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Concurrent Planning in the UK

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Concurrent Planning based on the work of Linda Katz and pioneered over the past twenty five years by the Lutheran Social Services in Seattle, is now a well-established approach in the USA to care planning for children in temporary public care.

In the UK however, Concurrent Planning is still in its infancy. Having been introduced from the USA in the late 1990's by British social work academic Margaret Adcock, there are now four Concurrent Planning schemes in the UK which are fully-established and operational.

In essence Concurrent Planning is a method of intervention with families who have children placed in temporary public care. Concurrent Planning aims to work with these families in a time-limited way in order that final decisions regarding the child's future care are reached within a timescale which takes into account the child's developmental needs. This approach is seen as being radical in that ultimately it places the needs and rights of the child to be settled permanently over and above other considerations, including the wishes and desires of the parents to influence the pace of decision-making regarding the child's future.

The theoretical roots of Concurrent Planning are found within Attachment Theory as founded by John Bowlby in the 1950's and developed further in the UK by academics in the field of social care such as David Howe (1998). Attachment Theory espouses the belief that all infants and young children have a developmental need to form a special relationship or attachment with their primary caregiver. This should occur as early on in the child's life as possible. If such a relationship does develop and the child feels confident that his/her needs will be met by the carer, the child will feel secure, settled and valued. A child who has experienced a secure attachment in infancy is likely to go on to develop a sense of positive self worth and a sense of trust in others and in the world generally. These early feelings of security, confidence and positive self regard affect the child's ability to form future loving human relationships, and influence how the child will come to view the world generally.

Infants and young children who do not have the opportunity to develop secure attachments or who have these attachments broken as a result of moves, as so often happens to children in public care, are less able to place their trust in others. The capacity of these children to develop secure attachments with their future primary carers is likely to be compromised. It can be anticipated that these children will have poorer self-esteem and may experience greater difficulties in forming positive enduring relationships with others.

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Factors which lead to Concurrent Planning being introduced in the UK

In the late 1990's the British government began to turn its attention to the plight of children in temporary public care throughout the UK. Research findings highlighted a number of concerns for this group of children. Two of these concerns centred around established child care practice which was seen to have a damaging effect upon these children's attachment behaviour.

Firstly, it was found that children in care were experiencing too many moves and changes of carer. Although local authorities were making attempts to prevent this from happening, the reality was that in England and Wales 44% of children in temporary public care were experiencing up to four changes of placement prior to being adopted (Giles Ivaldi, 2000). Whilst older children and teenagers were more likely to experience placement changes, it was still the case that younger children, infants and even babies were also experiencing placement moves.

Secondly research findings indicated that children who required adoptive placements were having to wait for long periods of time whilst these plans were put into action and suitable adoptive homes were identified for them. Giles Ivaldi's research into adoption trends in the UK (BAAF 2000) found that the majority of children requiring adoptive homes were coming into public care for the first time as babies under the age of four weeks. Despite this, however, the average age of these children at the time of their adoption was over four years . Clearly this was unacceptable. Many of these young children were not being given the chance to settle and form secure attachments, and those who had formed attachments to their temporary carers then experienced broken attachments upon leaving to join their new adoptive families

Concurrent Planning was introduced in the UK as a pilot scheme to tackle these problems. The aim of this pilot was to try to reduce the timescales in reaching final decisions regarding children's future permanent care, whilst at the same time preventing these children from having changes of temporary carer.

Legal context

Before discussing Concurrent Planning in more depth, it would perhaps be helpful to reflect upon the legal framework within England and Wales within which all local authorities and professionals involved in decision- making for children operate.

In England and Wales today child care practice is guided by the 1989 Children Act. One of the main principles highlighted in this Act is that wherever possible children should be raised within their family of origin. Adoption should only be considered in cases where it is absolutely clear that the child's parents or birth family are incapable of providing the child with "good-enough" care.

In reaching a decision about a child's permanent future care the court must consider the child's best interests: it is the needs of the child that are considered to be of paramount importance, rather than the wishes, and the rights of the child's parents.

