Permanence planning in Northern Ireland
A development project

Greg Kelly, Priscilla Haslett, Jacqueline O'Hare and Karen McDowell discuss a permanence planning project in a Northern Ireland Health and Social Services Trust. The project recruited and trained dual (foster care/adoption) approved carers and placed children with them before the children were freed for adoption. The carers who were recruited in the first year of the project (1999) are described, as are the early outcomes of the placements. All the children (n = 52) placed with the carers were subsequently adopted and no placements have disrupted in the three to six years since. The children were placed with their permanent carers earlier than in conventional practice. The carers, for the most part, thought the reward of having their child placed earlier and younger compensated for the anxiety and uncertainty generated by the legal proceedings to free the children for adoption. They were essentially people who wanted to adopt (three-quarters were childless couples) and the project provides positive evidence of the capacity of this population to offer ‘modern’ adoption placements to looked after children.

Introduction: permanence planning in Northern Ireland
Permanence planning for children expected to remain in long-term state care was slower to develop in Northern Ireland than in the rest of the United Kingdom. There were three main reasons for this. Firstly, the freeing order provisions introduced by the Children Act 1975 and the Adoption Act 1976 in England and Wales were not brought in until the Adoption (Northern Ireland) Order 1987. There were also teething problems in their implementation. Secondly, considerable professional energy had been invested in the development of long-term foster care as the principal alternative for children who could not return to their families and there was a reluctance to recognise the potential of adoption as a route to permanent placement. Thirdly, the courts have traditionally been very cautious in proceeding towards adoption without parents’ consent.

Therefore, in the early and mid-1990s very few children were provided with permanent placements through the adoption route – less than 20 a year from an in-care population of over 2000 (Kelly and Ince, 2000). As a consequence of the growing evidence that existing care provision was often not providing children with long-term stability and that permanence planning was underdeveloped (Social Services Inspectorate, 1998), professional interest developed in the use of adoption for young children whose parents were judged incapable of caring for them (Kelly, 1999). While, in principle, this development was supported by government (Department of Health and Social Services, 1999), specific resources were not made available to encourage the initiatives needed to make adoption a reality for many of the children who may have benefited from it. There were not the focused initiatives to support the policy change, linked to increased resources, which were a feature of this period in other parts of the UK (Department of Health, 1998). As a result, progress in implementing permanence planning policies has been, at best, patchy:

It was apparent throughout all boards and trusts that planning lacked a strategic frame of reference both locally and regionally. (Department of Health and Social Services & Public Safety, 2002)

Nonetheless, progress was made and in the year 2000/2001 almost 100 children (just over 4% of looked after children) were adopted. However, there remained great variation in the use of adoption between the Health and Social Services Trusts that provide childcare services (Department of Health and Social Services & Public Safety, 2002). The
growth was accompanied by the common problem of delay in achieving permanent placements through adoption. Kelly and McSherry (2003) and the Department of Health and Social Services & Public Safety (2005) reported that the average time from final admission to care to an adoption order was over four years.

HomeFirst Community Health and Social Services Trust, which had responsibility for child care and adoption services in a large area to the north of Northern Ireland (population of 330,000), was in the vanguard of the development of permanence policies in the late 1990s. The Trust appointed a manager to a development post and produced its Permanency Planning, Policy and Procedures in 1999. The policy used the BAAF definition of permanence:

*To provide children with a foundation from which to develop their identity, values and relationships, not only through childhood, but into their adult lives.*

(BAAF, 1996)

The policy was particularly radical in its introduction of a type of concurrent planning to Northern Ireland. There was recognition of the damage that delay in decision-making and in the court processes was doing to children, keeping them in short-term placements and denying them and their parents the opportunity to form relationships in their early years. The project as it came to be implemented was not a pure form of concurrent planning (Katz, 1996). Rather, it was the recruitment and development of a group of dual approved carers, ie approved as foster carers and adopters, who would foster children where initial assessment indicated that the prospects for their return to birth families were poor. It was a form of parallel or twin-track planning, where a rehabilitation plan was being tested but the child was placed with foster carers who could and would be willing to become that child’s adopters should return home not be possible. The dual approved carers were recruited to meet the needs of the children who were awaiting placement. In the lifetime of the scheme, no children placed with such carers have returned to their birth families. In this respect, it is closer to the English schemes described by Monck and colleagues (2003) where, in a small sample, eight per cent returned home than it is to projects in the United States where some schemes report 15 per cent returning home (Monck, Reynolds and Wigfall, 2003).

