Understanding Early Permanence

A small-scale research study

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Chapter One: Introduction and background

Introduction to this study

This report is from a small-scale mixed methods research study funded by a consortium of agencies (Barnardo's, Adoption Matters and Caritas Care) delivering early permanence adoption services for children in three areas of England (The North West, Yorkshire and Humber, and Staffordshire/Stoke). The study comprised a rapid review of research evidence; analysis of published national data regarding early permanence; a questionnaire completed by Local Authority senior managers; interviews with Regional Adoption Agency managers; and focus groups with voluntary adoption agency in the North West and Yorkshire and Humber. This report is intended to bring together the key messages from the study and to further understanding about early permanence approaches and how they can be better developed.

The following research questions underpinned the study:

1) What does the national published data tell us about the use of early permanence nationally and regionally?
2) What are the key messages from national and international research literature relating to early permanence approaches?
3) What are the key messages from wider adoption literature regarding indicators for stability and child health and wellbeing in adoptive placements, and how might these be helpful in the development and delivery of early permanence approaches?
4) What do we understand about local authorities' decision-making and strategic direction in relation to early permanence pathways?
5) What is understood about differences and similarities between Concurrent Planning and Fostering for Adoption in policy and practice and in what ways are these differences evident in practice delivery?

Chapter One introduces early permanence approaches, including Concurrent Planning (CP) and Fostering for Adoption (FfA).

Chapter Two examines national and regional published data regarding early permanence from the Adoption and Special Guardianship Leadership Board (ASGLB) dataset.

Chapter Three reviews published research relating to early permanence approaches.

Chapter Four reviews published research on wider adoption literature relating to placement and child outcomes.

Chapter Five explores findings from a questionnaire completed by LA senior managers about their early permanence services and qualitative findings from interviews with Regional Adoption Agency (RAA) managers and focus groups with Voluntary Adoption Agency (VAA) practitioners.

Chapter Six summarises findings from all the elements of the study.

This study aims specifically to explore early permanence pathways for children (i.e., Fostering for Adoption and Concurrent Planning). The broader context of achieving permanence is beyond the scope of this study. Similarly, it is important to note that early permanence pathways may be used for older children in the context of early decision-making. Exploration of how the legislation may be used in this context was also out of the scope of the study.

Background and policy context of early permanence approaches

Early permanence has come to be used an umbrella term to describe specific types of placement for infants and children that may result in that placement becoming a placement for adoption. The two approaches which are covered by this term are Fostering for Adoption (FfA) and Concurrent Planning (CP). Both approaches enable children to be cared for by carers who are dually approved as foster carers and adopters (CP) or, where the adopters have *temporary* approval as a foster carer and are also approved as adopters for a named child (in the case of FfA). In both cases the child will be placed for a period of temporary care until the court makes a final decision regarding the child's long-term future. The court may decide that it is in the best interests for the child to be reunified to their birth family, or alternatively that adoption will best meet the child's long-term needs. If the latter, a Placement Order is made by the court, and the child will remain with their foster carers who will then become their permanent carers through adoption (Simmonds, 2013).

Early permanence placements differ from the typical route to adoption, where adoption is opposed by the parents, and the child is placed in a temporary foster care placement until proceedings have concluded and a Placement Order has been granted – or not. Where the Order is made, the process of matching with prospective adopters begins with a period of information exchange, advice, counselling, introductions, and support arrangements whilst the child's care is transferred from their

temporary foster carers to their adopters (Simmonds, 2013). Supporters of early permanence processes argue that this lengthy process leads to significant delay and disruption for the infant at a critical time in their development which may have a longer-term impact on their outcomes (e.g., Katz, 1999). There is also evidence (Selwyn, 2014) that children placed at an earlier age and with fewer changes of placement experience better placement outcomes when placed for adoption.

In contrast, early permanence approaches provide the opportunity to avoid placement disruption by placing the infant with their prospective adopters through fostering arrangements prior to a final legal order being granted (Simmonds, 2013). Whilst both models emphasise the needs of the child and try to achieve continuity of care, the two models do differ in several important aspects.

Concurrent Planning

The concept of Concurrent Planning was originally introduced and developed in the U.S by Linda Katz (Katz, 1999) with the aim of working towards family reunification whilst at the same time establishing an alternative permanent plan. The approach utilises two plans for the child (Plan A and Plan B) which run in parallel with each other (i.e. concurrently).

Plan A involves a clearly defined period during which a full assessment towards the reunification of the infant with their birth parent(s). The permanence options are explored during this time and recommendations made to the court. Intensive work is also undertaken with the birth parent/s, including both assessment and support to establish whether the parent/s are able to address the identified safeguarding concerns, within the child's timescale, to enable the child to return home. During this time, the possibility of placing the child within their wider birth family is also explored. Regular contact takes place between the child and family members so that assessments can be carried out regarding the quality of interactions and parents' abilities to address the identified problems and importantly to promote the attachment between the infant and their parents. If the final care plan is rehabilitation, then ongoing support is provided to the parent(s) (Dibben and Howorth, 2017).

Plan B focusses on providing a secure long-term placement for the child with concurrent carers who will become the child's adopters if, after a period of intensive work with the birth family, the primary plan of reunification is not possible. In this case the plan changes and an application made for the concurrent carers to adopt the child. The strength of this approach is that despite rehabilitation being ruled out, the infant does not experience a placement move and therefore a further disruption in their attachment relationship is avoided (Dibben and Howorth, 2017).

Concurrent Planning was introduced into the UK in the 1990's by a small number of specialist schemes – such as Manchester Adoption Society, Coram, Brighton and Hove local authority and more latterly by Adoption Matters and Caritas Care, (see Monck et al. 2003). Following on from the introduction of these schemes, others were developed, such as Clifton Children's Society in the South West and a scheme operated by Lancashire County Council. In Concurrent Planning, the carers are fully approved as foster carers by their approving agency, as well as being approved as adopters. The placement of the child is supervised under the fostering regulations.

Fostering for Adoption

Building on the experiences of Concurrent Planning, BAAF proposed to the Department for Education in 2012 to extend the principles of early placement to cases where there was *no active plan for reunification*, so that more children could be placed with foster carers who could then become their permanent carers. Following support from the Secretary of State and the Prime Minister, the Fostering for Adoption (FfA) model was developed (Dibben and Howorth, 2017). Fostering for Adoption was formally introduced as a concept for achieving permanence under the Government consultation publication, 'Adoption and Fostering: Tackling Delay' (Department for Education, 2012) and authorised in primary legislation of the Children and Families Act 2014.

The Children and Families Act 2014 introduced a significant amendment to the Children Act 1989 to require LAs to consider placing a child with prospective adopters in any situation in which the LA is either "considering adoption for the child" or is "satisfied that the child ought to be placed for adoption" (these are new sub sections (9A, 9B and 9C added to section 22 of the Act). In such a situation the first duty on the LA remains for a placement with a relative, friend or connected person. However, if the LA decides that such a placement is not appropriate for the child, "the LA must consider placing the child with a LA foster parent who has been approved as a prospective adopter." These amendments focus on achieving stability for a child as soon as possible.

If the carers are dual approved the placement can be made in the same way as a concurrency placement and the child placed under Fostering Regs. 2. If the carers are not dual approved, the introduction of the new Reg. 25a of the Care Planning, Placement and Case Review (England) Regulations 2010 which came into force in July 2013, gives the Agency Decision Maker the power to approve people who were already Approved Adopters as the temporary foster carers for a named child without that being referred to the Fostering Panel.

The key difference between FfA and concurrent planning, is that the local authority has already determined that the child is unlikely to return to the birth family and the local authority plan does not

include 'Plan A', that is, that there is no plan to return the child to the care of their parent/s, that it has considered and ruled out any potential family and friends' carers, and that adoption is therefore the most likely permanence plan. In this scenario, the child is placed under the fostering regulations as temporarily approved foster carers who are also approved adopters. The FfA carers will become the child's adopters if at the end of care proceedings, a placement order is indeed granted or the parents do not contest the local authority plan for adoption (Dibben and Howorth, 2017).

Regionalisation of adoption agencies

In June 2015, the Government published, 'Regionalising Adoption' which set out the Government's plans to develop regional adoption agencies (RAAs), across England. The aim of this development was to speed up the adoption matching process; improve adopter recruitment and adoption support; and reduce costs (DFE, 2015).[1] The lead agency will often recruit prospective adopters who may then be approved as Regulation 25 foster carers by the local authority responsible for the child.

[1] The regionalisation of adoption agencies is currently being evaluated by a team of researchers from Ecorys UK and The Rees Centre, University of Oxford. The evaluation runs until December 2021 (Blades et al. 2018).

Chapter Two: National and regional data relating to early permanence approaches

Introduction

The number of children placed through an early permanence pathway (Concurrent Planning or Fostering for Adoption) is collected nationally by the Adoption and Special Guardianship Leadership Board (ASGLB) data return.[2] This data return is completed by every local authority, voluntary adoption agency, and regional adoption agency in England on a quarterly basis. It includes information about children in the adoption process and prospective adopters. The latest publicly available data covers the period up to 31 March 2019, and for the first time includes one data item relating to early permanence. The data item reports the number of children placed through an early permanence pathway annually at the local authority and geographical regional level. The early permanence data item published by the ASGLB includes children placed in a FfA or CP placement, if they are not reunified to their birth family or a placement order is not made the outcome of these placements, i.e. whether the child is then adopted by their carers, or whether they are reunified is not published.

The early permanence data indicates that during 2018-2019 there were 380 early permanence placements in England, which represented 11% of the total number of children placed with adoptive families. This section provides analysis of the published ASGLB dataset regarding early permanence at geographical regional level.

Data limitations

The following should be taken into consideration when interpreting the analysis of ASGLB data presented in this section.

- Data at geographical regional level is provided in the published dataset and is rounded to the nearest 10. It has not been possible to present the data at local authority level because of high levels of suppressed data (values of 5 or less).
- It is important to note that there is no benchmark (or targets) for rates of early permanence placements, and it cannot be determined, with the data available, what an appropriate level

[2] Data from the ASGLB data return for period to March 2019. Available from: https://coram-i.org.uk/resource/local-level-data-quarter-4-2018-2019/

of early permanence is, or whether there have been changes on previous years because this is the first year the data have been available.

- The data presented on adoption placements is for all adoptions of children of all ages, and not for children under two years of age, for whom early permanence is designed. This data was not available. Therefore, comparisons of early permanence placements, and all adoption placements should be read with caution.
- Early permanence practice is likely to be shaped by local and regional availability of early permanence services and expertise. Further research could map existing early permanence services with the national data to explore whether relationships between these exist. However, this has not been possible within the scope of the current study.

It is hoped that at a later stage, analysis of child-level ASGLB data can be carried out in relation to early permanence.[3] This will allow more reliable comparisons to be made, as well as further analysis, including the child's characteristics, such as age. In the absence of child level data, and with high levels of supressed data, the analysis in this section should be taken as indicative only.

Regional variation in Early Permanence [4]

Funnel plots

Funnel plots[5] have been used for the purposes of the analysis of the ASGLB dataset regarding early permanence. In this instance, the rates of early permanence in each geographical region have been plotted against the population of all children placed for adoption during the same period. To allow for greater comparison, funnel plots have also been produced and presented below, to show rates of children placed for adoption plotted against the number of all children in care. This has allowed for analysis and comparisons of early permanence practice across geographical regions compared to adoption practice more generally. It should be noted however, that the rates of all children placed for adoption includes all ages of children, rather than just the under twos for whom early permanence is designed.

A funnel plot is a graph that visualises variation against an average (in this case to visualise the variation of regions, against the national rate). The straight horizontal line represents the national rate which we would expect most regions to be close to. The dotted lines represent `control limits' where 95% of the regions would be expected to fall within the inner boundaries (and 99.7% with the outer

[3] This is subject to a data access agreement between Lancaster University and DFE.
[4] Counts have been rounded to the nearest 5 at LA level or 10 at national and regional level.
[5] A funnel plot is a scatter plot of rates against population size

boundaries of the funnel). If a region falls outside the lines, then variation is greater than expected and indicates that this region departs significantly from the national rate (i.e. outlier).