Family Law in UK must also of course take into account the Human Rights Act 1998 and the European Convention on Human Rights, Article 8 (I), the Right to Family Life being of particular significance. This article establishes the rights of families to conduct family life free from interference from public authorities, except where this is in accordance with the law, where the aims of that authority are legitimate and where the measures taken are necessary and proportionate. Family courts in the UK must therefore be satisfied that these criteria are met before agreeing to the removal of children into public care against their parent's wishes.

In the late 1990's some of the most prominent and influential members of the judiciary and legal profession working in the field of UK Family Law were involved 1990's in an extensive consultation process regarding Concurrent Planning. They concluded that this method of social work intervention was legitimate and within the context of the 1989 Children Act, and the Human Rights Act 1998.

Situations in which Concurrent Planning is generally used

Concurrent Planning is an effective tool for working with families who are experiencing very serious long term problems and difficulties which in turn have had a catastrophic effect upon their ability to parent their children safely and appropriately. Concurrent Planning is used in situations where the risk of the child remaining in his/her parents' care is thought to be too great for the child to remain within the family home, and where, furthermore, it is not envisaged that the parents and other family members will be able to resume safe and appropriate care of the child within the child's timescale, ie within a matter of months rather than years.

Typical Concurrent Planning situations are ones in which the child's parents are struggling with long term addictions either to drugs, alcohol or other substances, or families where one or both parents have a history of chronic mental health difficulties, sometimes in addition to addiction problems. Whilst these types of family difficulty make up the majority of Concurrent Planning cases, it is not unusual for Concurrent Planning schemes to work with family situations where addictions and mental health difficulties are not the primary concern, for instance where children have suffered chronic neglect or where they have experienced physical, emotional or sexual abuse whilst in the care of their families.

In all of the family situations highlighted above it is usual, although not always the case, that the child's parents will have demonstrated an inability or an unwillingness in the past to work effectively with professionals upon resolving their problems. Despite their poor prognosis parents involved in Concurrent Planning programmes are all offered a time-limited opportunity to make the vital changes that could lead to their children being returned permanently to their care. In each case the parents are offered intensive professional support. It is important to remember that in Concurrent Planning the goal is not necessarily adoption, but to reach a final decision as quickly as possible about the child's future permanent care.

Children placed with Concurrent Planning carers

Each of the Concurrent Planning projects in the UK have found that the children referred to them are typically babies or pre-school age children. The Coram Family Concurrent Planning Project, works exclusively with families whose children are babies or infants up to the age of two years. There are specific reasons as to why this is the case as outlined below:

Over the past few years the growing body of research evidence into the development of the human infant brain has lead professionals and academics to question previously held assumptions about the needs of very young infants. Whereas it was once thought that new born babies' needs were primarily physical in nature we now know that this is not the case. The work of researchers such as Bruce Perry et al (1994) (1995), have demonstrated that the human infant brain continues to develop and become fine-tuned throughout the first year of the child's life. The learning potential for the infant during that first year of life is great. What sense the child is able to make of his/her environment during this critical period will, crucially, have an influential role in deciding how and to what extent the child is able to make sense of their experiences in future years. What we now also know is that the infant's ability to make sense of his/her experiences is heavily influenced by their perceptions of their environment. So, not surprisingly, a baby who is settled, securely attached and happy will be more able to make positive use of learning opportunities in infancy and possibly later in life than an infant who is unsettled, anxious and without a secure attachment to his/her primary carer. The importance of babies being settled with permanent primary carers as quickly as possible cannot be overstated.

The specific aim of the Coram Concurrent Planning Project is to ensure, therefore, that decisions regarding the future permanent care of babies and infants are reached whilst they are very young, and whilst they have the maximum capacity to form secure attachments.

At Coram Family the Project have now placed a total of 28 children with Concurrent Planning carers. These infants have ranged in age from three days to eleven months. Every one of these infants has been especially vulnerable in their own way; many have been born withdrawing from the cocktail of drugs, alcohol, and other prescribed and non-prescribed substances taken by their mothers during pregnancy. Most of these children have been exposed to the risk of HIV, whilst a significant number have been born with an additional risk of contracting Hepatitis B and C, both of which are currently on the increase amongst the drug-taking population of London. In addition some of these infants have been born suffering from non-specific infections whilst others have been born suffering from diagnosed sexually transmitted infections passed on from their mothers. For all Concurrent Planning babies there is a risk of developmental delay, genetic uncertainty and an increased likelihood of general health problems.