The Trust’s three Family Placement Teams were charged with recruiting carers capable, with training and support, of undertaking this complex and emotionally risky caring role. To the surprise of many in Northern Ireland, they were successful in recruiting 106 dual approved carers between 1999 and 2006.

**The study**

For this study, demographic data were collected by interview from a population of 38 carers approved as both foster carers and prospective adopters during 1999. At the time these data were collected, 52 children had been placed with them.

From the population of dual approved carers (n = 38), a random sample of 11 carer families was chosen for interview on their experience of becoming dual approved carers. Nine interviews were completed, six with both carers and three with the female carers.

Follow-up data were gathered in 2006 on the placements (n = 52) that had been made with these carers (n = 38).

**Characteristics of carers**

The carers differ very markedly from populations of foster carers described in Northern Ireland and elsewhere. In summary, they are predominantly middle class and childless, whereas foster carers in Northern Ireland are predominantly working class with birth children. The characteristics of the carers in this study can be contrasted with a sample of 96 ‘traditional’ Northern Irish fostering households (Lernihan, 2003).

Close to 90 per cent of carers, both male and female, were aged between 31 and 50 at the beginning of their ‘caring’ career. There were no single carers compared to 18 per cent single carers among the traditional foster carers. Given

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the cultural and political importance of religion in Northern Ireland, it is not surprising that over 70 per cent of the dual approved carers and traditional foster carers practised their religion compared to one-third in Triseliotis’s Scottish study (Triseliotis et al., 2000). Eighty per cent lived in owner-occupied detached houses; only seven per cent lived in Housing Executive (rented) accommodation compared to 20 per cent of the foster carers (Lernihan, 2003).

There was a stark contrast in the educational backgrounds of the two populations. One-third (34%) of the female and 37 per cent of the male dual approved carers had third-level educational qualifications compared to eight per cent of the female and 13 per cent of the male foster carers (Lernihan, 2003). In a study in the Republic of Ireland, the equivalent figures for foster carers were 16 per cent and 19 per cent (Daly and Gilligan, 2005). This educational background was then reflected in employment patterns, with over 50 per cent of the dual approved carers (male and female) being in professional/managerial positions compared to less than ten per cent of the Northern Ireland foster carers. Many more of the female carers were in employment outside the home: 80 per cent compared to 40 per cent of the foster carers.

The picture that emerged was of a middle-class professional group very different from the predominantly working-class foster parent population in Northern Ireland. However, the key characteristic that marks this group as prospective adopters rather than foster carers is their childlessness. Over three-quarters (78%) had no children born to them compared to 14 per cent of the foster carers (Lernihan, 2003) and eight per cent of the Scottish foster carers (Triseliotis et al., 2000). Thus, the traditional driving force of wanting and not being able to have a child was the key motivational factor for the great majority of the carers in this study, as it is for most adoptive parents. This distinguishes this group as essentially ‘adopters’.

A key task for the project has been to ‘stretch’ them from their original motivation of establishing their family with an adopted baby placed with parental consent to the much more complex and uncertain role of carers for children whose future is uncertain at placement and is to remain so for many months. In addition, given the older age of the child at the point of adoption and the strong likelihood of most children retaining some form of continued contact with their birth families, the adoption, if it is achieved, is likely to differ markedly from the one they envisaged.

At a time when carers for looked after children are in such short supply, it is important to recognise that this initiative has tapped into a population not previously likely to care for these children. Essentially, it has attracted couples who want to adopt. In this sense, it is fulfilling the hopes of the original advocates of the use of adoption as a resource for children who would otherwise remain in state care (Rowe and Lambert, 1973). It has recruited and developed the ever-present supply of potential adopters, mainly childless couples driven by their desire for a family, to parent neglected and abused children in need of a permanent home.

Further evidence marking this group as prospective adopters was their wish to have babies or young children placed with them. Almost all expressed a preference for children aged 0–5 years. What is perhaps more surprising is that most were satisfied in this respect. The average age of the children at placement was two years, five months; 50 per cent were under two and only 17 per cent over five years old. In this very important respect, this project, like other ‘concurrent planning’ initiatives (Monck, Reynolds and Wigfall, 2003), was succeeding in its key aim of getting children placed at an early age with people who could become their permanent carers. This avoids the potential damage of disrupted attachments in the pre-school years that are often a consequence of more traditional, sequential approaches to the permanent placement of children in state care.
The children’s progress to permanent placement

As in previous studies of children for whom permanent placements are sought by means of adoption, it was found that the children entered the care system at a very young age. The average age of the children on admission to care was 18 months and, as illustrated in Figure 1, less than 20 per cent were over the age of three years. In the Kelly and McSherry (2003) study of a population of children for whom freeing orders were sought, the average age of the children’s last admission was 19 months.

