

A carer should be available to provide full-time care to the child for at least a year following placement and be able to support the child's care plan.

Willingness and capacity to adopt the baby if return to birth parents is not possible is a core principle that underpins concurrent care planning.

### Will a concurrent carer get paid?

Yes. Concurrent carers will receive financial support from the local authority when a child is placed in their care.

Financial support will stop being paid if the child returns to its birth parents or at the point when, progressing toward adoption, the Fostering and Permanence Panel approve a formal match between the child and the carer.

While the child is a Looked After and Accommodated Child, child benefit is not payable to carers.

Concurrent carers are advised to speak to their employer or financial advisor.

### What other support do concurrent carers receive?

- *Additional preparation and support to best equip a concurrent carer to undertake the practical tasks and manage the emotional demands of the role.*
- *Allocation of a supervising social worker.*
- *Further training and development opportunities.*
- *Expert support from health and other professionals.*
- *Access to the Adoption Support Group.*

### Where can I find more information about concurrent planning in Perth and Kinross?

In the first instance please contact:

Services for Children, Young People & Families  
Education & Children's Services  
Perth & Kinross Council  
Almondbank House  
Lewis Place  
PERTH  
PH1 3BD

Tel **01738 472260**

**[www.pkc.gov.uk/fosteringadoption](http://www.pkc.gov.uk/fosteringadoption)**

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

[www.pkc.gov.uk](http://www.pkc.gov.uk)

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## Concurrent Planning in Perth and Kinross

# Information for Prospective Carers

## What is concurrent planning?

Perth & Kinross Council has introduced concurrent planning as an additional way of providing Looked After and Accommodated Children (LAAC) with a positive care experience from as early an age as possible.

If a child has a concurrent care plan, this means that from birth he/she will be fostered by concurrent carers while birth parents undertake a parenting capacity assessment to determine if the child can return permanently to their care. There are two possible outcomes with a concurrent care plan.

### Either:

- *the child returns to his/her birth parents and is brought up by them;*

### or

- *the child cannot return to his/her birth parents and goes on to be adopted by the concurrent carers who fostered the child.*

## Benefits of concurrent planning

This type of care planning for children originated in the USA during the 1980's and has been used successfully in England since the late 1990's.

Concurrent planning can reduce the amount of times a child in care has to move and speeds up the decision making process so that the child can be with their permanent family (*either birth or adoptive*) at the earliest opportunity.

Birth parents are given the best opportunity to make positive changes to enable return of the child to their care.

Carers have the opportunity to provide vulnerable babies with secure, stable and loving homes during the assessment period, and ultimately throughout

their childhood if return to birth parents is not possible.

Essentially, concurrent planning moves risk from the child to the adults and helps the child have the best possible start in life.

## Who are the children that would be suited to concurrent planning?

In Perth and Kinross concurrent care is an option that can be considered for new born babies identified pre-birth as unlikely to be safe in their parents care and who are highly likely to be placed for adoption if return to birthparents is not possible.

Concurrent planning is suitable for some, but not all, babies who come in to care at birth.

## Is there contact between the child and birth parents?

Yes. The purpose of contact is to promote the child's wellbeing and development. This includes supporting the birth parents and child to develop a secure relationship with each other, if possible, during the parenting capacity assessment.

Contact is supervised and assessed by a social worker in a neutral venue while the parenting capacity assessment is being progressed.

Contact between the child and birth parents takes place as often and for as long as is best for the child. This decision is usually taken by a Children's Hearing.

Contact arrangements are reviewed regularly and forms only part of the parenting capacity assessment.

If the child's plan becomes adoption then contact will be reviewed as part of that process.

## What is the role of a concurrent carer?

Concurrent carers are approved at the Fostering and Permanence Panel and dual registered as foster carers and adopters.

Initially, concurrent carers fulfil a fostering role and provide vulnerable babies with safe, attuned, predictable and loving care while assessment with birth parents is ongoing.

Concurrent carers are expected to work with professionals and to meet the birth family during the assessment period. This includes transporting the child to and from contact with their birth parents, sharing information, and attending Looked After and Accommodated Children Reviews and Children's Hearings.

## Who can be a concurrent carer?

We welcome diversity and families, couples or individuals from different backgrounds and religions are welcome to find out more about becoming a concurrent carer.

Concurrent carers will be emotionally mature, resilient, resourceful and have a strong informal support network upon which they can rely.

They can demonstrate the capacity to care for a new born baby and have no preference about the gender or ability of the child.

Acceptance that the child may be born with health issues and developmental uncertainty is required.

They must be able to live with the uncertainty that the child may be returned to its birth family and at the same time to prioritise the best interests of the child above everything else.