It is not merely the physical symptoms alone, however, which make these infants particularly vulnerable. Most present at the time of referral as being, unhappy, nervous, and irritable babies who can be hard to soothe, feed and to get to sleep. Many suffer from

unusually tense muscle tone, whilst others have been observed to dislike physical touch. This is perhaps not surprising when we stop to consider the physical discomfort that they may be experiencing. What becomes very apparent is that these babies all require a calm home environment with primary carers who are able to prioritise their needs. For this group of babies, therefore, Concurrent Planning is especially helpful as a means of providing them with the type of nurturing stable environment which they require.

How Concurrent Planning works

Once the court has decided that a child and his/her family are appropriate for Concurrent Planning, the child is placed with a Concurrent Planning carer. This carer fosters the child, as would happen in a traditional fostering situation. The child remains in this same foster home and has an opportunity to develop a secure attachment to his/her carer. During this phase the child is brought by the carer to the Project's base for contact several times per week with his/her parents. The child's parents thus remain familiar with and to the child.

The Concurrent Planning carer's task is not only to provide a high standard of care for the child but also to form a positive working relationship with the child's parents. The carer's role is to encourage and support the parents as far as possible and to ensure that information about the child's routine, general development and progress is shared with them. Concurrent Planning carers are specially selected and trained for this role. Only individuals who have the ability to form positive relationships with the children's parents, and who have the capacity to respect the parents position are selected. Concurrent Planning carers are unique in that they are approved not only to foster the child temporarily, but also to adopt the child should this be necessary at a later stage.

During the Concurrent Planning process the child's parents have an opportunity to be supported and assisted by the Project's staff and other professionals in working upon their difficulties. The parents are made aware from the outset that the expectations of them are that they must make a serious and concerted attempt to overcome their problems if they are to be considered as potential permanent carers for their child. The parents are advised that they must work towards this goal within the limited timescale of six to nine months and that, if they make good progress, this period of time will be extended in order to provide them with additional time. It is also made clear to them that should they not be able to make significant progress in this task, and if there are no other members of their family who could offer appropriate permanent care for their child, then their child will be legally adopted by his/her Concurrent Planning carers. Although this is often perceived as being a hard message for parents to hear, experience shows that it can have an energising effect upon parents who then become motivated to work upon their problems. Parents involved in Concurrent Planning frequently state that they appreciate being given this honest and straightforward message. They also frequently comment upon the importance to them in knowing about their child's progress with the carers who may of course become their child's adoptive parents.

The role of the Concurrent Planning Project team is multi-faceted. Several team members

are actively involved in each Concurrent Planning case. The team are required to work in two distinct groups, one with the child's family and one with the child's carers. Throughout the Concurrent Planning process Project staff undertake a full assessment of the parents' ability to provide appropriate care for their child in the future. The final report from this assessment is filed with the Court and makes a clear recommendation as to where and with whom the child's permanent home should be. Project staff at the same time assess any relatives' potential to care permanently for the child in case the parents are not considered able to do so. The Concurrent Planning process, can be very stressful for the parents and carers, both of whom usually require a high level of support throughout from the Project staff.

The Family Court also has a key role in Concurrent Planning cases, in ensuring that the timescales agreed for planned hearings are adhered to and that the overall progress of the case through the court is maintained.

Each Concurrent Planning case takes approximately six to nine months to reach the stage of a final hearing. If the Court's decision is that the child should be placed in the care of his/her parents or family member, then the carers and the Project staff facilitate this return in the manner which is considered most appropriate for the child. This is usually after a period of intensive rehabilitation in order that the child feels secure and confident in his/her parents or family member's care before leaving their foster home.

Should the Court decide that the child cannot return to his/her parents or family's care, the Concurrent Planning carers legally adopt the child themselves, thereby preventing the child from having a broken attachment and an unnecessary move to unknown adopters.

In either scenari the child is placed permanently with people who are familiar to him/her in as short a timescale as possible. A major benefit of this way of working is that the stress of this process is managed by the adults rather than by the child, whose permanent placement is achieved with the minimum of disruption and distress for themselves.