This age profile emphasises the enormous responsibility that all agencies and professionals have in decision-making for these children; if the assessment that they cannot return to their families is borne out, then their whole childhood and, ultimately, their adult development will be dependent on sound and timely decision-making by social services and the courts. A key aim of all concurrent planning initiatives is the early placement of children with their permanent carers, so minimising the instability they suffer while social services and legal processes decide their future. The average time from last looked after admission to the children’s placement with their permanent carers was 11 months.

As these placements were made at the beginning of the project, there was an element of ‘catch-up’ in the early years, with some older children who had been in the system for some time being referred. The 43 per cent of the children placed in less than six months is more representative of current practice but even this is longer than the 1.5 months reported for the specialist projects in England (Monck, Reynolds and Wigfall, 2003). However, it is considerably shorter than conventional practice in Northern Ireland, which has been to place children after the granting of a freeing order. The average time to achieve a freeing order from last looked after admission for these children was 25 months. The court hearings alone (to the granting of a freeing order) are now taking over 18 months (Northern Ireland Guardian ad Litem Agency, 2006). Therefore, the children in this project were, on average, with their permanent carers at least a year earlier (and 18 months for the more recent placements) than would have been achieved by conventional practice. Given the age of the children and their consequent acute attachment needs, this is a key benefit of a concurrent planning approach. In all, the average time from last looked after admission to achieving the legal certainty of an adoption order was two years, ten months and over 80 per cent of the children spent more than half of this time with those who were to become their permanent carers. The children also avoided any changes of placement, which can be a feature of the wait for a permanent home. Significantly, over half the children in Kelly and McSherry’s (2003) population experienced three or more moves in care before their adoptive placement.

![Figure 1](image1.png)

Age of children (n = 52) at last looked after admission preceding quest for a permanent placement

![Figure 2](image2.png)

Length of time (in months) from last children’s (n = 52) looked after admission to placement with permanent carers
The adoptive parents’ progress to an adopted child

The couples (there were no single applicants) who applied to this project were dually approved as foster parents and prospective adopters. They went through a specially designed training course that focused on the realities of fostering alongside issues relevant to adoption. Emphasis was placed on the involvement of carers in facilitating some form of continued contact with birth families. Many of the carers who chose, on completion of the course, not to proceed with an application cited this likelihood of contact with the birth family as the reason for their decision. Most of the couples (66%) had their first child placed within a year of their dual approval. The average wait was almost two-and-a-half years. The adoptive parents’ comments below reflect the strains of this period. The great advantage of this type of scheme is that the child spends all of this time with his or her proposed adoptive parents. This is particularly important given the children’s ages and their consequent need for consistent and stable attachment figures. Figure 3 shows the distribution of the time that elapsed before the first child was placed with a couple.

The carers’ experience

A key issue in any form of concurrent or twin-track planning for children is the uncertainty that the prospective adopters have to endure. All of these carers had children placed with them in advance of the child being freed for adoption. Clearly, for childless couples driven by the desire for a child, this is a very difficult road to travel and some prospective adopters find the risks unacceptable (Monck, Reynolds and Wigfall, 2003). All of the interviewed carers had approached the Trust hoping for a ‘traditional’ adoption and eventually chose the dual approved route because they came to see that it offered the chance of having a child placed with them much earlier than would otherwise be the case. One carer summarised the dilemma:

It was a balance of risks in that there was a greater risk that it might not have proceeded to adoption, but we thought the balance of risks fell in our favour and were prepared to take that risk because we wanted as young a child as possible [believing that] there was less likelihood that they would be damaged by their experiences.

This ‘trade off’ of the risks associated with the continuing court processes against the reward of having a child placed at a younger age was how several carers explained their dilemma. These concerns were overlaid by the traditional anxieties of going through an assessment process:

Am I good enough? Do I have a home that is suitable? Are my husband and I the right age? Do my husband and I know enough to cope with some of the stories we have heard?