FIGURE 1: FUNNEL PLOT TO SHOW EARLY PERMANENCE PLACEMENTS AS A PERCENTAGE OF ADOPTION PLACEMENTS BY GEOGRAPHICAL REGION

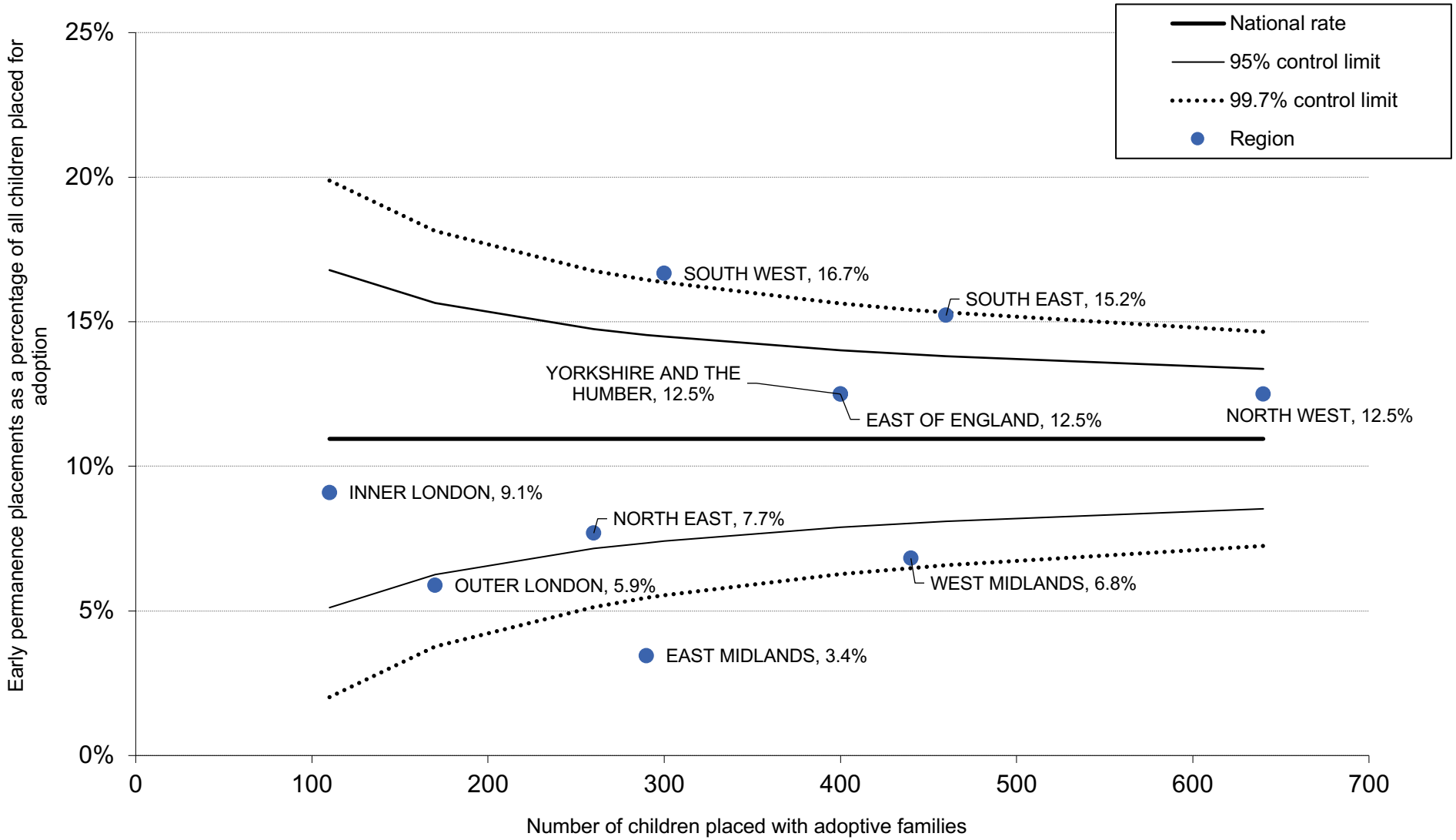
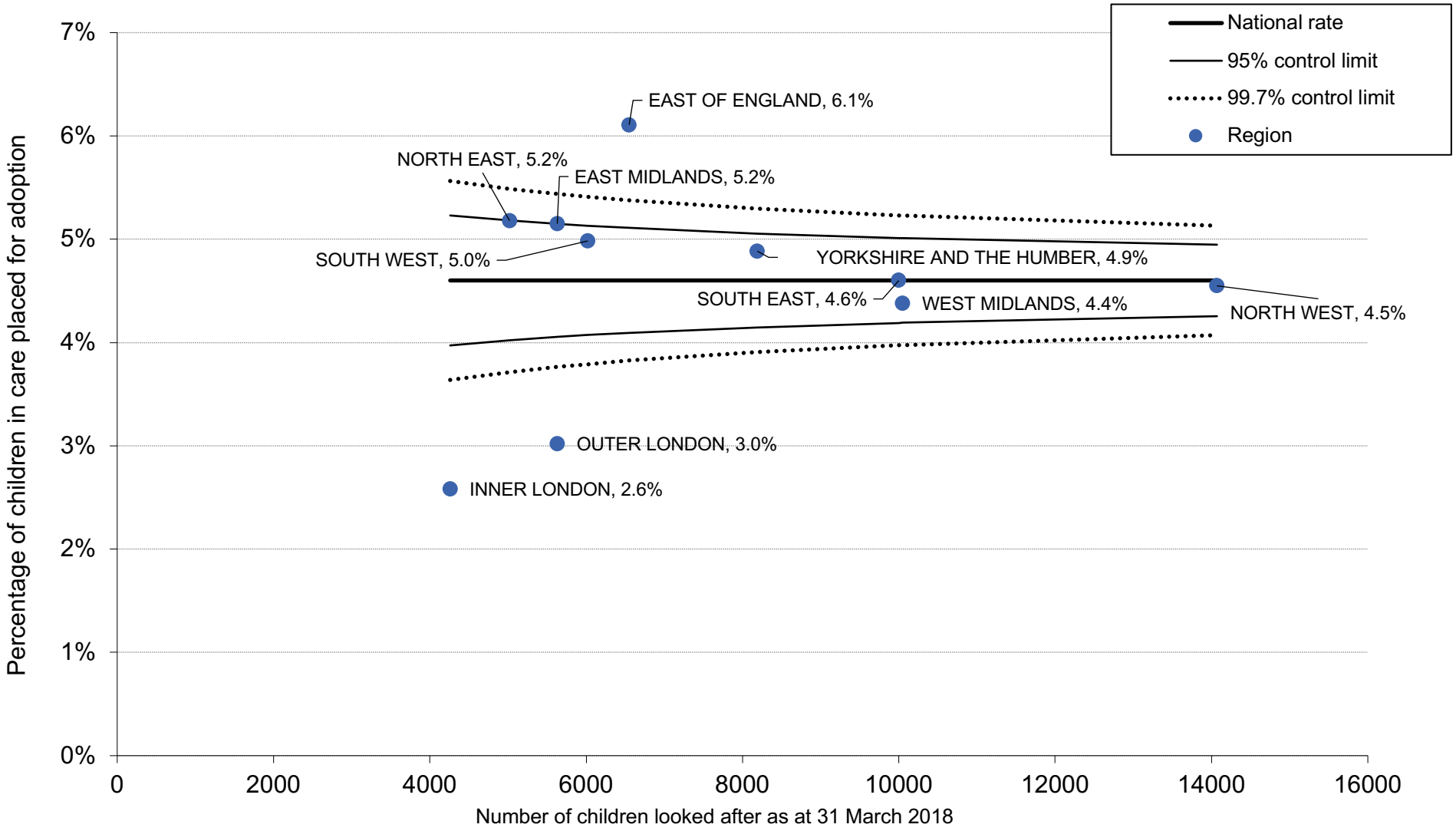


FIGURE 2: FUNNEL PLOT TO SHOW ADOPTION PLACEMENTS AS A PERCENTAGE OF ALL CHILDREN IN CARE BY GEOGRAPHICAL REGION



Summary of key messages from Chapter Two

- National data on rates and numbers of early permanence placements is very limited.
- Given low numbers, caution is needed when interpreting this data at geographical region.
- During 2018-2019 there were 380 early permanence placements in England which represented 11% of the total number of children placed with adoptive families.
- Three geographical regions had statistically significant lower rates (than the national rate) of early permanence placements as proportions of all adoption placements; and two geographical regions had statistically significant higher rates of early permanence placements.
- Regarding adoption placements as a proportion of all children in care across geographical region, two regions showed statistically significant lower rates (than the national rate); and two showed higher rates.
- There are high levels of variation across geographical regions regarding rates of early permanence placements as proportions of all children placed for adoption.

Conclusion

This chapter has explored published ASGLB data relating to early permanence. Early permanence placements represent 11% of the total number of children placed for adoption nationally. There is substantial variation in the use of early permanence placements across regions with some areas using early permanence placements much more often than the national expected rate, and some much less than this. However, given the data limitations discussed, caution is needed when interpreting this analysis. Further research is required at child level to provide more accurate insights into the use of early permanence regionally, and to explore early permanence in the context of other approaches for very young children in, or on the edges, of care.

Chapter Three: Key messages from national and international research literature relating to early permanence approaches

Introduction

This chapter outlines findings from a rapid literature review. The literature search included studies published during the preceding ten years (2009-2019 inclusive), however given the sparsity of studies a decision was taken to include *key studies* from outside the timeframe, up to the past 20 years. These studies were identified via snowballing methodology. The detailed methodology for this review is outlined in Appendix Two, and the search terms included in Appendix Three.

Table 1 below provides a summary of all included studies.

TABLE 1: SUMMARY OF STUDIES INCLUDED IN THE REVIEW RELATING TO EARLY PERMANENCE

UK based studies				
Country	**Summary**	**Publications**	**Summary of methodology**	**Sample size**
England	Evaluation of the implementation of Concurrent Planning by the Goodman project (Manchester); Coram (London) and Brighton and Hove	Monck et al (2003); Monck et al (2004); Wigfall et al (2005); Monck et al (2006)	Mixed methods, including case file analysis, and interviews with birth families, concurrent carers, and professionals. Sample followed for 12-15 months.	24 children from three concurrent planning projects and 44 children from two 'traditional' adoption teams
England	Perspectives of adopters from Coram (London) Concurrent Planning project	Kenrick (2009); Kenrick (2010)	Qualitative interviews	Concurrent planning carers of 26 children and birth parent of one child
England	Evaluation of Coram (London) Concurrent Planning project	Laws et al (2013)	Mixed methods, including case file analysis and interviews with concurrent adopters	Administrative data on 57 children, interviews with concurrent adopters relating to 28 children.
Northern Ireland	Evaluation of the implementation of Concurrent Planning in Northern Ireland	Kelly et al (2007)	Interviews	38 interviews with concurrent adopters concerning 58 placements
International studies				
Canada	Perspectives of concurrent adopters from the Mixed Bank project (Quebec)	Pagé et al (2019); Chateauneuf et al (2018)	Qualitative interviews	25 concurrent adopters from 20 families
U.S.A	Evaluation of mandatory implementation of elements of concurrent planning in California	D'Andrade (2009)	Quantitative case file analysis	885 cases using elements of concurrent planning practice (but not including concurrent placements)
U.S.A	Perspectives of professionals and concurrent carers from Concurrent Planning project in New York.	Gerstenzang et al (2005)	Qualitative interviews	10 child welfare professionals were individually interviewed, and 16 case workers participated in focus groups and were asked to complete surveys. 10 birth parents, and 19 foster parents (also approved as adopters) participated in focus groups.

Evaluation of the evidence-base

There was a wide variety of definitions used for early permanence programmes within the research literature, which was a key limitation to assessing the evidence base. Whilst some definitions aligned with that used to define Concurrent Planning, others like the Fostering for Adoption model in England placed much less emphasis on reunification and were more akin to traditional adoption practice. In the U.S. parental rights are removed before a child can be adopted, further adding to differences in how programmes are defined. This high degree of heterogeneity makes it very difficult to draw conclusions across the included studies.

Within the U.K, four studies were identified (across eight publications), which include three from England and one from Northern Ireland. Internationally, a further three studies were identified (across four publications). These include one from Canada and two from the U.S.

The studies varied in quality, generally involved small samples, and were largely qualitative in design. Only two of the empirical studies were conducted within the past ten years. Of the four UK based studies included in the review: two were based on qualitative interviews with concurrent adopters (Kenrick, 2009; Kenrick, 2010; Kelly et al. 2007); one included interviews with concurrent adopters and a case file analysis (Laws et al. 2013); and one study (Monck et al. 2003) used a comparison group providing a more comprehensive examination of the implementation and outcomes of concurrent planning. It is important to note that three of these studies used samples from the Coram Concurrency project in London. There is a chance therefore that the same adopters may have been interviewed across multiple studies.

