

ADOPTION DECISION MAKING

Introduction

From 01.09.12 the arrangements in respect of decision making relating to whether children should be placed for adoption (SHOBPA (Agency Decision to Adopt)) changes from a panel arrangement to the [Agency Decision Maker] (ADM). The ADM does not replace the role of the Adoption Panel. The SHOBPA decision can be made as long as Regulation 17(1) is complied with. The information required can be covered by a variety of documents. The Child Permanence Report (CPR) is the primary document used by Local Authorities to explain why and how decisions are made.

The Family Justice Review and subsequent Legislation emphasises the revised timescale of 26 weeks for care proceedings. It is therefore important that the SHOBPA (Agency Decision to Adopt) decision is timetabled in order to facilitate the Local Authority filing its final evidence within court as directed.

The medical advisor should contribute to the documentation and provide appropriate supporting information to enable the decision to be made. They do not need to attend a meeting for each decision but can be consulted upon any issues arising from their report.

The following Glossary, Guidance and Flow Chart clearly identifies how Knowsley will ensure that the SHOBPA (Agency Decision to Adopt) decision making process meets the principles and timescales as set out in the appropriate legislation and regulations.

Glossary of Terms

Agency Decision-Maker – Service Director or DCS

- A senior person(s) who is a social worker with at least 3 years' post qualifying experience; knowledge and experience of permanency planning for children; adoption and child care law and practice.
- In cases requiring a [Placement Order], the agency decision-maker must decide whether the child(ren) ought to be placed for adoption.
- The decision-maker may discuss the case with the agency adviser, medical issues with the medical adviser and seek legal advice.

- Structures of local authorities vary to meet local need and more than one decision maker may be appointed by the elected members and Senior Officers. As such, job titles for this role differ. Agency decision makers can have the following titles including Service Director, Assistant Director, Operational Director, Head of Service or similar.

Agency Adviser – CSCM Adoption or Service Manager with responsibility for Adoption

- A senior member(s) of staff to act as agency adviser who is a social worker with at least five years' post-qualifying and relevant management experience.
- The agency adviser will have a key role in ensuring the quality of reports to the decision-maker and may provide advice when a particular case is considered.
- The agency adviser may be required to discuss particular cases with the agency decision maker to support the adoption decision-making process.

Medical Adviser

- The Local Authority is required to appoint at least one registered medical practitioner to be the agency's medical adviser.
- The medical adviser is to be consulted in relation to the arrangements for access to, and disclosure of, health information which is required or permitted in the adoption process.
- In this context, the medical adviser should provide relevant reports and assessments and be ready to answer any medical question arising from their written summary or other papers asked by the decision maker.
- Local authorities acknowledge the importance of early notice to the agency's medical adviser where a new health assessment is needed or updated.
- The medical adviser will be commissioned via local arrangements with Primary Care Trusts (PCTs) and from 2013 [Clinical Commissioning Groups] (CCGs).

Adoption panel

- From 1 September 2012 the agency will be prohibited from referring to the adoption panel those cases where, if the decision-maker were to decide that the child should be placed for adoption, the agency would be required to apply for a placement order. This includes referrals for informal advice.
- The Adoption Panel is still required to consider the approval of prospective adopters and the suitability of the match between a child(ren) who have a placement order and approved adopters.

Internal Care Planning Meeting

- This local authority meeting will be an important element of the decision making process and will ensure effective separation from the functions of the [Statutory Review]. Due to differing structures this may variously be described as [Care Planning Meeting], Permanence/Permanency Planning Meeting, Final Care Planning Meeting, Screening Meeting or similar.
- Attendance is likely to include Child's Social Worker and relevant manager, Adoption Team Manager/ Practitioner, Family Finder, Legal Adviser/Solicitor, Service Manager and Agency Adviser.

ADM Guidance

1. Where a child is [Looked After], the [Care Plan] should ensure that all possible outcomes of the assessment and work to be undertaken are considered and twin tracked throughout the period of accommodation or care proceedings.
2. Twin tracking may involve more than two possible permanence options for the child or young person, for example rehabilitation, relative friend carer, adoption. Twin tracking means that each possible outcome identified for the child is given equal priority and work is undertaken to ensure all possible permanence options are explored fully simultaneously.
3. Where Adoption is one of the possible permanence outcomes for a child, this requires a SHOBPA (Agency Decision to Adopt) decision, by the Agency Decision Maker (ADM). This decision must be made within the timetable of the court and the life of the care proceedings, which is 26 weeks.
4. In order for the ADM to make a SHOBPA (Agency Decision to Adopt) decision they require the following documentation
 - Child Permanence Report for each child within the family with a plan for Adoption
 - Child's Health Report (pre permanence medical)
 - All Court directed assessments
 - CLA statutory review, chaired by [Independent Reviewing Officer]
5. Child Permanence Reports – this is a lengthy assessment and therefore will require a reasonable period of time to complete. It is therefore important that the CPR is discussed and commenced from the first statutory CLA review at 20 working days after the child has become looked after. The CLA team complete the CPR documents in Knowsley, therefore it is important that they are involved in the first CLA review. The CPR must be finalised by week 18 at the latest. The document must be authorised as being complete and of a quality standard by the Children's Social Care Manager (CSCM) and Service Manager (SM) and sent to the Agency Advisor by week 19. The Agency Advisor then quality assures the document and sends to the ADM.