You’re committing yourself to something you have no control over and that you don’t even know is going to come out in the way that you want it in the end.

The universal joy in learning that they were being considered for a child and the thrill of the first meeting with him or her were soon eclipsed by the realisation that this is for real:

I do have to admit that when [husband] left for work and I was left sitting with this child and I’m going . . . ‘Right, I’m Mummy now. I don’t hand over to anybody else. This is it, everything here is down to me.’ It hit me then and it took a while for me to get comfortable with it. It wasn’t like bringing a newborn home; we
had a lively toddler that you were running round after all the time.

These were mostly two-income/two-car couples used to the freedom and the resources to enjoy their leisure time and they found the transition to the ‘24/7’ care of a small child a shock:

*It was such a complete change in lifestyle and I felt . . . is this ever going to change?*

Added to this was the ‘goldfish bowl’ effect with couples feeling under the constant scrutiny of social workers, health visitors and previous foster parents, and with the worry of the court processes always there.

There was a wide variation in the point at which the carers felt their child(ren) belonged to their family – some ‘from the start or from the minute we brought her home’. Others were clearly affected by the uncertainty of their child’s legal situation, only allowing themselves to perceive their child as ‘really belonging’ once they were reasonably sure that he or she would not be returning to their birth parents:

*You are always still trying to hold back . . . Just in case. It is always on your mind.*

For some, therefore, it was the granting of the adoption order that was the defining event. For another it was her child’s distressed reaction to contact with his birth family:

*He really saw here as home and we were wanting to protect him.*

In the main, the carers praised the support they received from social services and in particular several mentioned the usefulness of the preparation course. This appears to have been a key element in their education about the realities of the role and the complexities of contact with birth families. One carer did have issues with how their role was perceived. This was not representative but illustrates the complexities of these situations:

*It felt sometimes like we were neither fostering nor adopting because if we had said, ‘We realise that this is the way it is because it is a fostering arrangement,’ we would have been told, ‘You are prospective adopters and don’t forget it,’ and if we had said . . . ‘No, we are prospective adopters,’ they would have said, ‘No, this is a fostering arrangement.’ We felt that we could not get it right.*

All the interviewed carers except two had had some contact with their fostered or adopted child’s birth parents. This is commented on by most with considerable ambivalence and is one of the areas they highlighted as a key cause of stress. One carer was very positive:

*I think it’s good; it is good for him and it is good for his birth mother.*

Another talked of the children’s need to see their mother, to know that she was OK. But the commonest attitude was one of fear that the child would not regard them as their parents and would be influenced by their ‘real’ parents:

*The contact was daunting because I think that’s always the biggest fear for adoptive parents, it’s that the child won’t treat them like a parent because they have already got parents and here you are taking the child to what other people would call their ‘real’ mummy and you’re wondering, ‘How do I fit into this?’.*

In conclusion, most of the carers were very satisfied with their participation in the project, picking out different aspects of it for praise. Generally, they were particularly gratified that they had had a child placed with them so soon. However, when asked how they would advise a couple thinking of going down this route to adoption, their comments reflected the anxiety they had lived through:

*Be prepared for a long, slow battle and it does feel like a battle. You do feel like you are fighting every step of the way and sometimes you feel you are fighting people that you should not be fighting.*

Looking after someone else’s child is the way they always put it. It is not the same
as having your own. It may grow to be that but it is certainly not the same at the beginning and you do not know how it's going to be different but it is different.

Try and enjoy the child in the middle of the chaos. He is the reason you are doing it. Don’t be a date or a time watcher.

It is worth it, no doubt about it. We have two boys who have given us so much. It is definitely worth it.

How placements developed
We conducted a summary review of the placements with one of the managers who established the project (one of our authors) in 2006. All the children (n = 52) had been adopted by the couples they were originally placed with on a fostering basis. Thus, none had any of the change(s) of placement associated with the traditional sequential approach to permanence planning. None returned to live with their birth families during the time they were being fostered and the legal processes completed. No placements have disrupted either before or since the adoption order. The 38 couples in the sample have adopted 52 children: two adopted sibling groups of three and a further ten sibling groups of two. In addition, by 2006, seven of the couples had adopted or were in the process of adopting a sibling of the sample child or children, making a total of 16 couples (or 42%) who had adopted at least two siblings. Given the widely accepted principle of trying not to separate brothers and sisters and the associated high demand for placements for sibling groups, this capacity is particularly valuable in trying to place children who would otherwise remain in care. In addition, seven couples were approved for or had another unrelated child placed with them and five had chosen to become ‘regular’ foster parents. Thus, over two-thirds of the couples had adopted siblings or were offering further placements in one form or another; only 11 couples, less than a third of the total, adopted one child. This illustrates the rich harvest of family placement resources available among this population who began as ‘traditional’ adopters, ie seeking a baby to complete their family.

