediatrician, requesting an adoption medical uhd.lac@nhs.net
- 7.4 Note that it can take 4-6 weeks to obtain a date for an adoption medical and up to 28 days for them to write it up afterwards. The agency adviser may be able to advise on the process for this.

Flowchart of the process (this is a visual summary of the main procedure)