Internationally, research about early permanence approaches is also limited. Only one of the three studies identified assessed outcomes (D'Andrade, 2009). However, D'Andrade's Californian study did not specify concurrent placement as part of their inclusion criteria, therefore the study included all children for whom there was a plan for adoption without differentiating between children following a traditional route, to those in concurrent placements. The other two international studies were qualitative, using interviews with concurrent adopters and professionals (Pagé et al. 2019; Chateauneuf et al. 2018; Gerstenzang et al. 2005).

The following sections present the key findings from these studies, specifically:

a) Outcomes of early permanence placements, examining evidence from three studies that included outcome data.
b) Adopters perspectives, examining the qualitative findings from the studies identified.

Outcomes of early permanence placements

Three of the included studies included analysis of outcomes of early permanence placements (see Table 2 below). The combined sample size of the studies was 133 placements, and all evaluated CP programmes[6] (Monck et al. 2003; Laws et al. 2013; Kelly et al. 2007).[7]

Findings demonstrate that 96% of the children across the studies went on to be adopted by their concurrent carers, and at the time of follow-up, none of the placements had disrupted. Across the three studies, five children (4%) were reunified with their birth families, and at the time of follow-up, the studies reported that none of these placements had disrupted.

[6] There is a possibility of double counting between the Monck and Laws studies because both included placements from the Coram concurrency London project.
[7] D'Andrade et al. (2009) has not been included in this analysis because it did not include placement as a variable.

TABLE 2: SUMMARY OF FINDINGS FROM STUDIES THAT INCLUDED DATA ON OUTCOMES OF EARLY PERMANENCE PLACEMENTS

	Monck et al. (2003)	Laws et al. (2013)	Kelly et al. (2007)
Definition of early permanence used	Concurrent Planning	Concurrent Planning	Concurrent Planning
Number of children included in the sample	24	57	52
Follow-up period	12-15 months	1-11 years	7 years
Number of children progressed to be adopted by early permanence carers	22 (92%)	54 (95%)	52 (100%)
Number of children progressed to be reunified to birth family	2 (8%)	3 (5%)	0
Number of children experienced placement breakdown at follow-up	0	0	0
Age profile of children at start of placement	23 (96%): < 6 months 1 (4%): > 6 months old	Age profile at start of EP placement not reported. Age profile at referral to CP service: Pre-birth: 33 (56%) At birth: 3 (5%) Post-birth: 23 (39%) Service aimed for under two's	17 (33%): < 6 months 9 (17%): 6 months-1 year 10 (19%): 1 year-2 years 6 (12%): 2 years – 3 years 5 (10%): 3 years – 5 years 4 (8%): > 5 years
Age profile of children at Adoption Order	Age at Adoption Order not reported. Length of time between CP placement and adopted order: Average months: 11.6	14 (26%): < 1 year 32 (59%): 1 – 2 years 7 (13%): 2 – 3 years 1 (2%): 3 – 5 years	Not reported

Timeframes for achieving a permanent placement

Two studies (Monck et al. 2003 and Kelly et al. 2007) reported the age profile of the children at the beginning of their concurrent placement. Of the 76 children across the two studies, 40 (53%) were placed before they were 6 months old. The Laws study did not report the age profile of the children at the start of the concurrent placement, however it did report that 56% (n=57) children were referred to the service *in utero*, which is likely to indicate that these placements were made in the very early months of the children's lives.

One of the three studies (Laws et al. 2013) reported the age of the children at the time of the Adoption Order. 81% of the infants (n=57) were formally adopted by their concurrent carers before they were two years old. The Monck (2003) and Kelly (2007) studies did not report age at Adoption Order, however Monck reported that the average time between the start of the concurrent placement and Adoption Order was 11.6 months.

Monck et al (2003) reported that children in concurrent placements spent significantly less time in impermanent care than children following traditional adoption routes (for concurrent cases on average 7.2 months in impermanent care, compared to 16.52 and 18.96 months for children in two comparison groups of traditional adoption routes), and moved less often. Similarly, in Kelly et al. (2007) children following a concurrent pathway were placed with their permanent carers at least one year ahead of conventional adoption practice and critically experienced fewer placement changes. Laws et al (2013) also identified that for children placed through the Coram Concurrent Planning project there was an average of 14 months from entry to care to adoption, compared to a national rate of two years and three months (for 2011).

Children's progress

Multiple factors prior to a child's placement and leading to the decision for an early permanence placement, may affect the child's progress. For instance, Laws et al (2013) found that maternal alcohol and/or drug use during pregnancy led to 13 out of 28 (46%) children requiring treatment for withdrawal from drugs at birth. See the following chapter for an overview of the research evidence relating to factors that may influence a child's adoptive placement progress from the wider adoption literature.

Two studies (Monck et al 2003 and Laws et al 2013) reported on child progress at follow-up, using parent self-report methods. Monck however does not report the progress of the concurrent children separately from the traditionally adopted children. However, the Laws et al (2013) evaluation of the Coram project assessed the progress of the children through one-to-one interviews with the adoptive

parents of 28 of the 57 children in their sample. Measures of children's overall wellbeing, included parental accounts of the children's progress in education, behaviour, peer relationships, and their physical and mental health, as well as the parents account of their own satisfaction with their relationship with the child. Children were subsequently categorised into three groups in relation to their support needs: about one third of those children whose adoptive parents were interviewed required no extra help, one third needed minor extra support, and one third had moderate to high needs. Monck et al (2003) examined the emotional and behavioural progress of children from both concurrent and traditional adoption samples using the parent report version of the Strength and Difficulties Questionnaire. The sample (both concurrent and traditional adoption placements) showed virtually no difficulties according to this measure. It is important to note, that comparison of the two samples is not reliable because of low numbers, and differing measures.

Adopters' perspectives

Six of the seven studies that were identified (Monck et al. 2003; Kenrick 2009; 2010; Laws et al. 2013; Kelly et al. 2007; Page et al. 2019; 2018; and Gerstenzang et al. 2005) included interviews with adopters. Combined, across these studies, adopters (or sets of adopters) of 205 children were interviewed. Two key themes that emerged across these studies include:

- The emotional journeys of the adopters and their experiences of uncertainties through the EP process.
- The adopters' experiences of contact with birth families through the EP process and following on from the formal adoption.

Adopters' emotional journeys and uncertainties

Early permanence prospective adopters are required to invest in developing a relationship with the child without knowing what decisions the court might ultimately make regarding the final legal order and placement for that child. This uncertainty and the resultant emotional 'risk' were consistent theme across studies of adopters' perspectives. However, despite this 'risk' also evident in this group of studies, was the adopter's willingness to join early permanence programmes and shoulder this uncertainty. On balance, adopters considered the potential advantages of having a child placed with them earlier to outweigh the risks of the court reaching an alternative placement decision (Kelly et al. 2007).

Whilst, in most cases prospective adopters were able to set aside the uncertainty and risk associated with early permanence approaches to concentrate on providing security to the child (Pagé et al. 2019

p.108), the literature highlights the emotional impact of the uncertainty on some prospective early permanence adapters.

The uncertainty is reported within the studies as causing feelings of powerlessness; worry; insecurity; stress; suffering; incredulity; fear and anger (Pagé et al. 2019). In some instances, it could also cause depression and relationship problems (Kenrick, 2009; Pagé et al. 2019).

In a minority of instances, uncertainty could also lead to the early permanence carers being unable to imagine themselves as the child's parent in the future, and to detachment or distance towards the child (Kenrick, 2009; Pagé et al. 2019).

The impact of this uncertainty can also vary across adopters (Kenrick, 2009; Pagé et al. 2019). In their Canadian study of foster to adopt carers, Pagé et al. (2019) discuss that prospective adopters' tolerance to the uncertainty was dependant on two factors; firstly, how well they perceived contact between the child and their birth families to be progressing, and secondly, how in control they felt about their fulfilment to be the child's permanent carer. The study distinguishes between prospective carers who described feelings of 'momentary uncertainty', and those who experienced 'chronic uncertainty'. Momentary uncertainty was associated with changes such as an increased amount of birth family contact, or when a new birth family member was identified as a potential alternative carer for the child. Such instances were particularly stressful if the prospective adopters felt that they had been insufficiently prepared for such possibilities by their social worker.

In contrast, 'chronic uncertainty' was most experienced by foster to adopt carers when the birth family demonstrated high levels of commitment to contact with the child, and when birth families actively contested the possibility of adoption. Consequentially, foster to adopt carers felt as though they did not have control over their ambitions to become the permanent carer for the child, which caused them high levels of anxiety (Pagé et al. 2019).

Early permanence carers described a profound sense of being the child's parent prior to the adoption order. Pagé and colleagues (2019) describe a *tipping point*; a shift from being strangers to the child, to becoming their parental figure. Factors such as a profound desire to become a parent, that they are the child's primary care givers, and feelings of entitlement as the child's parent were more commonly cited as the *tipping point* than the formal adoption order.

Adopters' experiences of contact

Contact between birth families and children emerged as a dominant theme across the studies. Within early permanence programmes contact between children and their families is frequent and up to five

times per week (Kenrick, 2010; Kelly et al. 2007). Whilst a review of the evidence regarding frequency and organisation of contact is outside this rapid evidence review (for a systematic review of contact see Boyle, 2017; for issues with the organisation of contact see Humphreys and Kiraly, 2009), the qualitative findings provide important insights into how early permanence adopters experience contact. Kenrick's (2009) study of adopters within Coram's Concurrent Planning project (n=26), asked adopters to reflect on their experiences of contact prior to the final court order. In their interview's adopters frequently, raised concerns regarding the high frequency of contact with birth family and the discontinuity of care caused by these arrangements. There was no evidence within the literature that adopters and birth families valued contact in later years, this would need to be examined in further longitudinal studies.

Kenrick (2010) highlights the inherent tensions evident in Concurrent Planning, that is the attempt to simultaneously promote the infant's secure attachment to both birth parents and concurrent carers. Adopters in Kenrick's study also described how some of the children became very distressed during contact. This was particularly prevalent at around six months of age. Kenrick (2009) concludes that there should be an initial period of no contact to allow the infant to settle into their placement before contact with birth parents begins and that time for recovery between contact is also important. However, the study also notes that adopters recognised the importance of knowledge about birth parents as fundamental to the infant's future sense of identity. There was no evidence in the literature that concurrent adopters supported rehabilitation as the first option for children in their care, this would need examining by further research.

Interviews with parents of children (n=16) adopted through foster to adopt programmes in Canada by Chateauneuf et al. (2018) suggests that despite high contact frequency open adoptions were no more likely than in more traditional adoption routes. Factors appearing to impact on the likelihood of open adoption were instead; complexities in the adoption process, and the emotional pressures experienced by adopters; characteristics of birth parents and foster to adopt parents; type of contact used; best interests for the child; quality of the relationship between child and birth parent; child's desire to maintain contact and the nature of the relationship between the foster to adopt family, and the birth family. The study describes how these pressures had led to a relationship that was more distant between foster to adopt parents and birth parents. The foster to adopt parents did not see how contact could fulfil the child's needs, when the child had been placed with them from a very young age, and therefore, according to the adopters, had not already established a relationship with their birth family prior to their adoptive placement.

Birth family's perspectives

The perspectives of birth parents are largely absent from the published early permanence literature. Across the six studies that were identified that included qualitative interviews only three included the views of birth families, and all in very limited numbers and scope (Monck et al. 2003; Kenrick, 2010; Gerstenzang et al. 2005). Across these three studies, the perspectives of birth parents from a total of 21 children were included. When compared to studies of prospective adopters this sample size equates to only 10% of the 205 children of prospective adopters who were interviewed within the literature. In summary, the Monck et al (2003) study found that birth parents did not always understand that there was a possibility of a reunification when their child was placed by the concurrency service which highlights the importance of clear communication. Nevertheless, the birth parents who were consulted were able to develop a good relationship with their concurrency worker, whom they described more positively, than their experiences of social care.

Monck et al (2003) describe their difficulties of recruiting birth families to take part in their research and describe the 'hostility' of birth parents towards the research team. The parents of young children who are in or on the edges of care are arguably a harder to reach population for research and therefore research designs need to take account of this. Ward et al. (2012) for example in their longitudinal study of infants who were the subjects of child protection, and/or care proceedings, recruited birth parents of 57 children, 28 of whom remained in the study taking part in yearly interviews for at least 3 years.

Summary of key messages from Chapter Three

- There is a sparsity of research about early permanence approaches, both from a U.K perspective and internationally, only a small number of mainly qualitative research was identified.
- Research about early permanence approaches is mostly qualitative, focussed mainly on the experiences of adopters.
- There are variations across studies in how early permanence approaches are defined, this makes drawing comparisons across the evidence-base difficult.
- The perspectives of birth families are largely missing from research about early permanence approaches.
- Overall, the evidence-base about early permanence is weak.
- No study relating to the FfA model of early permanence was identified that included data on outcomes of placements.