We reviewed the placements in terms of whether the children had developed identified problems, what contact arrangements were in place and whether the services of the post-adoption team had been used by the family. At the time of the review, two-thirds of the children had been in placement between three or four years, the other third five or six years. The children’s average age at placement was two-and-a-half and many had little experience of the care system before this permanent placement. This early placement and, for most, relatively stable pre-school experience are reflected in the lack of identified problems in their middle childhood years. The majority (80%) of the children were classified as having ‘no identified problems’. The identified problems in the remaining eleven children (20%) covered a wide range: half had behaviour difficulties, several had issues associated with continuing contact with birth family and others were receiving

Figure 4
Children’s (n = 52) contact with their birth families

<table>
<thead>
<tr>
<th>Type of Contact</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct contact with grandparents</td>
<td>2</td>
</tr>
<tr>
<td>Direct contact with siblings</td>
<td>24</td>
</tr>
<tr>
<td>Direct contact with birth parent</td>
<td>15</td>
</tr>
<tr>
<td>Indirect contact with birth parent</td>
<td>22</td>
</tr>
<tr>
<td>No contact with birth parent</td>
<td>15</td>
</tr>
<tr>
<td>No contact with birth family</td>
<td>2</td>
</tr>
</tbody>
</table>
services in relation to health and disabilities. These children were predominantly the older placed children who had spent time in the care system.

As illustrated in Figure 4, only two children (4%) do not have any contact at all with their birth families and a common form of contact was agency mediated indirect letterbox contact with the birth mother. This is in line with current practice in the UK (Neil and Howe, 2004). A number of the children had more than one type of contact. Despite these high overall figures for continuing contact, almost 30 per cent of the children had no contact, direct or indirect, with their birth parents and 36 per cent had no face-to-face contact with any members of their birth family.

For all the families who maintain contact, either direct or indirect, with birth relatives, support is provided by the Trust’s adoption support team, established in 2005. The post-adoption contact coordinator manages a letterbox system and provides assistance with preparing and responding to correspondence as required. All post-adoption contact arrangements are reviewed in the light of the child’s changing needs. Some arrangements have changed from those originally agreed at the time of the adoption. While there is no requirement under current Northern Ireland legislation to provide post-adoption support at present, it is included in the proposals for new adoption legislation (Department of Health and Social Services & Public Safety, 2006).

Conclusions and discussion

The key aim of the various varieties of concurrent or twin-track planning is to reduce the time that children spend in temporary care and to allow the relationship with those who are expected to be their permanent carers to begin as early in their childhood as possible. This project, like the others reported on (Monck, Reynolds and Wigfall, 2003), was successful in achieving this. The children were with their permanent carers at least a year ahead of conventional practice and with fewer of the changes of placement that can be a feature of the wait in care for a permanent home. The placements, to date, have remained ‘permanent’ with none having disrupted.

The downside of a concurrent planning approach is that the foster/prospective adoptive parents have to take the strain of uncertainty through the heavily contested legal proceedings, whereas in conventional practice the children would not be placed with them until they were freed for adoption. This tension showed in some of the parents’ responses, but on balance the ‘plus’ of having their child placed with them a year or more earlier outweighed the negatives.

One of the original ideas at the heart of making adoption available as an option for children who would otherwise remain in public care was that there is a ready supply of people who want to adopt, mostly because they cannot have children of their own (Rowe and Lambert, 1973; Kelly, 1998). The founders of the permanence movement in Britain argued that we should utilise this resource to provide families for children who would otherwise remain in care. This project provides evidence that this remains a viable strategy and that it can be ‘stretched’ to encourage selected traditional adopters to undertake the more complex role demanded in concurrent planning and to engage with the issues of continuing contact with birth families that is a developing feature of modern adoption. The couples who came forward for this project fitted a traditional adoption profile, different from that of Northern Ireland foster parents, and thus they represent a real growth in the pool of resources available to care for children in long-term state care.