6. The documentation will also be shared with the Senior Legal Advisor in order to facilitate advice being given on any legal points which the ADM may wish to clarify prior to the meeting.
7. There will be fortnightly meetings booked and distributed to all Managers to enable appropriate planning for every child subject to proceedings against the court timetable. It is important that the CPR and associated documentation is considered by the ADM at no later than week 20 of the care proceedings.
8. The Agency Advisor and ADM will meet and review the documentation submitted.
9. The Child's Health Report, (previously referred to as Adoption Medical), should relate to a permanence decision rather than focus specifically on Adoption. It is important to consider the child's health needs at the time of the proceedings and for the future when making a decision regarding permanence for the child and therefore a medical is appropriate to be undertaken to inform the decision making. It is important that the medical is considered and documentation gathered from the first statutory CLA review at 20 working days after the child or young person has become looked after. This would include the IHA, PH, consent forms, M and B forms to facilitate a full medical being carried out.
10. There may be Court directed assessments or 'expert' assessments which are referred to within the CPR. It is important that these assessments are submitted alongside the CPR. It is acknowledged that this creates a significant amount of paper work therefore if an expert is instructed, it is helpful to request an agreed summary of the report, unless it is felt that the report in its full detail would better inform the ADM.
11. The CLA statutory review, chaired by an Independent Reviewing Officer, no more than 6 weeks prior to the date of the ADM meeting with Agency Advisor (reference Care Planning Regulations, Regulation 32(2)) must be submitted alongside the CPR and other documents.
12. NB: the social worker for the child must ensure that the Agency Advisor is notified of all children and young people who have a plan for adoption or where adoption is a possible permanence option immediately following the first statutory CLA review (at 20 working days after the child has become looked after) and at the latest by week 5 following care proceedings being initiated.
13. Care Planning Meetings are a vital part of the process and ensuring that the plans identified and work to be undertaken are 'on track', completed and that timescales are being adhered to. It is the responsibility of the child's social worker to ensure that care planning meetings take place at agreed intervals between the statutory CLA reviews. NB: the Agency Advisor cannot attend all care planning meetings but should be invited where there are specific specialist adoption issues, which would benefit from their attendance.
14. It is the responsibility of the respective social workers and managers (Safeguarding and CLA Teams) to ensure that they have arranged with the Agency Advisor the most appropriate date for the ADM to consider the documentation to ensure that a decision is made by week

20 following the child becoming looked after. Where possible, the CPR could be submitted at an earlier date, which with the Court's agreement could facilitate family finding.

15. The front sheet of the CPR must be completed indicating the date of the review where adoption was recommended as the best plan for the children.
16. It is the responsibility of the CSCM and Social Worker for the child or undertaking the CPR to keep the Agency Advisor updated at all times throughout the proceedings.
17. NB: the Agency Advisor must receive all documentation by week 19 in order to facilitate a meeting with the ADM by week 20. There is a cut off of 7 working days for the documentation to be submitted to the Agency Advisor who will then quality assure and forward to the ADM at least 4 working days prior to the meeting.
18. The meeting between the ASM and Agency Advisor will be minuted by the Agency Administrator. The minutes must identify and reference all material considered, key issues considered in making the decisions, including positive and negative issues in respect of adoption as a final care plan, alternative permanence plans for the child and set out the reasons the decision is made.
19. The ADM decision will be shared with the relevant social worker and CSCM by the Agency Advisor. The social worker would include the ADM decision within the final statement. The Child Permanent Report is not disclosed within care proceedings, however can be used to inform the Annex B report).
20. The Agency Advisor will notify the social worker within 2 days of the meeting of the ADM decision and written notification will be sent within 5 days of the ADM decision (NMS 17.2).
21. In the absence of the Service Director, who will act as the ADM, the DCS will undertake this responsible position.
22. In the absence of the Children's Social Care Manager for Adoption, who will act as the Agency Advisor, the Service Manager responsible for the Adoption Service will undertake this function.

FLOW CHART