- Mostly all the children across the studies that reported CP placement outcomes went on to be adopted by their concurrent carers.
- Many of the studies that were identified used qualitative interviews with adopters as a primary method of data collection. Adopters mostly spoke of their experiences of uncertainty through the process, and their experiences of contact with birth families.

Conclusion

This rapid review demonstrates the overall weakness of the evidence base regarding the delivery and impact of early permanence. The literature identified was not sufficient in quality or quantity to effectively evaluate early permanence approaches. Further studies are required to fully understand how early permanence is best delivered, and whether early permanence approaches produce better outcomes for young children. However, the evidence from this review suggests that early permanence can be successful in reducing timeframes for very young children to reach permanent placements, and for very young children to spend less time in temporary care arrangements. Further longitudinal research is required to fully understand the longer-term outcomes of children following early permanence pathways. Furthermore, the literature search for this review did not return studies that evaluated FfA. In the absence of this research, it is impossible to assess how the legislative changes have impacted upon practice and outcomes for young children or draw comparisons in terms of outcomes for children placed through these two different programmes.

The findings from studies seeking adopters' perspectives, highlight the importance of ensuring that prospective adopters are fully prepared for their role as foster carer in early permanence. This literature also emphasises the importance of professionals being honest and transparent with prospective adopters, specifically in relation to the possibility of reunification. However, there are a limited number of studies and further research is required, particularly from a U.K perspective.

The lack of birth parents' perspective within the literature is a notable gap and further research is required to ensure their experiences are captured.

Chapter Four: Key messages from wider adoption literature relating to indicators for stability and child health and wellbeing in adoptive placements

Introduction

In relation to the third and final research question of this review a methodological amendment was necessary. As discussed, there is a sparsity of research relating specifically to Concurrent Planning or Fostering for Adoption, and only three which specifically consider placement outcomes. Therefore, a decision was made to amend the methodology to include a review of the broader adoption literature. This element of the review has therefore considered the following question "*What can be learnt from the adoption literature regarding factors effecting adoption outcomes"*. To answer this question an additional search of the broader adoption literature was made. However, given the wealth of studies in this area and the time and resource limitations for this study, the review was broadened to primarily include systematic reviews and meta-analyses undertaken within the same identified period (2009-2019).[8] See Appendix Two for methodological details.

In relation to the health and wellbeing of adopted children, four systematic reviews (including also one meta-analysis) were identified in searches of academic databases of studies published over the past ten years. Combined, the systematic reviews included evidence from a total of 94 studies. The reviews examined the following:

- the psychological outcomes for adopted children (Barroso et al. 2017);
- the emotional and behavioural outcomes and academic achievement for adopted children (Brown et al. 2017); and

[8] Systematic reviews differ from more general literature reviews of research by involving a particularly structured and rigorous review process. Conducting a systematic review involves formulating specific review questions, defining the inclusion criteria for studies, developing search strategies and terms to identify all eligible studies, reviewing those studies, extracting and analysing the relevant data and assessing study quality. Systematic reviews often incorporate a meta-analysis, which uses statistical analysis of quantitative research methodologies to combine findings. The evidence provided by systematic review and meta-analysis is therefore particularly robust.

- the developmental outcomes for adopted children (Christoffersen, 2012); and the attachment outcomes for adopted children (van Den Dries et al. 2009).

In relation to placement stability and adoption breakdown, two systematic reviews were identified (Liao, 2016; White, 2016) which examine factors affecting post-permanency adjustment and placement discontinuity. One additional review of evidence (Palacios et al. 2019), albeit not a systematic review, has been included because it provides a recent comprehensive review of evidence relating to adoption breakdown. It should be noted that despite rich research evidence relating to placement stability, it is a highly heterogeneous evidence-base, in that measures and definitions vary across studies leading to difficulties in comparing findings across the evidence-base. There are also no (to date) meta-analyse that explore factors that contribute to adoption breakdown.

The reviews examined for this section are summarised in the Table 3 below.

TABLE 3: OUTCOMES OF ADOPTION: SUMMARY OF SYSTEMATIC REVIEWS INCLUDED

Authors	Review type	Outcomes examined	Studies included
Barroso et al. (2017)	Systematic review	Psychological outcomes for adopted children	12 studies between 2004 and 2016
Brown et al. (2017)	Systematic review	Emotional and behavioural outcomes and academic attainment for adopted children	15 studies between 2005 and 2016
Christoffersen (2012)	Systematic review	Developmental outcomes for adopted children	17 studies between 1977 and 2006
van Den Dries et al. (2009)	Systematic review and meta-analysis	Attachment outcomes for adopted children	50 studies
Liao (2016)	Systematic review	Factors affecting post-permanency adjustment for children with special needs in adoption or guardianship placements	35 studies between 1988 and 2014
White (2016)	Systematic review	Placement discontinuity for older children and adolescents who exit foster care through adoption or guardianship.	18 studies
Palacios et al. (2019)	Review of evidence (not a systematic review or meta-analysis)	Review of evidence relating to adoption breakdown	Not specified

Evaluation of the evidence-base

The systematic reviews and meta-analyses that have been included in this review can provide important insights into child and placement outcomes of adoption. However, it is important to consider the limitations of the evidence base particularly in understanding how much weight to give to the evidence when forming policy and developing practice in relation to early permanence adoption. The following points provide a summary of these limitations.

- Most empirical studies identified within the systematic reviews focused on exploring the relationships between the child and the family's individual characteristics and placement/child outcomes. They do not as thoroughly consider factors which relate to the children's and families' wider communities and support networks.

- Studies identified by the systematic reviews did not always control for baseline differences between adopted and non-adopted children or adopted children and children in kinship or foster care in non-randomised studies. There was therefore a lack of confidence regarding the comparability of groups.
- The included studies were carried out in only a small number of countries, the majority from the USA. This limits the generalisability of the findings. The context in which the programme is being delivered is an important variable, and the UK child welfare and legal systems differ from the US in important ways. More research is therefore required on interventions that have been evidenced in the USA in a UK context.
- There were few reviews where findings could confidently support the claims of one or more studies over others. Contradictory findings therefore arose from the different samples, methods or contexts of studies.
- Each systematic review reported on a low number of studies, which suggests a lack of rigour in the wider evidence base relating to adoption.
- There may be a reporting bias from the systematic reviews, since the main focus of systematic reviews are studies published in peer reviewed journals, there could be a risk that some important studies have been omitted because they were not identified by the systematic reviews. However, it also important to note that studies published in peer-reviewed journals are also more likely to be more robust.
- There were high degrees of heterogeneity in sampling and measurement of populations and outcomes, which makes direct comparisons across studies within each systematic review difficult.

The points raised above should be considered in deciding how much weight to give to the research findings. However, the reader should also be aware that few, if any, studies in this field are methodologically flawless, and that rigorously conducted studies that report on small but hard to reach samples, and have been subject to peer review, can generally be considered to produce valid findings.

Factors that influence health and wellbeing and placement stability

The evidence reviewed suggests that many children who are adopted experience a childhood of permanence and stability (Palacios et al. 2019). However, there are a significant minority of children who experience substantial difficulties which can also lead to their separation from their adoptive families. In England, a study of adoption breakdown conducted by Selwyn and colleagues (2014)

examined data relating to all adoptions over an 11-year period (2000-2011). The study found that 3.2% of placements following the Adoption Order broke down. The study found that a substantial contributing factor of adoption breakdown was the children's emotional and behavioural difficulties. In 80% of cases difficulties started soon after the child was placed in the adoptive family and for the remainder at or around puberty and adolescence. The study also found a connection between child violence and the breakdown of placements. Furthermore, the known cases that disrupt may only represent a partial picture of adoptive placements that experience significant difficulties but do not breakdown (Palacios et al. 2019). There are several factors that can contribute towards the emergence of emotional and behavioural difficulties and/or placement breakdown, these are factors that occur prior to the adoptive placement, and factors that occur during the placement.

The systematic reviews identified several pre- and post-adoption factors that can contribute to the success of the adoptive placement in terms of child and placement outcomes. These are displayed in Table 4 and Table 5 below. Factors identified prior to the adoption relate to:

- Age of the child when the placement is made
- Experiences of adversity prior to the placement being made
- Adopters' expectations and motivations

Factors identified during the placement that can contribute to child and placement outcomes relate to:

- Formation of attachment relationships
- Communication about adoption between adopters and their children
- Integration within the family
- Emergence of emotional and behavioural difficulties
- Availability of support for adopters
- Parenting style

TABLE 4: SUMMARY OF RESEARCH EVIDENCE RELATING TO FACTORS PRIOR TO ADOPTION THAT CAN CONTRIBUTE TO CHILD AND PLACEMENT OUTCOMES

Factors prior to the adoption	
Age at adoption	An association between age at adoption and emotional and behavioural difficulties was consistently noted across the reviews. **It is important to note however that although an association exists within the research literature, it is not a causal relational and this will not be true for all children.** The evidence-base indicates the following: a) A significant association between the child's age at adoption and psychological adjustment in adolescence. This included an association between late adoption (of children aged 24 months or more) and adolescent social and behavioural problems; and more problematic communication between the adolescent adoptees and their parents (Barroso et al. 2017). b) Children adopted before 12 months of age were as securely attached as their non-adopted peers. Conversely, children adopted after their first birthday showed less attachment security than non-adopted children (van Den Dries et al. 2009). c) Adolescents who were placed for adoption before they were one month old showed no significant difference in the development of emotional and psychological difficulties when compared to non-adopted adolescents (Brown et al. 2017). d) There was a strong association between age at adoption and adoption breakdown, with older children being more likely to experience adoption breakdown (Palacious et al. 2019).
Experiences of adversity	The evidence-base shows an association between stressors or adversity experienced by children prior to adoption and their emotional, behavioural, and psychological development. The reviews indicate: a) A relationship between childhood adversity prior to adoption and the child's psychological adjustment in adolescence. This included: i. correlation between the length of time children experienced adverse circumstances prior to being separated from birth parents and the frequency of externalised and overall behaviour problems; and ii. association between the number of adoption breakdowns and/or moves of foster care placements and child behavioural problems before adoption and adoptees' psychological adjustment within the placement following the adoption (Barroso et al. 2017) iii. Risk factors for children's psychological maladjustment within an adoptive placement include prior experiences of multiple placements and maltreatment history (Liao, 2016).

	iv. Children with a history of physical or sexual abuse, generally showed more negative psychological adjustment within their adoptive placements (White, 2016). b) Children who experienced multiple moves in care are more likely to experience adoption breakdown (Palacious et al. 2019).
Adopters' expectations and motivations	The evidence-base also identified several factors that relate to adoptive parents' expectations and motivations about adoption. **The following factors were identified within the reviews as being associated with placement instability and/or poor child outcomes:** a) Adoptive parents who reported unrealistic child behavioural expectations (White, 2016) b) Adoptive parents with idealised views of the child (Palacious et al. 2019). c) Adoptive parents with idealised views of their own abilities as parents (Palacious et al. 2019). d) Adoptive parents who had received less information from child welfare agencies about the child (White, 2016), or who were less well prepared for the adoption (Liao, 2016). e) When adopters' main motivation to adopt was to satisfy their own needs, such as their own desire to have children or their need to give love, as opposed to care for a child with additional needs (Palacious et al. 2019). The following factors related to more positive child and placement outcomes: a) When the adopters and the child had a relationship prior to the plan for adoption, such as foster placements that converted to adoption (Palacious et al. 2019). b) Adoptive parents more willing to adopt children with histories of maltreatment (White, 2016).

TABLE 5: SUMMARY OF RESEARCH EVIDENCE RELATING TO FACTORS FOLLOWING THE ADOPTION THAT CAN CONTRIBUTE TO CHILD AND PLACEMENT OUTCOMES

Factors following the adoption	
Formation of attachment relationships	a) Secure attachment between adolescents and their adoptive parents was associated with less behaviour problems (Barroso et al. 2017). Conversely: i. when adversity prior to adoption was controlled for, attachment insecurity was the strongest predictor of adopted adolescent behaviour problems (Barroso et al. 2017). b) Adopters and adoptees sharing the same race or country of origin was not associated with the development of secure new attachment relationships (van Den Dries et al. 2009).
Communication about adoption between adopters and their children	a) The better the adoption communication between adoptive parents and their children, the less behaviour problems were reported (Barroso et al. 2017), and greater placement stabilities (Liao, 2016).
Integration within the family	a) Adopted adolescents who reported one or more of the following were found to have less behaviour problems (Barroso et al. 2017): i. accepting adoption more easily ii. felt more settled within their adoptive family iii. felt greater security and were better integrated within the family
Emergence of emotional and behavioural difficulties	a) Children who exhibited problematic behaviours in their adoptive placement, particularly externalizing behaviours such as poor social functioning, aggression, hyperactivity, sexual acting out, or defiance, and their families are at greater risk for poor post-permanency outcomes (White, 2016). b) Child's emotional and behavioural problems in their adoptive placement are associated with placement breakdown (Palacious et al. 2019).
Availability of support for adopters	a) Adopters having access to a social support network (family, friends, resources in the community, other adoptive parents) is associated with placement stability (Palacious et al. 2019), and social support can buffer the stressors that may emerge through the placement (Liao, 2016). b) The timely provision of intensive, post-adoption family preservation services is associated with greater placement stability (White, 2016).