A key aim of all permanence policies is to reduce the number of children in care. The Trust that was the subject of this study has seen its looked after children population drop by 18 per cent over five years (2000–2005). In the same period, there has been a growth of 4.5 per cent in the number of looked after children across Northern Ireland. The cumulative effect of a relatively small number of adoptions (about 15 a year in this Trust) on the population of looked after children appears to be considerable.
This discussion has not included the birth parents’ perspective. Research on concurrent planning projects (Monck, Reynolds and Wigfall, 2003) would indicate that their views would be predominantly hostile. Almost all the parents of these children opposed the plan to have their child adopted. It is not possible to say whether parents whose children were in this project were more or less hostile to the process than those in conventional practice. However, the practitioners on the project reported that some parents’ hostility was diminished by the knowledge that their child would remain in the current placement with carers with whom they had often developed a positive relationship. The project has engaged positively with the issue of post-adoption contact with birth families, over 90 per cent of children have some form of contact, and the facilitation of this is now a major role of a recently developed post-adoption support team.

This project was developed in somewhat unpromising circumstances in Northern Ireland, where the use of adoption as an option for children who would otherwise remain in care has only been slowly accepted. It was the first such project to be established in the jurisdiction. In Northern Ireland virtually all adoption proceedings are held in the High Court and it has been supportive of the approach although, of course, every case has had to be argued on its merits. Practitioners in Northern Ireland are particularly aware of the vigorous defence of birth parents’ interests by our courts and legal profession. This was strengthened by The Human Rights Act 1998 (Department of Health and Social Services & Public Safety, 2006) and exemplified by the Northern Ireland Court of Appeal judgment in Re AR and Homefirst Community Trust [2005] NICA 8. It seems likely that this environment of longer and more heavily contested care and adoption proceedings is at least part of the explanation for a recent decline in the use of adoption for children in care in Northern Ireland (Department of Health and Social Services & Public Safety, 2006). The positive aspect of this environment is that the grounds for the extreme step of having children adopted against their parents’ wishes are well and truly tested. Thus the progressing of 65 children to adoptive homes and a further 37 in dual approved placements between 1999 and 2006, by means of the form of permanence planning exemplified in this project, has been a considerable achievement.

The future

The government in Northern Ireland has brought forward proposals for the reform of adoption legislation (Department of Health and Social Services & Public Safety, 2006). These largely mirror the Adoption and Children Act 2002, so include the replacement of the freeing order with a placement order. A local authority must apply to the court for a placement order before placing a child for adoption against parents’ wishes. The intention is to ensure that decisions about whether adoption is the best option for the child are taken earlier in the adoption process. It aims to provide greater security for prospective adopters, which would be welcomed by the adopters in this study. It is unclear, however, whether the new provisions would allow for the placement (in advance of the granting of a placement order) of children with foster parents who are also approved as adopters, with the intention that these ‘foster parents’ would become prospective adopters when/if a placement order is granted.

There is little doubt that this practice would be heavily contested in the Northern Ireland courts with the associated delays in adjudication. On the other hand if, as recommended, the application for a placement order is to be progressed at the same time as the care order application, it may be that lengthy delays will be avoided and the placement of children will be governed by their needs for stability and continuity in their early years. However, given the inexorable rise in the time taken for care and freeing order proceedings currently, it is difficult to be optimistic that this trend will be reversed. Although the placement order has a slightly different emphasis from the freeing order and may be portrayed as not as draconian, the key issue remains for
the court to decide that a child should be placed for adoption against the parents’ wishes. It is difficult to be optimistic that the new provisions will lessen delay markedly. Despite continuous exhortation, the duration of care proceedings has grown year on year for ten years. It currently takes an average of just over 18 months to complete consolidated care and freeing order proceedings (Northern Ireland Guardian ad Litem Agency, 2006) and many children spend many months in care before proceedings are begun. Were this to be replicated under the new legislation and placement in advance of a placement order not be accepted, children would not spend the key years for attachment formation (Schofield and Beek, 2006) with their adoptive parents to be. It is difficult to see how allowing this scenario to develop accords with the Government’s chief aim for the new legislation, which is ‘to ensure that the welfare of the child is the paramount consideration in all decisions relating to adoption’. If the benefits of this project are to be continued and extended, the new legislation and associated guidance should specifically allow the placement of children as foster children with dual approved foster and adoptive parents in advance of a placement order which, if granted, would then allow the conversion of the placement to a placement for adoption.

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