Outcomes

Results from each of the UK based Concurrent Planning projects so far have been consistent with one another and are encouraging. The average length of time that a Concurrent Planning case takes from the outset to its final resolution (either the child being rehabilitated to family or legally adopted by his/her carers) is a mere eleven months.

The vast majority of children placed by the four Concurrent Planning Projects so far have been of white UK/ European origin. At this point in time the Coram Family scheme is the only Project to have placed black and dual heritage children. Yet in London this group of children constitute around 50% of all children referred to the Project. This is a direct result of the shortage of foster carers and adopters for black and dual heritage children across London and the UK, and is a problem which Coram Family and each of the other Concurrent Planning Projects are actively working to address.

To-date a total of 80 children nationwide have been placed with Concurrent Planning carers whilst their parents and family members have been assessed as a part of the Concurrent

Planning process. Of this group only 4 children have been returned to their parents or family members' care. This statistic although perhaps surprisingly high is not entirely unexpected given the nature and duration of the families' presenting difficulties. Interestingly the UK results follow the trend found in the USA: a survey commissioned in 2003 upon the work of the Lutheran Community Services in Seattle over the past ten years found that over 89% of children placed via Concurrent Planning went on to be adopted by their carers whilst only 9% were rehabilitated with their families. For the remaining 2% there was a different final outcome such as a special guardianship arrangement for the child.

Attitudes towards Concurrent Planning within the UK

Despite it's successful outcomes to date, views on this approach vary widely. Concurrent Planning is not without it's critics. Whilst Concurrent Planning's results are clearly impressive in terms of speeding up the decision- making process for children in temporary care there are those who believe that this method of intervention is unfair to parents. It has been argued that the tight timescales in which parents are expected to achieve change are unrealistic. Advocates of Concurrent Planning in response to this challenge argue that the process, whilst certainly tough for parents affords them the very best opportunity to work upon their difficulties in a fully-supported way. The initial set timescales can and do change dependent upon the attitude, motivation and success of the parents in the early stages of the assessment and treatment process.

A further criticism levelled at Concurrent Planning centres around the view that parents can consider adoption as a final outcome to be a fait accompli. In response to this advocates of Concurrent Planning argue that this process is not a competition between the parents and carers. Family Law in the UK clearly states that a parent has to be able to offer "good enough" care and that final decisions are based upon the parents capacity to meet this threshold, rather than upon a direct comparison between parents and potential adopters.

Despite the opposition levelled at Concurrent Planning by some professionals in the UK, it is fair to say that there is a growing level of interest in this method of intervention at both local and national level. The Labour Government has given it's full endorsement to Concurrent Planning whilst local authorities are increasingly expressing an interest in establishing their own schemes or in joining up with the four existing projects. A cautionary note, however, is that local authorities are becoming increasingly aware that Concurrent Planning is a very specialised way of working, which at present they will struggle to afford. Further development and expansion within the UK is therefore likely to require additional financial support from central government. In the meantime, however this does not prevent local authorities from taking note of the elements of good practice inherent in this method of working.

In summary it can be seen that Concurrent Planning is a radical way of working with very young children in temporary public care. Concurrent Planning has so far managed to achieve it's goals by firstly reducing the number of placement moves for this group of

children, and secondly by significantly reducing the length of time taken to achieve permanent placements for these children. It is of course too soon to assess whether this approach will prove to be a cost- effective method of intervention in the long term for the families and children at whom it is aimed.

All of the 80 children placed with the Concurrent Planning schemes in the UK so far are still very young, and it will be some years before we are able to assess the potential benefits of Concurrent Planning for them in terms of their overall well-being, and their physical, emotional, and mental health. All we can perhaps do at this stage is comment upon the observations of those of us who work directly with these children and their families. At Coram Family we have witnessed positive relationships developing over time between Project staff, parents and carers and the children that will hopefully benefit and enrich everyone involved, irrespective of the final outcome. Most important are our observations of the young children placed all of whom have been seen to develop from anxious, distressed and insecure babies into happy sociable infants with good strong and secure attachments to the adults who will provide their permanent care. This has to be seen as a positive indicator for these children's futures.

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