Parenting style	a) Adoptive parents who had problem or emotional focused coping capabilities and a positive perception of stress (Liao, 2016) and who were flexible in their approach to parenting and able to adapt their parenting to the needs of the child was associated with greater placement stability (Palacious et al. 2019).

Summary of key messages from Chapter Four

- This section brings together findings from systematic reviews and meta-analyses on placement stability and child health and wellbeing. Seven reviews were included for analysis.
- There are several limitations of the evidence base which should be considered when interpreting evidence included in this section of the review.
- The following pre-adoption factors were identified that can contribute to outcomes of adoptive placements in terms of child and/or placement stability. These relate to:
    - Children placed for adoption under 12 months of age fare better for attachment indicators than children adopted over 12 months of age. Children adopted under 24 months of age fare better for emotional and behavioural indicators than children adopted after this age.
    - The types of adopters' expectations about parenting and motivations to adopt can influence placement and child outcomes, both positively and negatively.
- The following post adoption factors were identified that can contribute to outcomes of the placement, and moderate for some of the pre-adoption factors. These relate to:
    - Formation of secure attachment relationships relate to better emotional and behavioural outcomes.
    - Good communication about adoption between adopters and their children related to less behavioural problems of greater placement stability.
- Adopted adolescents show less behavioural and emotional difficulties when they reported that they felt highly integrated within their adoptive family.
- Emergence of emotional and behavioural difficulties is related to placement instability.
- Availability of support for adopters is associated with placement stability and social support can buffer the stressors that may emerge through the placement.
- Adoptive parents who were flexible in their approach to parenting and able to adapt their parenting to the needs of the child experienced better placement stability.

Conclusion

The literature review has identified several factors which support improved outcomes for adopted children, these include, an association between older age at adoption and emotional and behavioural difficulties; and an association between stressors or adversity experienced by children prior to adoption and their emotional, behavioural and psychological development. However, it is important to note that due to time and resource limitations, this review was based on systematic reviews and meta-analyses only, and therefore may not have included all relevant studies.

Early permanence approaches aim to address the associations noted above, and therefore this evidence-base supports the implementation of early permanence approaches. However, the evidence-base examined in the previous chapter highlighted the sparsity of evaluative research on early permanence approaches, therefore the extent to which early permanence approaches, specifically, FfA, has succeeded in addressing these associations has not yet adequately been explored.

Chapter Five: Professional perspectives of early permanence approaches

Introduction

This research project aimed to elucidate the drivers and barriers to the use of early permanence pathways and to gain an understanding of how the two models are understood and utilised in practice. Specifically, this element of the study sought to answer the following research questions:

- What is the strategic direction of local authorities (LA) in relation to early permanence, what influences LA decision-making in early permanence planning for children, and what barriers exist for LAs in commissioning and/or delivering early permanence services?
- What is understood about differences and similarities between Concurrent Planning and Fostering for Adoption in policy and practice and in what ways are these differences evident in practice delivery?

To achieve these objectives the views of strategic managers and frontline practitioners were sought. As detailed in Table 6 below, between December 2019 and June 2020, professionals within children's services and adoption agencies in the North West and the Yorkshire and Humber regions of England were approached to take part in this study. Firstly, a questionnaire was circulated to senior managers within children's services. The questionnaire specifically focussed on LA strategic decision-making. Secondly, Regional Adoption Agencies (RAA) managers were invited to take part in 1:1 interviews which explored the RAA's approach to early permanence. Finally, focus groups with practitioners in Voluntary Adoption Agencies (VAA) delivering early permanence services were held. The focus groups examined early permanence practice. A total of 36 professionals across 22 agencies participated in this element of the study.

TABLE 6: SUMMARY OF DATA COLLECTION METHODS AND RESPONSE

Data collection method	Response	Purpose
Questionnaire with children's services senior managers	Online questionnaire circulated to 35 Assistant Directors of Children's Services within a local authority (LA). Response received from 15 (43%)	To develop a strategic overview of LA's approach to early permanence
Focus groups with early permanence practitioners and managers from VAAs	Three focus groups comprising a total of 17 participants from one CP service and two services providing FfA as well as traditional adoption placements	To describe the approach of frontline staff to the delivery of early permanence services and the underpinning principles (logic modelling)
Interviews with adoption managers of RAAs	Four interviews	To develop a strategic overview of the approach to early permanence in RAAs

Questionnaire completed by Local Authority senior managers

A questionnaire was circulated to LA senior managers from the North West and Yorkshire and Humber regions.[9] Its purpose was to explore LA strategic decision making with regards to early permanence. The questionnaire asked respondents a series of questions relating to policy, practice, and decision-making. The questionnaire aimed to explore the following:

1. Strategic decision-making and perspectives in relation to children entering early permanence pathways; early permanence carers; birth families; professional knowledge and understanding; and local authority strategic direction
2. Factors influencing decisions regarding which children enter early permanence pathways
3. Barriers to early permanence approaches
4. Future directions of early permanence approaches

The questionnaire was circulated to 35 local authorities within the North West and Yorkshire and Humber regions with a request that it be completed by an appropriate decision-maker within each local authority. A response was received from 15 LAs, representing a response rate of 43%.

All respondents indicated that Early Permanence services were provided by their LA, including:

- Fostering for Adoption services (FfA) (n=15: 100%)
- Concurrent Planning (CP) (n=7: 47%)

[9] Regions included because of their locality to the study funders.

The questionnaire asked a series of questions about FfA, and repeated the same questions for CP. Only those who identified that their LA used CP placements were asked to complete the CP section.

As detailed above there was a much lower response rate regarding CP. This difference in response rate is a key limitation and should be noted when comparing the results between FfA with CP.

TABLE 7: PROVIDER OF EARLY PERMANENCE SERVICES

Provider of early permanence service	FfA	CP
In-house by the LA	4 (27%)	1 (14%)
Jointly between the LA and the voluntary sector	3 (20%)	0
RAA	8 (53%)	1 (14%)
Voluntary sector	0	1 (14%)
'Other' type of provider	0	1 (14%)

Early permanence decision-making

Respondents were presented with an Ordinal scale asking them to rate how far they agreed with a series of 25 questions across five topics. Respondents were asked to complete the Ordinal scale[10] about FfA and CP separately according to which early permanence approaches were being used by the LA. This allowed a comparison between the LA's approaches to FfA and CP.

The five topics include:

- CP/FfA carers
- Children entering CP/FfA pathways
- Birth parents/families of children entering CP/FfA pathways
- LA strategic focus of CP/FfA
- Professional knowledge and understanding of CP/FfA

Twelve respondents completed this section of the questionnaire relating to FfA, and three relating to CP. There were missing responses from three respondents relating to FfA and four relating to CP. It is important to note, that because there were fewer responses relating to CP, caution is needed when comparing responses between FfA and CP. The following points summarise the responses:

[10] The Likert scale provided respondents with a five-point scale (strongly disagree; disagree, neutral; agree; strongly agree) to allow respondents to express how far they agreed with a series of statements.

CP/FfA carers:

- Practitioners considered that CP pathways enabled them to build more open relationships between birth families and adopters than FfA.
- Most respondents thought that contact with the birth family was positive for both FfA and CP carers who go on to adopt the child. However, one respondent relating to FfA strongly disagreed with this.
- Most respondents expressed that both FfA and CP carers must be willing to accept uncertainty that the child could return to their birth families and must be willing to support a return home. However, a small proportion of respondents relating to FfA (2: 15%) strongly disagreed with this.
- High levels of support were more likely to be provided for CP carers than FfA carers.

Children entering CP/FfA pathways:

- Views varied regarding the circumstances which prompted children to enter CP/FfA pathways. Respondents had mixed opinions regarding whether FfA and CP placements were used when the only plan was for adoption, and there was a low likelihood of a return home.
- Most respondents thought that both FfA and CP pathways produce better outcomes for children than more traditional routes to adoption.
- Most respondents regarding CP thought that birth parent contact was positive for children, however views about this were more varied for FfA.
- All respondents regarding CP thought that CP could be used for all babies entering care proceedings, whereas views were more mixed about this for FfA.
- Most respondents agreed that both FfA and CP is considered for most young children during pre-proceedings.

Birth parents/families of children entering CP/FfA pathways:

- All respondents regarding CP and half of respondents regarding FfA indicated that their LA provides high levels of support to birth parents during contact.
- Most respondents regarding both FfA and CP indicated that they thought high levels of contact is positive for birth parents/families.
- All respondents regarding CP, and 77% of respondents regarding FfA stated that support for birth parents is provided by the LA to support parental change.
- Three quarters of respondents regarding FfA and one third of respondents regarding CP indicated that they were adequately resourced to utilise a FfA or CP approach.

LA strategic focus of CP/FfA:

- Almost all respondents relating to FfA indicated that their systems were adequate in identifying children suitable for FfA placements. In comparison only one third of respondents for CP felt this was the case.
- Views were mixed regarding whether the local courts support FfA/CP placements, half of respondents regarding FfA and one third regarding CP thought that the courts actively support these types of placements.
- Two thirds of respondents regarding FfA thought that placements were always available for the LA, whereas none of the respondents regarding CP agreed that placements were always available.
- Respondents were asked whether FfA/CP were a strategic priority within the LA, 83% indicated that FfA was a strategic priority, whereas none of the respondents indicated that CP was a strategic priority.

Professional knowledge and understanding of CP/FfA:

- Two thirds of respondents regarding both FfA and CP disagreed that LA senior management have a high level of understanding about FfA/CP.
- One third of respondents regarding both FfA and CP disagreed that the courts have a high level of understanding about FfA/CP.
- Two thirds of respondents regarding CP indicated that the LA legal team did not have a high level of understanding about CP. Views about FfA, however, were more varied with regards to the level of understanding within legal teams.
- All respondents regarding CP and two thirds regarding FfA indicated that their Adoption Team workers have a high level of understanding of the pathway, however 27% of respondent regarding FfA strongly disagreed with this.
- All respondents regarding CP disagreed that children's social workers have a high level of understanding about CP. Views were more mixed about FfA, 45% indicating that their children's social workers do have a high level of understanding, and 45% indicating that they do not.

Factors influencing decisions regarding which children enter early permanence pathways

Respondents were asked to rank who they considered to have most influence regarding the decision as to whether a child will enter an early permanence pathway. The results are presented in the list below from those with most (1) to least (11) influence. The children's social worker was indicated by

respondents as the most influential decision maker, followed by their team leader and then the adoption team leader.

1 Children's social worker

2 Social work team leader

3 Adoption team manager

4 Family finding/adoption social worker

5 Local authority Head of Service

6 Local Authority Assistant Director

7 Regional Adoption Agency

8 Family court Judge

9 Local Authority legal department

10 Birth parent

11 Birth parent legal representative

In addition, respondents were asked whether the courts had ever directed their LA to consider making a FfA or CP placement, to which 10 (77%) stated that they had not, and three (23%) replied that they had but rarely.

The following table shows respondents answers to the question, “When does the Local Authority consider FfA/CP for children?” For the majority (10: 76%) FfA/CP is considered as part of pre-birth or pre-proceedings assessments, which indicates that FfA or CP placements are being considered early in permanence planning.

TABLE 8: TIMING OF WHEN THE LA CONSIDERS FFA/CP PLACEMENTS

As part of pre-birth assessments or assessments which take place pre-proceedings	10	76.9%
At the point of the decision to take care proceedings/legal gateway meetings	2	15.4%
During care proceedings	0	0.0%
Other	1	7.7%
Total	13	100.0%

Barriers and future directions of early permanence approaches

This section provides a summary of the qualitative responses from the questionnaire regarding:

a) Circumstances in which FfA/CP are used
b) Benefits of FfA/CP
c) Limitations of FfA/CP
d) Future directions of FfA/CP

Key messages from these responses include the following (it should be noted that more detail was provided for FfA than CP because of the difference in response rate for questions relating to both approaches):

- Circumstances in which FfA and CP are used within LAs support the differences in the design of each approach. FfA is used when assessments indicate that the child is unlikely to be reunified, i.e. an active plan for adoption only, whereas CP is used when there could be opportunity for a reunification, i.e. an active plan A for reunification and plan B for adoption. Reasons put forward for this included indications of positive parental change, when circumstances have changed since the previous proceedings for older children, or when the child is the first for their birth parents. Additional uses of FfA were also included by respondents, these included, when a Placement Order has been granted and the child is in foster care but needs to move placement prior to the approval of their adopters, such as is the foster carer becomes unwell, or goes on holiday. In these circumstances, FfA allows the child to move to their prospective adopters prior to the approval panel, rather than experiences an additional move.
- Benefits of both FfA and CP included minimising placement moves experienced by children. Relating to FfA respondents also cited: the risk of uncertainty experienced by the adults rather than the children; and the possibility of relationships to form between birth families and

adopters. In addition, for CP, respondents included support for reunification and the ability to test out parenting capacity prior to the final hearing.

- Respondents for both FfA and CP cited too few placements available as a limitation. Additionally, in relation to FfA, respondents included the risk of uncertainty for adopters, adopters' reluctance to facilitate contact; and the unsuitability of FfA for many adopters as limitations. Additionally, relating to FfA, respondents cited social work capacity to carry out robust parenting assessments, and delays because of birth family members being proposed as carers late into the proceedings as limitations. In relating to CP, limitations cited by respondents included: high cost of CP placements compared to LA foster care placements and placements being too far away to consider.
- Respondents felt that FfA can be better developed by the following: increased recruitment of FfA adopters; improved social work training on FfA; earlier identification of children; promotion of direct contact; earlier identification of birth family members; improved commissioning from the voluntary sector. In relation to CP, respondents suggested improved commissioning of CP services and consideration of developing LA in-house CP services as key areas for improvement.

Qualitative Interviews and focus groups with professionals within the adoption sector

Methodology

Interviews were undertaken with RAA managers to understand the newly formed RAAs approaches to early permanence and how early permanence was progressing. Four RAA managers were interviewed from Yorkshire and The Humber and the North West. Interviews were recorded, transcribed, and thematically analysed (see Appendix Three for discussion guide).

Three focus groups were carried out with practitioners from VAA's, including one delivering CP services and two delivering both FfA services and traditional adoption (see Appendix Four for discussion guide). The focus groups were recorded, detailed notes taken, and thematically analysed.

A coding framework was developed to incorporate the analysis of the interviews with RAA managers as well as the focus groups with VAA practitioners. This enabled analysis of the themes across both data sets and exploration of the similarities and differences in the perspectives of all participants as well as the differences and similarities between the CP and FfA approaches. The following section brings together key messages from the qualitative data collections which are presented thematically:

- Preparation of prospective adopters for early permanence pathways
- Expectations of adopters
- Tolerance of uncertainty
- Knowledge, understanding and capacity of social care
- Social care and court anxieties about early permanence
- Identifying children for early permanence pathways
- Understanding the distinctions between FfA and CP

It is important to note that there were more respondents who had experience of delivering FfA approaches, than there were for the CP approach. Therefore, more detail is provided for FfA in the following section than CP.

Preparation of prospective adopters for early permanence pathways

The approach to preparation and training for CP and FfA varied across services. Prospective adopters within the CP service provided by a VAA, tended to be familiar with the concept of concurrency prior to making their initial contact with the CP service. Prospective adopters are then invited to an information event so that they can learn more about the approach and subsequently attend specialist concurrency training. Finally, additional training regarding their role as a foster carer is completed.

The starting point for adopters beginning the FfA approach, for both the RAAs and VAAs varied from this in that FfA is usually introduced to prospective adopters who enquire about traditional adoption during their training. Professionals who were consulted stated that some will "buy into" the approach, and be "willing to take the risk", and some will not (VAA FfA practitioner).

Professionals agreed that the preparation work with prospective adopters is hugely important for both CP and FfA pathways. Practitioners in the focus groups, regarding FfA spoke of prospective adopters needing to have a change of mindset from considering themselves as adopters to considering themselves as foster carers during the process. This is because as foster carers, they lack control over decisions made for the child, which can be very hard for prospective adopters, but nevertheless something they must be prepared to accept. They also commented on the need to closely manage the FfA prospective adopters' expectations, so that their anxieties and uncertainties regarding the permanency of the placement do not become too overwhelming.

Within the CP focus group, participants discussed the high levels of support required for CP adopters through the "emotional journey". Participants discussed the importance for prospective adopters to "trust the process", and the relationship between themselves and emphasised the importance of the

prospective adopters' relationship with their support worker. Practitioners emphasised that most prospective adopters are desperate for answers, but the reassurances they want cannot be provided.

Expectations of adopters

Practitioners' taking part in both the interviews and focus groups agreed that the expectations of FfA and CP adopters varied. Generally, participants felt that CP adopters enter the process with a greater understanding and acceptance of the likelihood of a reunification. In contrast, the focus groups described how FfA adopters require support to understand and properly consider this as a possibility. As one participant commented "*adopters need to be prepared to take some risk, [CP adopters] are stretched backwards and [FfA adopters] are stretched forward*".

Prospective FfA adopters will be approved for both FfA alongside the other requirements and pathways to adoption. The route to adoption will not be decided until the matching process and according to whether they are matched with a child for whom FfA is their plan.

> *"We talk a lot to adopters about the benefits of [FfA] for children. We have quite a high number of adopters who are approved for [FfA]. We do not dually approve them for foster care. We make sure they have additional training, so they understand the task of the foster carer. If we match them with a child for whom [FfA] is the plan, we would approve the adopters as temporary foster carers through the LA the child is from."* (RAA adoption manager)

In the FfA route, once the match between the prospective adopters and the child has been made, the LA will apply for either a Reg. 24: temporary approval of relative, friend or another person connected with the child as foster carer, or Reg. 25: temporary approval as foster carer of approved prospective adopters. Either approval route will be in respect of the specific child the adopters have been matched with. However, as participants explained some FfA prospective adopters, may appear open to taking a FfA route, but then are more inclined to go with a traditional route, with a child for whom there is already a Placement Order, so that there is less uncertainty about the outcome of adoption.

Furthermore, some practitioners delivering FfA services highlighted, that the context for adoption has changed over recent years, and increasingly children are being adopted at a younger age. They stated that adopters will generally take the "*lowest risk*" option available, and therefore it can be difficult to "*sell" FfA as a concept.*

In contrast, prospective adopters entering a CP pathway were reported to be committed to that pathway. They have made an informed choice to become Concurrent Carers and will generally feel very passionate about its benefits. When discussing CP services, VAA practitioners commented that it

was common for prospective adopters to "think as foster carers", which helped them to develop resilience through the period of uncertainty.

Tolerance of uncertainty

Data drawn from the interview and focus groups suggests that prospective adopters can tolerate differing levels of uncertainty regarding the possibility of the infant being rehabilitated back to their parents. According to the professionals consulted, generally, those entering a CP pathway are prepared to tolerate higher levels of uncertainty, than those entering a FfA pathway. Participants described that prospective adopters entering CP pathways viewed supporting reunification to birth parents as part of their role, indeed in some instances participants considered that this was a core motivating factor for concurrency adopters. In contrast, practitioners delivering FfA, described the motivation for prospective adopters as the perceived advantages of being able to care for their potential adoptee as soon as possible and to experience all the baby's 'firsts' with them. Participants commented that prospective adopters agreeing to enter a FfA pathway see this choice as a balance of risks, the risk that the child may be reunified to their birth family, is offset by the advantages of having the child placed in their care from a very young age. One practitioner delivering FfA services commented:

> *"[FfA] is a deal if they [prospective adopters] want a very young child."* (VAA practitioner)

Similarly, one of the RAA managers commented:

> *"People who go down the [FfA] route want a child as young as possible. People think they may get a new-born. This is a driver for people. A child that has not been in foster care, or experienced time at home."* (RAA adoption manager)

One RAA manager commented that whilst it was important that the adults "take the risk" [of uncertainty], it was also important to be realistic about how far adopters were willing to go and recognise the emotional risk for the adopters in FfA as well as concurrency. The RAA manager raised concerns that CP felt more honest about this risk than FfA.

> ***"****I worry about FfA, and the risk for adopters. Concurrency feels more honest. You are preparing adopters. Building it in, it's part of your job for children to go back. It feels like a much safer approach. We are not there yet in [region] for FfA…For me personally, I would prefer all FfA to be concurrency, and to be called as such. I think it is not helpful to have this continuum of options. It is concurrency. If you are placing children pre-proceedings, there has to be an*

element of risk. This has to be clear to all parties. So for me, when it looks good, it's called concurrency." (RAA adoption manager)

Participants placed a considerable emphasis on the importance of preparing prospective CP and FfA adopters for the possibility of a child being reunified with their birth parents. In one example, an RAA manager shared that in one year almost half of all children in FfA placements had been reunified with their families. Whilst this was considered unusual it had led the LA to review the emphasis placed on preparing for reunification within their adopter training and subsequent preparation work. Importantly the RAA manager also noted that this had led to a reduction in the number of FfA placements the following year because social workers became concerned about the impact of reunification on prospective adopters.

"*We re-visited training for adopters. They said [adopters] we did not talk enough about the risk involved. They also said, the focus was that the risk was the adopters. They accepted that, but the support when it happened was not adequate. They understood this was better for the child. However, the adopters felt this as a bereavement." (Local authority adoption manager)*

Social worker Knowledge and understanding of early permanence approaches

Participants felt there was considerable variation in social workers knowledge, and understanding of, FfA and that this directly impacted on the likelihood of them considering FfA for children on their caseload. This was identified as an issue both at the level of the individual social worker and whole local authority.

"Some local authorities think about early permanence more than others." (VAA FfA practitioner)

Staff capacity and staff turnover was also cited as an influencing factor with participants noting the need to provide regular FfA training in areas of high staff turnover. This was identified as a considerable resource challenge.

"There is something about awareness of early permanence. In one local authority, there has been high turnover of staff, and newly qualified. They don't always think about early permanence. You have to constantly provide training, and reminders about early permanence." (RAA adoption manager)

Focus group participants also noted the additional time commitment required to deliver an effective FfA pathway when compared to traditional adoption. The additional paperwork required to assess

extended family members suitability to become long term carers, earlier in proceedings, was seen as a barrier when compared to traditional adoption pathways.

One RAA adoption manager explained:

> "*In our area we have a couple of LAs who have been in intervention [inadequate Ofsted], they have a high turnover of social workers. Often there is not pro-active planning. Its reactionary planning. Social workers coming in at the last minute, baby is being born tomorrow, so they go to foster care whilst they carry out their assessments and look for extended family. We have to get local authorities to be more pro-active, and to make sure they've explored all of the extended family options. This is a challenge. There is a lot of paperwork, they may not always be a social worker available to do that."* (RAA adoption manager)

Social care and court anxieties about Fostering for Adoption

Participants commented that some local authority staff were anxious about FfA as an approach, because reunification of the infant to their birth parents or a family placement may feel like a failure:

> *"It depends on workers views; some social workers do not believe in it. Some workers can be anxious about it. Some [social] workers have an ethos of failure if the child returns to birth parents." (VAA FfA practitioner)*

RAA adoption managers also highlighted the important role played by the social worker regarding whether prospective adopters were able to tolerate the risk of uncertainty during the pre-proceedings period. They commented that in some instances LA social workers do not discuss FfA as an option with prospective adopters because they feel protective and fearful of the potential that the child could be reunified with their birth families.

> *"The level of risk depends on adopters and their workers. When we do the extra day training for adopters [on FfA], we talk through different scenarios. The adopters will rule themselves in or out. Sometimes the staff [LA] will make that decision instead of adopters."* (RAA manager)

As evidenced in the quote below, there were also examples of LAs moving beyond initial scepticism to embracing the FfA approach:

> *"Some of the resistance initially was by workers. Being protective of families. But workers see how well its gone. It's gone down better. A couple of years ago, people think it [FfA] doesn't work if a child returns home. But now, those views have changed."* (RAA manager)

Participants also discussed that some professionals had concerns that FfA options also emanated from concerns that it pre-empted court decisions. RAA managers noted that it was important for courts to support the use of FfA placements.

> "*You need the courts on board as well. The courts in [region] are very pro early permanence. However, some courts aren't. They feel it undermines parents' rights. We have done a lot of work with the courts. The key for us, was having the lead family judge on board, then other judges fall into line. Before we had done the training with them, they were like, what is this, surely parents' have rights to be heard? But after we had done the training with them, they understood what it was about. They have been really positive about it*." (RAA adoption manager)

There was also a perception that the courts were less in favour of any separation between parent and baby and instead were increasingly likely to support a plan for parent and baby residential assessments. Some participants also highlighted a tension between the position of the courts and the "*pro-adoption agenda of DFE"* (RAA manager):

> *"Because of a promotion of adoption, it's led to a greater scrutiny of whether this is right. In the courts there have been a push back. Although there has not been a change to the legal framework. It's [FfA] been challenged more in court. It raises difficulties for FfA. In terms of placing children early in proceedings."* (RAA adoption manager)

Identifying children for early permanence pathways

Participants discussed the importance of pro-active case planning and early identification of children suitable for early permanence pathway with the pre-birth assessment and pre-proceedings periods identified as critical opportunities. Local champions or an identified early permanence lead who can "*track children, persevere and push for it"* (RAA adoption manager) were also identified as important contributory factors.

Participants also emphasised the importance of involving the RAA at an early point as important.

> "*As an adoption agency we are involved right from the outset for planning for children. If they are doing a pre-birth assessment, they have panels to go through outcomes of pre-birth assessments. We sit on those panels. We also sit on review panels to consider children coming into care. This has been helpful in considering opportunities for early permanence*" (RAA adoption manager)

One RAA adoption manager explained that they generally identify children for their FfA programme through a formal decision-making process when care proceedings are being considered, or during pre-birth assessments. The RAA staff are involved in these processes, whilst they do not make the decisions, they are on hand to advise.

Professional understanding of the distinctions between Fostering for Adoption and Concurrent Planning

The RAAs that were consulted for this study generally provided their own in-house early permanence services, which used the FfA model. On occasion they would purchase FfA placements from voluntary sector providers if their own carers were not available, or if they had been unsuccessful in securing a placement for an infant with additional needs. Of the four RAAs that were consulted, two used a concurrency service, where concurrent placements were purchased from the voluntary sector, however these placements were less commonly sought than FfA placements. One RAA however highlighted that they would like to provide CP services, by developing their own in-house services, based on the assumption that this would be a cheaper alternative to using the voluntary sector. However, no firm plans for this were established. Focus group participants also suggested that the cost of CP placements compared to their own in-house FfA services was the main barrier to extending provision. There is currently no research evidence that examines cost comparisons and outcomes of both approaches; therefore, this is anecdotal, and needs examining further by robust research.

Professionals raised concerns that the early permanence umbrella term including both FfA and CP, had led to FfA and CP becoming conflated. As a result, professionals and adopters were confused by the distinctions between the two, and that CP had become over-shadowed by FfA. Some of the professionals that were consulted were critical of this. A practitioner from a VAA delivering FfA services, described CP as a "Rolls Royce service", whereas FfA felt as though it was on a "wing and a prayer". They expressed concerns that some FfA adopters were not as well prepared as CP adopters, particularly with regards to the potential reunification of an infant. They also commented that contact was not as well managed for FfA as it was for CP.

> *"It's in the service design. There is a high-quality service for concurrency, and a low quality for FfA" (VAA FfA practitioner)*

One of the RAA adoption managers described their early permanence services as a continuum, which included both CP and FfA. When the plan is for the child to return to birth family, a CP project would be commissioned, if the plan is adoption, the in-house FfA route would be taken. However, this was

an unusual approach, other RAA managers that were interviewed generally used the FfA approach instead of the CP approach.

Views regarding the two pathways varied amongst professionals. One RAA adoption manager viewed the distinction between FfA and concurrency based on the level of risk to the adopters.

> "*Our model is not concurrency. Children who are very likely to have a plan of adoption, where courts haven't agreed it yet. When EP [FfA] placements start, we are pretty sure no family members will be coming forward. We also use it in situations where siblings have been adopted…We tend toward a model that is less risky than concurrency. Concurrency is either or really. We are not there. It's definitely for children where the plan is adoption*." [RAA adoption manager]

Summary of key messages from Chapter Five

Summary from questionnaire with LA senior managers

- FfA was more widely adopted as an approach within the LAs than CP.
- The questionnaire indicated that less support is provided to FfA carers than CP carers to help them cope with the possibility of reunification.
- Understanding regarding early permanence pathways; the differences between the two approaches and the circumstances in which each is used, appears to vary within the LA workforce.
- Availability of carers and delays in planning and assessment are barriers to the use of early permanence pathways.
- Respondents considered early permanence pathways to have the potential to improve both outcomes and the level and quality of contact between children and birth parents.
- The perceived higher costs of CP compared to FfA is a barrier to commissioning CP services within LAs.

Summary points: interviews and focus groups

- CP prospective adopters are more likely to have made an informed choice to become concurrent planning carers. In contrast FfA prospective adopters are most likely to have chosen traditional adoption routes and then been encouraged to consider FfA. As a result prospective adopters in CP are more comfortable with their initial role as foster carers than those within FfA services.

- CP prospective adopters are more prepared for the child to be placed back with kin than FfA prospective adopters and as a result are able to tolerate higher levels of uncertainty.
- Uncertainty does however cause anxiety for both FfA and CP prospective adopters. Given the range of possible outcomes in both pathways it is important that all prospective adopters are prepared and supported for the possibility of reunification.
- Most professionals saw the potential of using early permanence routes to build better relationships between prospective adopters with birth families.
- Individual social worker's knowledge and understanding about early permanence approaches influences whether early permanence pathways are considered.
- Social workers can feel anxious about FfA as an approach because of possible impact on prospective adopters if a child is returned to the care of their family.
- FfA tends not to be considered appropriate if extended family members have not yet been thoroughly sought and assessed. Social workers do not always have capacity for thorough extended family member assessments.
- There is a perception amongst some professionals that FfA is not fully supported by the courts.
- Early permanence champions within LAs can play an important role within LAs in both raising the awareness amongst social workers and helping to identify children who may benefit from an early permanence pathway.
- RAA representation at formal decision-making meetings can help identify children who may benefit from an early permanence approach.
- According to RAA managers cost could be a barrier to the use of CP placements, preferring instead to develop in-house FfA services. It should be noted however, that there is currently no research evidence that examines cost comparisons and outcomes of both approaches.
- There are concerns amongst professionals in the adoption sector that the FfA model does not provide adequate levels of support required for birth families and prospective adopters.

Conclusion

This chapter reported on findings from qualitative work undertaken with a range of professionals in the Yorkshire and Humber and North West regions. The findings raise important questions about the levels of understanding of both concurrent planning and fostering for adoption within Local Authorities, the differences between the approaches and the circumstances in which the pathways are used. The knowledge and perceptions of the individual social worker and team manager appear particularly important in reaching these decisions and timely planning and assessment identified as important influencing factors. The findings confirm the importance of support for prospective

adopters in both routes but particularly point to the difficulties for those in FfA routes who due to different expectations, training and support may be less well prepared to cope with the level of uncertainty.

Further research that focuses on the outcomes of early permanence pathways is required. Given the strategic emphasis being placed upon fostering for adoption and the lack of evidence base, evaluation of this approach is required. Given the small sample sizes in this study more research is required to test their generalisability. Furthermore, the size and scope of this qualitative work prevented the inclusion of birth parent and adopters' voices. Further research to gain their perspectives is also recommended.

Chapter Six: Key messages for the development and delivery of early permanence approaches

Introduction

This chapter brings together key findings from all elements of the study presenting four overarching conclusions. These include:

- **Conclusion one**: Research literature from wider adoption research pertaining to child and placement outcomes support the principles of early permanence approaches.
- **Conclusion two**: Research evidence relating specifically to early permanence approaches is highly limited, particularly for FfA.
- **Conclusion three**: There are high levels of variation in early permanence practice across regions
- **Conclusion four:** CP and FfA are often conflated within the umbrella term of early permanence, important distinctions between the two approaches are not always understood

Conclusion one

Research literature pertaining to child and placement outcomes of adoption support the principles of early permanence approaches.

The research evidence pertaining to child and placement outcomes of adoption support the key principles of early permanence approaches. An overarching theme emerging from the literature review was the importance of the age of the child as an indicator for positive outcomes for children.

A core principle of both CP and FfA is providing very young children with placements with their potential adopters earlier than the traditional adoption route, enabling young children to experience greater degrees of stability, and allowing young children to develop secure attachment relationships and minimise the disruption of an existing relationship. The literature reviewed supports these underpinning principles.

However, the research review also points to other important adoption outcomes indicators, which include child experiences of adversity prior to placement and the motivations and expectations of

adopters. In addition, the literature also shows that there are indicators that continue into and throughout adoption that can impact upon the child's development.

In conclusion, early permanence through the Concurrent Planning or Foster for Adoption pathway, can play a part in maximising good outcomes for the child and the adopters. But the models themselves must include substantial support for birth parents, adopters and children during the early permanence placement and the agreed, final placement.

Literature relating to contact and reunification was beyond the scope of this study. However, both are important elements of early permanence approaches that warrant further investigation.

Conclusion two

Research evidence relating specifically to early permanence approaches is highly limited, particularly for FfA.

There is a sparsity of literature specifically relating to early permanence approaches. Very few studies have examined outcomes of early permanence placements, and those that do exist have examined CP only. The FfA model was introduced by legislative changes in England, but there has not been substantial research into its impact and effectiveness. Evaluation of FfA is urgently required in order to provide an evidence base. The existing data from professionals suggests that FfA has been more widely utilised as an approach to early permanence than CP within LAs and RAAs adding to the need for a formal evaluation of the approach.

In addition, the views and experiences of birth parents and families are largely omitted from early permanence research. Given the implications for both parties in the different approaches, their voices are crucial and a notable gap.

Conclusion three

There are high levels of variation in early permanence practice across regions.

The data analysis presented in Chapter Two and the qualitative data from professionals suggest substantial variation in early permanence practice across both regions and RAAs. FfA has been rapidly implemented by LAs and RAAs following legislative amendment and despite the lack of evidence regarding its effectiveness, it is now more widely used as a pathway to early permanence than CP. The findings suggest confusion and variation regarding the use of the term early permanence.

The following factors have influenced this transition:

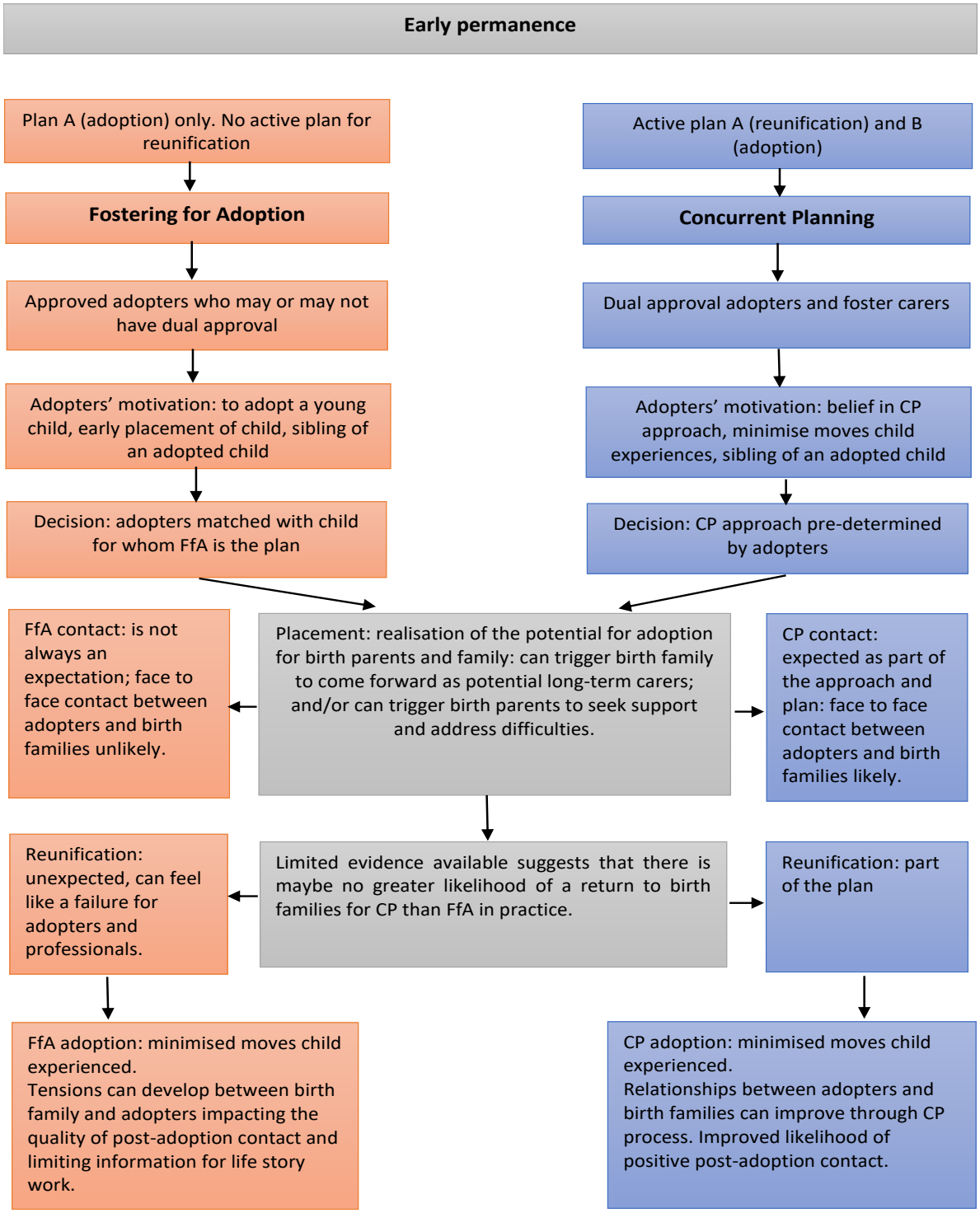
- FfA is usually provided by in-house LA or RAA services, whereas CP is usually provided by specialist VAAs. There is therefore a perceived difference in cost, with CP perceived as being a much more expensive service.
- There is a perceived difference in the level of uncertainty experienced by adopters, with the perception that CP placements have higher degrees of uncertainty for prospective adopters than FfA placements. FfA can therefore attract greater numbers of prospective adopters. However, uncertainty is implicit within both approaches, and the impact for FfA carers should not be understated. High levels of preparation and support are required within both approaches.

Conclusion four

CP and FfA have become conflated under the umbrella term of early permanence, important distinctions between the two approaches are not always noted or understood.

Drawing on the information from the interviews and the focus group, Figure 7 below illustrates a comparison between the FfA and CP approaches and points out convergence and divergence between the two approaches. The implications of these differences for all parties and the potential impact on long-term outcomes for children and birth families and prospective adopters requires further consideration.

FIGURE 3: DIAGRAM TO SHOW COMPARISONS AND CONFLATIONS OF FOSTERING FOR ADOPTION AND CONCURRENT PLANNING



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Appendix One: ASGLB data analysis summary

TABLE 9: SUMMARY OF ANALYSIS OF ASGLB DATA FOR GEOGRAPHICAL REGION

Region	Number of children looked after as at 31 Mar 2018	Number of children placed with adoptive families	Percentage of children in care placed for adoption	Sig.	Number of children placed in a fostering to adopt or concurrent placement (EP)	EP as a % of adoption placements	Sig.
EAST MIDLANDS	5630	290	5.2%	High	10	3.4%	Very low
EAST OF ENGLAND	6550	400	6.1%	Very high	50	12.5%	Expected
INNER LONDON	4260	110	2.6%	Very low	10	9.1%	Expected
NORTH EAST	5020	260	5.2%	Expected	20	7.7%	Expected
NORTH WEST	14070	640	4.5%	Expected	80	12.5%	Expected
OUTER LONDON	5630	170	3.0%	Very low	10	5.9%	Low
SOUTH EAST	10000	460	4.6%	Expected	70	15.2%	High
SOUTH WEST	6020	300	5.0%	Expected	50	16.7%	Very high
WEST MIDLANDS	10050	440	4.4%	Expected	30	6.8%	Low
YORKSHIRE AND THE HUMBER	8190	400	4.9%	Expected	50	12.5%	Expected
Total	**75,420**	**3,470**	**4.6%**		**380**	**11.0%**	

Appendix Two: Literature review methodology

This rapid review of published literature explored the national and international research that has been published about early permanence approaches, and published research relating to wider adoption literature.

Search strategy

Key words reflecting the foci of the study were developed (see Table 13 below). These were used to search relevant academic databases using Lancaster University's *OneSearch.* Grey literature sources were also searched. The searches generated many data sources. The titles and abstracts were screened to identify potentially relevant literature, and to exclude those that clearly did not relate to the study aims. The full texts of potentially relevant sources were then be retrieved, followed by further screening to assess inclusion/exclusion criteria, study type, relevance, sample and context. This process enabled the identification of the type and quality of evidence that was most useful to address the aims of the review. In addition, information from grey literature was screened to incorporate that which was most useful and robust. The review was guided by PRISMA methods (Gough, Oliver and Thomas, 2012). Preference was given to systematic reviews and meta-analyses that provide robust overviews of the evidence base.

The studies for this review were selected using the following inclusion criteria:

- English language domestic and international literature
- Peer reviewed research papers
- Search terms within title
- Western policies
- Early permanence approaches: literature from past 20 years: single study papers
- Outcomes of adoption: placement and child: literature from past 10 years: preference for systematic reviews/meta-analyses

Papers excluded if they involved:

- Case studies
- Do not reflect western policies and practice
- Had a political focus

- Book reviews
- Personal reflection papers

Subjects outside of scope:

- International adoption; private adoption; late-adopted children; adoption of institutionalised children; narrative accounts; evaluations/descriptions of interventions or programmes (except those specially relating to early permanence); outcomes of adoption in adulthood; children in long-term foster care; kinship care.
- Birth parents/families experiences of child welfare systems and services more generally not included. Birth parents/families experiences of adoption included.

TABLE 10: LITERATURE REVIEW SEARCH TERMS

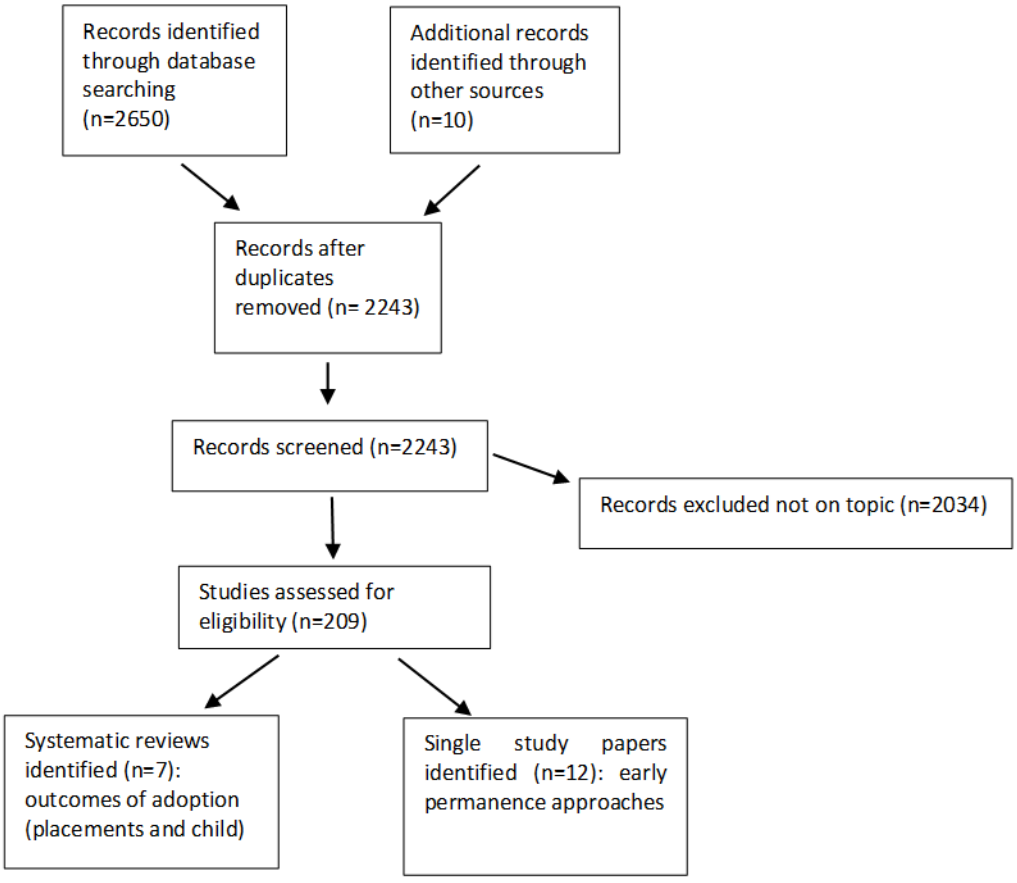
Search terms		
Concurrent planning [exact phrase]		
Concurrency [exact phrase]		
Early permanence [exact phrase]		
Fostering to adopt [exact phrase]		
Fostering for adoption [exact phrase]		
Adopt*	AND	Outcome OR indicator OR success*
Adopt*	AND	Health OR well* OR emot* OR behav* OR social OR pysch*
Adopt*	AND	Breakdown OR disrupt* OR dissolut*
Adopt*	AND	Contact OR birth fam* OR birth par*
Adopt*	AND	Systematic review OR systematic synthesis OR meta-analysis

Grey literature and web-searches

- NSPCC
- Gov.UK
- Barnardo's
- Social Care Institute for Excellence
- Children's Society
- Action for Children
- Anna Freud Centre
- NICE

- Research in Practice
- Coram
- Adoption UK
- What Works Centre
- Welfare Gateway (U.S.A)
- Tavistock Institute
- Adoption Research Initiative
- Social Care Innovation Programme
- Hadley Centre
- CASCADE
- REES centre
- Rudd Centre
- UEA

FIGURE 4: PRISMA FLOW CHART



The evidence from the included papers was extracted in an Excel spreadsheet which recorded key information about each included paper, such as: summary of the research; where and when carried out; research population; methods; key findings; assessment of the quality of the evidence; and limitations of the evidence.

Appendix Three: Discussion guide: RAA managers

1. What is your role? Main responsibilities? Length of time in post?
2. Could you confirm which LAs are part of your RAA?
3. How far into regionalisation are you?
4. How do you define Early Permanence in you RAA?
5. Which EP services do you offer (Fostering for Adoption/Concurrent Planning)?

If RAA offers both FfA and CP, ask following questions about both.

6. Who provides your Early Permanence services?
7. What is your Early Permanence strategy?
8. What are the aims of Early Permanence in your RAA?
9. How are children identified for Early Permanence?
10. How are adopters identified/recruited for Early Permanence?
11. How do you engage birth parents in understanding the benefits of EP?
12. Do birth parents and EP carers routinely meet as part of contact arrangements (if not, why not)?
13. What is the process for decision-making for Early Permanence? When is EP considered? What factors influence decisions about EP?
14. How engaged are the LAs in relation to implementing Early Permanence?
15. How engaged are the courts in relation to Early Permanence?
16. Describe EP when it works well?
17. What are the challenges/obstacles for EP?
18. What are the plans for EP in the future?

Appendix Four: Discussion guide: VAA practitioners

Introduction

Firstly, it would be helpful if you could introduce yourselves, and tell me a about your role?

Logic model

Consider the following aspects of early permeance, both with reference to concurrent planning and fostering to adopt.

1. Inputs/resources [ingredients]

Prompt:

- Experiences of training
- How adopters are identified/referred
- How children are identified/referred
- Factors considered in identifying children, adopters

2. Implementation/processes [mixing it up and putting it in the oven]

Prompt:

- Assessments (adopters and birth parents/families)
- Support for adopters
- Support for birth parents/families
- Decision-making
- Role of the court

3. Outputs [the cake!]
    - Matching
    - Placements

4. Outcomes/impact [how the cake made you feel]
    - Outcomes working towards
    - Support to achieve outcomes

- Factors contributing to positive outcomes
- Factors contributing to unsuccessful outcomes

5. Context
   - Organisational culture
   - Support/supervision for staff
   - Relationships within organisation
   - Relationships with professionals outside organisation
   - Communities working in

6. Relationships between inputs, outputs, outcomes and context
7. What's missing/challenges?

Appendix Five: Useful resources for Early Permanence pathways

- Coram Centre for Early Permanence:

https://earlypermanence.org.uk/

- Research in Practice learning resources to support adoption, placement, permanence and contact:

https://www.researchinpractice.org.uk/children/news-views/2020/october/adoption-placement-permanence-and-contact-for-children-young-people-and-families/

- Adoption Matters and Caritas Care Concurrent Planning Service:

https://www.adoptionmatters.org/ccp

https://www.caritascare.org.uk/adoption/concurrent-planning/

- Clifton Children's Society early permanence services:

https://ccsadoption.org/adoption/what-is-early-permanence/

- Adoption Lancashire and Blackpool early permanence services:

https://www.adoptionlancashireblackpool.org.uk/types-of-adoption/early-permanence/

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